

EXTENDED TO NOVEMBER 15, 2019

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

► Go to www.irs.gov/Form990T for instructions and the latest information
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)Open to Public Inspection for
501(c)(3) Organizations OnlyA Check box if
address changed

B Exempt under section

501(c) *100*
 408(e) 220(e)
 408A 530(a)
 529(a)

Print
or
TypeName of organization (Check box if name changed and see instructions.)

THE BAKER STREET FOUNDATION

D Employer identification number
(Employees' trust, see
instructions)

94-3192365

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

135 MAIN STREET, NO. 1140

E Unrelated business activity code
(See instructions)

City or town, state or province, country, and ZIP or foreign postal code

SAN FRANCISCO, CA 94105

523000

C Book value of all assets
at end of year

81,501,334.

F Group exemption number (See instructions) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Enter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) unrelated
trade or business here ► PARTNERSHIP INVESTMENTS. If only one, complete Parts I-V. If more than one,
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or
business, then complete Parts III-VI During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If "Yes," enter the name and identifying number of the parent corporation. ► Yes No

J The books are in care of ► ROY BUKSTEIN

Telephone number ► (415) 356-2012

Part I Unrelated Trade or Business Income

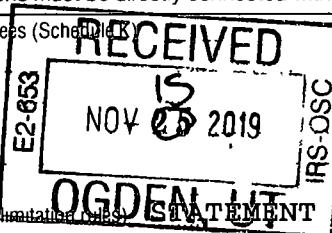
1a Gross receipts or sales
b Less returns and allowances
c Balance
2 Cost of goods sold (Schedule A, line 7)
3 Gross profit. Subtract line 2 from line 1c
4a Capital gain net income (attach Schedule D)
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
c Capital loss deduction for trusts
5 Income (loss) from a partnership or an S corporation (attach statement)
6 Rent income (Schedule C)
7 Unrelated debt-financed income (Schedule E)
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J)
12 Other income (See instructions, attach schedule)
13 Total. Combine lines 3 through 12

	(A) Income	(B) Expenses	(C) Net
1c			
2			
3			
4a			
4b			
4c			
5	3,341.	STMT 11	3,341.
6			
7			
8			
9			
10			
11			
12			
13	3,341.		3,341.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule) (see instructions)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation) *STATEMENT*
21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return
23 Depletion
24 Contributions to deferred compensation plans
25 Employee benefit programs
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)
32 Unrelated business taxable income Subtract line 31 from line 30



13 SEE STATEMENT 12

14	
15	
16	
17	
18	
19	
20	234.
21	
22a	
22b	
23	
24	
25	
26	
27	
28	
29	234.
30	3,107.
31	
32	3,107.

g12

12

Part III Total Unrelated Business Taxable Income

33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	3,107.
34 Amounts paid for disallowed fringes	34	
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	3,107.
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	2,107.

Part IV Tax Computation

39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	442.
40 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 38 from:	40	
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41 Proxy tax See instructions	41	
42 Alternative minimum tax (trusts only)	42	
43 Tax on Noncompliant Facility Income See instructions	43	
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	442.

Part V Tax and Payments

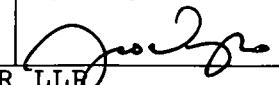
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b Other credits (see instructions)	45b		
c General business credit. Attach Form 3800	45c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e Total credits Add lines 45a through 45d	45e		
46 Subtract line 45e from line 44	46	442.	
47 Other taxes Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48 Total tax Add lines 46 and 47 (see instructions)	48	442.	
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.	
50a Payments: A 2017 overpayment credited to 2018	50a		
b 2018 estimated tax payments	50b		
c Tax deposited with Form 8868	50c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e Backup withholding (see instructions)	50e		
f Credit for small employer health insurance premiums (attach Form 8941)	50f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____	50g		
	Total ►		
51 Total payments. Add lines 50a through 50g	51		
52 Estimated tax penalty (see instructions) Check if Form 2220 is attached ► <input type="checkbox"/>	52		
53 Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	442.	
54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ► <input type="checkbox"/> Refunded	55		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	X
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	<input type="checkbox"/>	X
58 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here		Date <i>11/14/19</i>	Title <i>CFO</i>		
Paid Preparer Use Only	Print/Type preparer's name <i>JOUA LO</i>	Preparer's signature 	Date <i>11/14/19</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P01225144</i>
	Firm's name ► <i>SQUAR MILNER LLP</i>			Firm's EIN ► <i>33-0835986</i>	
	135 MAIN STREET, 9TH FLOOR				
	Firm's address ► <i>SAN FRANCISCO, CA 94105-1815</i>			Phone no. <i>(415) 781-2500</i>	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2		
3 Cost of labor	3				
4 a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)		
(2)		
(3)		
(4)		

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals Total dividends-received deductions included in column 8			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.

Schedule F - Interest, Annuities, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization		Exempt Controlled Organizations			
		2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8. Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ►	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 ►			0.

Form 990-T (2018)

THE BAKER STREET FOUNDATION

94-3192365

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11
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DESCRIPTION	NET INCOME OR (LOSS)
CORE ENDOWMENT PORTFOLIO II, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,403.
CORE ENDOWMENT PORTFOLIO II, LP - DIVIDEND INCOME	4,750.
HCP REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-6.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	<u>3,341.</u>

FORM 990-T	CONTRIBUTIONS	STATEMENT 12
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2018 CHARITABLE CONTRIBUTIONS	N/A	<u>7,483,867.</u>
TOTAL TO FORM 990-T, PAGE 1, LINE 20		<u>7,483,867.</u>

STATEMENT(S) 11, 12

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 13

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	
FOR TAX YEAR 2016	
FOR TAX YEAR 2017	6,498,052

TOTAL CARRYOVER	6,498,052
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	7,483,867

TOTAL CONTRIBUTIONS AVAILABLE	13,981,919
TAXABLE INCOME LIMITATION AS ADJUSTED	234

EXCESS 10% CONTRIBUTIONS	13,981,685
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	13,981,685

ALLOWABLE CONTRIBUTIONS DEDUCTION	234
TOTAL CONTRIBUTION DEDUCTION	234

THE BAKER STREET FOUNDATION

94-3192365

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 14
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TAX FROM FORM 990-T, PART IV	442.
LATE PAYMENT INTEREST	11.
LATE PAYMENT PENALTY	13.
 TOTAL AMOUNT DUE	 466.

FORM 990-T	LATE PAYMENT INTEREST	STATEMENT 15
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DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/19	442.	442.	.0600	46	3.
INTEREST RATE CHANGE	06/30/19	0.	445.	.0500	138	8.
DATE FILED	11/15/19		453.			
 TOTAL LATE PAYMENT INTEREST						11.

FORM 990-T	LATE PAYMENT PENALTY	STATEMENT 16
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DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/19	442.	442.	6	13.
DATE FILED	11/15/19		442.		
 TOTAL LATE PAYMENT PENALTY					13.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2018

Name

Employer identification number

THE BAKER STREET FOUNDATION

94-3192365

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,245.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 (67,423.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -63,178.

SEE STATEMENT 17**Part II Long-Term Capital Gains and Losses (See instructions)**

See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				1,444.
11 Enter gain from Form 4797, line 7 or 9				11 170.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 1,614.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18 0.

Note: If losses exceed gains, see **Capital Losses** in the instructions.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

**Social security number or
taxpayer identification no.**

94-3192365

THE BAKER STREET FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
 (F) Long-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

1,444.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.