

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SAN FRANCISCO BALLET ASSOCIATION		D Employer identification number 94-1415298	
	Doing business as		E Telephone number (415) 861-5600	
	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		G Gross receipts \$ 66,342,859.	
F Name and address of principal officer: ROBERT H FORE III SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No		
J Website: WWW.SFBALLET.ORG		H(c) Group exemption number		
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

Activities & Governance	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 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)	3	53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	780
	6	Total number of volunteers (estimate if necessary)	6	436
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	167,103.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	133,704.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	38,232,184.	32,844,330.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,502,648.	26,735,990.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,610.	237,821.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,877,505.	-65,553.
	12		63,638,947.	59,752,588.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,445,347.	1,583,765.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,094,761.	42,233,856.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,061,051.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,901,421.	16,936,812.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,441,529.	60,754,433.	
19	Revenue less expenses. Subtract line 18 from line 12	10,197,418.	-1,001,845.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	37,086,752.	38,436,381.
	22	Net assets or fund balances. Subtract line 21 from line 20	53,640,202.	53,936,565.
		-16,553,450.	-15,500,184.	

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	Date 5/9/2024			
	ROBERT H FORE III, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 5/6/2024	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013		
			Phone no. (212) 599-0100		

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

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. SAN FRANCISCO BALLET ASSOCIATION	Taxpayer identification number (TIN) 94-1415298
	Number, street, and room or suite no. If a P.O. box, see instructions. 455 FRANKLIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94102	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ROBERT H FORE III

• The books are in the care of ► 455 FRANKLIN STREET - SAN FRANCISCO, CA 94102

Telephone No. ► (415) 861-5600 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ►. If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

Check 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 43,772,903. including grants of \$) (Revenue \$ 21,366,369.) 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 33 PERFORMANCES OF THE NUTCRACKER, 24 PERFORMANCES OF GISELLE, CINDERELLA AND ROMEO & JULIET, AND 34 PERFORMANCES SPREAD OUT OVER FOUR OTHER PROGRAMS REPRESENTING CLASSICAL, NEOCLASSICAL AND CONTEMPORARY BALLET WORKS.

4b (Code:) (Expenses \$ 5,777,632. including grants of \$ 1,223,120.) (Revenue \$ 5,312,941.) 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 \$ 836,381. including grants of \$ 292,400.) (Revenue \$ 56,680.) 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 \$ 68,245. including grants of \$ 68,245.) (Revenue \$ 125,090.)

4e Total program service expenses 50,455,161.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (53); 1b Enter the number of voting members included on line 1a, above, who are independent (52); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16b 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 [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization 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 FORMER ARTISTIC DIR & PRIN. CHOREO.	50.00 0.00					X	710,306.	0.	-53,645.	
(2) DANIELLE ST. GERMAIN EXECUTIVE DIRECTOR (THRU 4/23)	28.00 22.00			X			518,207.	0.	7,728.	
(3) ROBERT H FORE III CHIEF FINANCIAL OFFICER	40.00 10.00			X			238,751.	59,688.	8,459.	
(4) MARTIN WEST MUSIC DIRECTOR & PRIN. CONDUCTOR	50.00 0.00				X		249,739.	0.	29,153.	
(5) CORDULA MERKS CONCERT MASTER	40.00 0.00					X	204,818.	0.	51,014.	
(6) JOSEPH WALSH PRINCIPAL DANCER	40.00 0.00					X	182,748.	0.	41,502.	
(7) SASHA E DE SOLA PRINCIPAL DANCER	40.00 0.00					X	189,264.	0.	30,408.	
(8) FRANCES FLAHERTY PRINCIPAL DANCER	40.00 0.00					X	180,492.	0.	38,227.	
(9) PATRICK ARMAND GONTARD SCHOOL DIRECTOR	40.00 0.00				X		202,423.	0.	12,873.	
(10) KIM LUNDGREN CHIEF MARKETING OFFICER (AS OF 3/22)	40.00 0.00				X		207,766.	0.	5,765.	
(11) KELLY TWEEDDALE FORMER EXECUTIVE DIRECTOR	0.00 0.00					X	204,875.	0.	0.	
(12) LEONARD EGERT MANAGER/LEGAL COUNSEL (AS OF 5/22)	50.00 0.00				X		173,222.	0.	7,839.	
(13) TAMARA ROJO ART DIR & PRIN CHOREO (AS OF 12/22)	50.00 0.00	X					25,095.	0.	0.	
(14) ARTURO JACOBUS INTERIM EXECUTIVE DIR. (AS OF 4/23)	28.00 22.00			X			0.	0.	0.	
(15) SONIA H EVERS CO-CHAIR OF THE BOARD	10.00 0.00	X		X			0.	0.	0.	
(16) ROBERT G SHAW CO-CHAIR OF THE BOARD	10.00 0.00	X		X			0.	0.	0.	
(17) CARL F PASCARELLA TRUSTEE & IMMEDIATE PAST CHAIR	10.00 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) JAMES H HERBERT II VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(19) LUCY JEWETT VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(20) DIANE B WILSEY VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(21) JENNIFER J MCCALL SECRETARY	5.00 0.00	X		X				0.	0.	0.
(22) SUSAN S BRIGGS ASSISTANT SECRETARY	5.00 2.00	X		X				0.	0.	0.
(23) NANCY KUKACKA TREASURER	5.00 5.00	X		X				0.	0.	0.
(24) JOLA ANDERSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) RICHARD C BARKER TRUSTEE	2.00 2.00	X						0.	0.	0.
(26) KAREN S BERGMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,287,706.	59,688.	179,323.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,287,706.	59,688.	179,323.

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 61

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BUTLER, SHINE, STERN & PARTNERS, LLC 20 LIBERTY SHIP WAY, SAUSALITO, CA 94965	ADVERTISING & DIGITAL MEDIA	1,042,578.
EVENTS MANAGEMENT INC 1798 BRYANT STREET, SAN FRANCISCO, CA 94110	CATERING	551,260.
J. RICCARDO BENAVIDES EVENT STYLING, INC. 1055 CA ST, STE 2, SAN FRANCISCO, CA 94108	EVENT PLANNING	446,107.
SAN FRANCISCO PERFORMING ARTS CTR FDN, 401 VAN NESS AVE, STE 110, SAN FRAN, CA 94102	SECURITY SERVICES	356,395.
ALMADEN PRESS, INC. 2549 SCOTT BLVD, SANTA CLARA, CA 95050	PRINTING	225,969.

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

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) LYDIA BERGMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) GARY BRIDGE TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) CHRISTINE LEONG CONNORS TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) DAVID C COX TRUSTEE	2.00 0.00	X						0.	0.	0.
(31) LISA DANIELS TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) SUSAN P DIEKMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) SHELBY M GANS TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) DR. RICHARD GIBBS TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) BETH GROSSMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(36) MONICA L GROSSMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) THOMAS E HORN TRUSTEE	2.00 5.00	X						0.	0.	0.
(38) HIRO IWANAGA TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) DR. THOMAS M JACKSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) JAYSON JOHNSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) JAMES C KATZMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(42) YASUNOBU KYOGOKU TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) KELSEY LAMOND TRUSTEE	2.00 0.00	X						0.	0.	0.
(44) ROBERT LEE-RUIZ TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) BRENDA LEFF TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) DAVID LYON TRUSTEE	10.00 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) ALISON MAUZE TRUSTEE	2.00 0.00	X						0.	0.	0.
(48) MARISSA MAYER TRUSTEE	2.00 0.00	X						0.	0.	0.
(49) JEFF MINICK TRUSTEE	2.00 0.00	X						0.	0.	0.
(50) JOHN S OSTERWEIS TRUSTEE	10.00 2.00	X						0.	0.	0.
(51) JOHN T PALMER TRUSTEE	2.00 0.00	X						0.	0.	0.
(52) YURIE PASCARELLA TRUSTEE	2.00 0.00	X						0.	0.	0.
(53) FRITZ QUATTLEBAUM TRUSTEE	2.00 0.00	X						0.	0.	0.
(54) CHRISTINE RUSSELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(55) RANDEE SEIGER TRUSTEE	2.00 0.00	X						0.	0.	0.
(56) CHRISTINE E SHERRY TRUSTEE	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	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	2.00 0.00	X						0.	0.	0.
(66) JANICE HANSEN ZAKIN TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	16,103,226.				
	c Fundraising events	1c	3,381,566.				
	d Related organizations	1d	10,813,438.				
	e Government grants (contributions)	1e	2,546,100.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,362,614.				
	h Total. Add lines 1a-1f		32,844,330.				
Program Service Revenue	2 a PERFORMANCE & TOURING	Business Code					
		711120	21,366,369.	21,366,369.			
	b SCHOOL & STUDENT HOUSING	900099	5,312,941.	5,312,941.			
	c OUTREACH	900099	56,680.	56,680.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		26,735,990.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		229,386.			229,386.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		2,194.			2,194.	
	6 a Gross rents	6a	(i) Real	444,737.	125,090.		
			(ii) Personal	203,701.	0.		
				241,036.	125,090.		
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)		366,126.	125,090.	148,176.	92,860.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,027,345.			
			(ii) Other				
				4,018,910.			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c		8,435.		8,435.	
d Net gain or (loss)		8,435.			8,435.		
8 a Gross income from fundraising events (not including \$ 3,381,566. of contributions reported on line 1c). See Part IV, line 18	8a		1,051,562.				
			1,910,427.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		-858,865.			-858,865.		
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		606,103.				
			457,233.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		148,870.		18,927.	129,943.		
Miscellaneous Revenue	11 a FACILITY FEE	Business Code					
		900099	209,013.			209,013.	
	b ORCHESTRA RECORDINGS	900099	44,455.			44,455.	
	c _____						
	d All other revenue	900099	22,654.			22,654.	
e Total. Add lines 11a-11d		276,122.					
12 Total revenue. See instructions		59,752,588.	26,861,080.	167,103.	-119,925.		

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	1,583,765.	1,583,765.		
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	2,147,856.	905,812.	1,242,044.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,063,985.	26,683,368.	2,137,938.	1,242,679.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,729,990.	2,660,764.	43,176.	26,050.
9 Other employee benefits	4,663,142.	4,261,116.	275,035.	126,991.
10 Payroll taxes	2,628,883.	2,283,835.	244,200.	100,848.
11 Fees for services (nonemployees):				
a Management				
b Legal	340,308.	116,343.	223,965.	
c Accounting	117,864.		117,864.	
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.)	1,153,109.	242,732.	891,440.	18,937.
12 Advertising and promotion	2,397,589.	2,395,347.	454.	1,788.
13 Office expenses	1,645,415.	1,371,972.	141,299.	132,144.
14 Information technology	706,558.	9,232.	672,054.	25,272.
15 Royalties	733,559.	733,559.		
16 Occupancy	2,042,308.	1,495,013.	536,888.	10,407.
17 Travel	702,438.	653,634.	34,131.	14,673.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	2,507,749.		2,507,749.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,312,122.	1,082,394.	179,945.	49,783.
23 Insurance	542,505.	2,142.	540,363.	
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	1,165,844.	1,165,844.		
b DANCE MEDICINE	335,752.	335,752.		
c EQUIPMENT EXPENSE	182,420.	128,801.	53,619.	
d UBI TAXES	65,029.	56,470.	8,559.	
e All other expenses	982,532.	2,287,266.	-1,616,213.	311,479.
25 Total functional expenses. Add lines 1 through 24e	60,754,433.	50,455,161.	8,238,221.	2,061,051.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,850,001.	1	3,396,082.
	2 Savings and temporary cash investments	289,601.	2	3,507,249.
	3 Pledges and grants receivable, net	2,388,194.	3	2,064,245.
	4 Accounts receivable, net	182,871.	4	91,821.
	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	53,733.	8	59,983.
	9 Prepaid expenses and deferred charges	1,491,283.	9	4,648,678.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 63,459,703.		
	b Less: accumulated depreciation	10b 48,058,370.	18,930,684.	10c 15,401,333.
	11 Investments - publicly traded securities	626,349.	11	617,527.
	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	6,274,036.	15	8,649,463.
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,086,752.	16	38,436,381.	
Liabilities	17 Accounts payable and accrued expenses	6,122,215.	17	6,097,544.
	18 Grants payable		18	
	19 Deferred revenue	6,160,198.	19	6,880,631.
	20 Tax-exempt bond liabilities	29,363,001.	20	24,829,559.
	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	3,900,000.	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	8,094,788.	25	12,228,831.
	26 Total liabilities. Add lines 17 through 25	53,640,202.	26	53,936,565.
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	-19,488,033.	27	-20,446,432.
	28 Net assets with donor restrictions	2,934,583.	28	4,946,248.
	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	-16,553,450.	32	-15,500,184.
	33 Total liabilities and net assets/fund balances	37,086,752.	33	38,436,381.

Part XI Reconciliation of Net Assets

Check 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	59,752,588.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,754,433.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,001,845.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-16,553,450.
5	Net unrealized gains (losses) on investments	5	-23,919.
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	2,079,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-15,500,184.

Part XII Financial Statements and Reporting

Check 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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	X	

Form 990 (2022)

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

2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,104,832.	24,632,543.	22,551,597.	38,232,184.	32,844,330.	144,365,486.
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	26,104,832.	24,632,543.	22,551,597.	38,232,184.	32,844,330.	144,365,486.
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)						2,721,126.
6 Public support. Subtract line 5 from line 4.						141,644,360.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	26,104,832.	24,632,543.	22,551,597.	38,232,184.	32,844,330.	144,365,486.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	269,621.	249,953.	112,514.	139,535.	324,440.	1,096,063.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,477.			131,101.	133,704.	270,282.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,621,062.	1,426,727.	1,296,303.	2,537,415.	1,327,684.	8,209,191.
11 Total support. Add lines 7 through 10						153,941,022.
12 Gross receipts from related activities, etc. (see instructions)					12	100,177,175.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	92.01	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.27	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, relationships, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

\$1,051,562, FACILITIES FEES OF \$209,013, ORCHESTRA RECORDINGS OF

\$44,455 AND OTHER INCOME OF \$22,654.

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

2022

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 SAN FRANCISCO BALLET ASSOCIATION	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 10,813,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,091,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 867,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 707,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO BALLET ASSOCIATION	Employer identification number 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
7	<hr/> <hr/> <hr/>	\$ <u>687,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES _____ _____ _____	\$ 2,016,630.	04/19/23
5	SECURITIES _____ _____ _____	\$ 197,816.	12/02/22
5	SECURITIES _____ _____ _____	\$ 244,459.	04/26/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SAN FRANCISCO BALLET ASSOCIATION	Employer identification number 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	
(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

2022

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 July 25,2006, 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) 2022

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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	112,784,878.	137,456,934.	113,923,812.	124,452,193.	125,015,507.
b Contributions	532,343.	5,064,092.	2,740,493.	499,569.	2,516,119.
c Net investment earnings, gains, and losses	10,973,098.	-21,036,485.	29,074,149.	457,454.	6,070,692.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,487,855.	8,699,663.	8,281,520.	9,340,468.	8,334,967.
f Administrative expenses	38,396.			2,144,936.	815,158.
g End of year balance	107,764,068.	112,784,878.	137,456,934.	113,923,812.	124,452,193.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 28.7600 %
 - b Permanent endowment 71.2400 %
 - 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | 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		34,425,019.	24,451,908.	9,973,111.
c Leasehold improvements		438,519.	103,845.	334,674.
d Equipment		7,336,351.	7,336,351.	0.
e Other		16,740,426.	16,166,266.	574,160.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,401,333.

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) RIGHT OF USE ASSETS	7,149,753.
(2) RESTRICTED CASH	717,191.
(3) DEFINED CONTRIBUTION PLAN ASSET	447,257.
(4) BOND ISSUANCE COSTS	278,545.
(5) SCHOOL SUSPENSE	56,717.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,649,463.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	7,272,959.
(3) INTEREST RATE SWAP LIABILITY	1,327,371.
(4) POST-RETIREMENT BENEFIT OBLIGATION	1,174,362.
(5) DEFINED CONTRIBUTION PLAN LIABILITY	447,257.
(6) PPP LOAN	335,127.
(7) CAPITAL LEASE OBLIGATION	90,693.
(8) DUE TO SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	1,581,062.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,228,831.

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 ...

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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, 2023.

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.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p style="text-align: center;">SAN FRANCISCO BALLET ASSOCIATION</p>	Employer identification number <p style="text-align: center;">94-1415298</p>
---	---

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	
		OPENING NIGHT GALA	SCHOOL FESTIVAL	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	3,047,316.	731,569.	654,243.	4,433,128.
	2	Less: Contributions	2,252,128.	621,525.	507,913.	3,381,566.
	3	Gross income (line 1 minus line 2)	795,188.	110,044.	146,330.	1,051,562.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	63,221.	42,878.	15,337.	121,436.
	7	Food and beverages	345,456.	105,824.	178,085.	629,365.
	8	Entertainment	29,560.	0.	5,912.	35,472.
	9	Other direct expenses	897,693.	110,082.	116,379.	1,124,154.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,910,427.
11	Net income summary. Subtract line 10 from line 3, column (d)				-858,865.	

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			
Direct Expenses	2	Cash prizes			
	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.

**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

2022

**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 _____

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	287	988,579.	0.		
HOUSING SCHOLARSHIPS	47	463,385.	0.		
ARTISTS RESERVE FUND	26	68,245.	0.		
STUDENT STIPENDS	14	63,556.	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.

Multiple horizontal lines for supplemental information.

**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

2022

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 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		

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

Schedule J (Form 990) 2022

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 FORMER ARTISTIC DIR & PRIN. CHOREO.	(i)	608,789.	0.	101,517.	-72,425.	18,780.	656,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIELLE ST. GERMAIN EXECUTIVE DIRECTOR (THRU 4/23)	(i)	518,207.	0.	0.	0.	7,728.	525,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT H FORE III CHIEF FINANCIAL OFFICER	(i)	238,751.	0.	0.	7,470.	989.	247,210.	0.
	(ii)	59,688.	0.	0.	0.	0.	59,688.	0.
(4) MARTIN WEST MUSIC DIRECTOR & PRIN. CONDUCTOR	(i)	249,710.	0.	29.	8,039.	21,114.	278,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CORDULA MERKS CONCERT MASTER	(i)	204,818.	0.	0.	30,200.	20,814.	255,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH WALSH PRINCIPAL DANCER	(i)	182,748.	0.	0.	22,974.	18,528.	224,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SASHA E DE SOLA PRINCIPAL DANCER	(i)	189,252.	0.	12.	22,703.	7,705.	219,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FRANCES FLAHERTY PRINCIPAL DANCER	(i)	180,480.	0.	12.	23,105.	15,122.	218,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICK ARMAND GONTARD SCHOOL DIRECTOR	(i)	202,423.	0.	0.	4,525.	8,348.	215,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIM LUNDGREN CHIEF MARKETING OFFICER (AS OF 3/22)	(i)	207,766.	0.	0.	0.	5,765.	213,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KELLY TWEEDDALE FORMER EXECUTIVE DIRECTOR	(i)	0.	0.	204,875.	0.	0.	204,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LEONARD EGERT MANAGER/LEGAL COUNSEL (AS OF 5/22)	(i)	173,222.	0.	0.	0.	7,839.	181,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

SAN FRANCISCO BALLET ASSOCIATION REQUIRES THE ARTISTIC DIRECTOR TO MAINTAIN

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

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

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

ASSOCIATION PERIODICALLY REQUESTS THAT THE ARTISTIC DIRECTOR MAKE TRIPS TO

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

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

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

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

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

WAS TREATED AS TAXABLE COMPENSATION.

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:

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.

KELLEY TWEEDDALE \$204,875

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 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.

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
	A	CA INFRASTRUCTURE AND ECON 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	19,680,441.							
	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							

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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.

Department of the Treasury
Internal Revenue Service

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	48	4,018,910.	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 (EVENT DONATION)	X	11	343,704.	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**

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

FOR CONTRIBUTIONS OF SECURITIES, SUCH AS PUBLICLY TRADED STOCK, THE

ASSOCIATION TREATS EACH SEPARATE GIFT AS AN ITEM FOR THIS PURPOSE.

**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

2022

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, TAMARA
ROJO, SF BALLET IS ACCOMPANIED BY ITS OWN ORCHESTRA AND OPERATES
ONE OF THE COUNTRY'S MOST PRESTIGIOUS SCHOOLS OF BALLET. TODAY WE BUILD
ON OUR HERITAGE OF COMMISSIONING GROUNDBREAKING DANCE FROM TODAY'S TOP
CHOREOGRAPHERS, BY UNCOVERING NEW CHOREOGRAPHIC TALENT, AND BY STAGING
MODERN CLASSICS AND THE WORKS THAT MAKE UP THE CANON OF CLASSIC BALLET.
OUR APPROACH DEFINES BALLET IN THE 21ST CENTURY AND IT MAKES SAN

FRANCISCO BALLET THE ESSENTIAL PLACE TO SEE THE MOST ADVENTUROUS DANCE

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

Schedule O (Form 990) 2022

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

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:

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

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 IN FURTHERANCE OF

THE BALLET'S EXEMPT PURPOSE.

EXPENSES \$ 68,245. INCLUDING GRANTS OF \$ 68,245. REVENUE \$ 125,090.

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

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

"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

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

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.

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

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:

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

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, TAMARA ROJO, 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.

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

UNREALIZED GAIN ON INTEREST RATE SWAP	2,233,079.
CHANGE IN POST-RETIREMENT BENEFIT OBLIGATION	8,964.
CHANGE IN DISCOUNT	-70,789.
ACCOUNTS RECEIVABLE WRITE OFF	-92,224.
TOTAL TO FORM 990, PART XI, LINE 9	2,079,030.

**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

2022

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	

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 BALLET ENDOWMENT FOUNDATION	E	24,829,559.	ACTUAL LOAN GUARANTEE BALANCE
(2) SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	C	10,813,438.	ACTUAL OPERATING TRANSFER
(3) SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	O	361,449.	ACTUAL SALARY, BENEFITS & TAXES
(4) SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	Q	222,945.	ACTUAL EXPENSE REIMBURSEMENT
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.