Forr	. 9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (OMB No. 1545-0047
(Rev. January 2020) Do not enter social security numbers on this form as it may be made public.						
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
				JUN 30		
B C	heck if oplicab	le: C Name o	f organization			ation number
	Addre chang		ET TECH FOUNDATION, INC.			
	Name Chang	ge Doing b	usiness as	13	-277347	5
						-7710
	termi ated	n- City or t	own, state or province, country, and ZIP or foreign postal code	G Gross re	eceipts \$	7,593,430.
	Amer returr		YORK, NY 10003	H(a) Is th	nis a group ret	
	Appli tion	^{ca-} F Name a	nd address of principal officer: ELIOT FELD	for s	subordinates?	Yes X No
	pend		AS C ABOVE	H(b) Are a	II subordinates inc	luded? Yes No
		empt status:		527 If "N	lo," attach a li	st. (see instructions)
			BALLETTECH.ORG		up exemption	
		-		ear of formatior	<u>1:</u> 1974 м	State of legal domicile: NY
Pa	rt I	Summary				
e	1	Briefly describ	be the organization's mission or most significant activities: SEE SCHE	DULE O		
Activities & Governance						
/err	2	Check this bo			1 1	
Go	3		ting members of the governing body (Part VI, line 1a)			<u>12</u> 12
8	4		dependent voting members of the governing body (Part VI, line 1b)			12
ties	5		of individuals employed in calendar year 2019 (Part V, line 2a)			0
tivi	6		of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated	business taxable income from Form 990-T, line 39			Current Year
	0	Contributions	and grants (Dart)/III, line 1b)	Prior 106	9,062.	2,416,024.
Revenue	8 9		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)		5,245.	2,049,627.
ivel			come (Part VIII, column (A), lines 3, 4, and 7d)		3,014.	227,477.
R	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,130.	1,840,501.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,451.	6,533,629.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,26	3,140.	2,219,927.
nse		,	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense			ing expenses (Part IX, column (D), line 25) > 275,037.	_		
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,79	8,221.	1,628,901.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,06	1,361.	3,848,828.
	19		expenses. Subtract line 18 from line 12	1,62	5,090.	2,684,801.
or ces			·	Beginning of (Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,05	4,030.	29,063,373.
t As d B	21		(Part X, line 26)	41	5,123.	712,459.
Fun	22		fund balances. Subtract line 21 from line 20	25,63	8,907.	28,350,914.
Pa	rt II	Signatur	e Block			
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of my	knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kn	owledge.	

Sign	Signature of officer		Date				
Here	ELIOT FELD, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	CHRIS BELLANDO		self-employed P00541714				
Preparer	Firm's name 🕨 LUTZ AND CARR, C		Firm's EIN 🕨 13-1655065				
Use Only	Firm's address 551 FIFTH AVENUE	, SUITE 400					
	NEW YORK, NY 101	76	Phone no. 212-697-2299				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27	orm		Pa
 Briely describe the organization's mission: BALLET TECH FOUNDATION INC. HAS AS ITS PURPOSE THE FURTHERANCE AND EVOLUTION OF CLASSICAL DANCE, AND WITH THAT, THE INVESTIGATION OF CHOREOGRAPHY AND DANCING AIMED TOWARDS CREATING A RICHER AND EVOLUT AMERICAN BALLET MODE. COMPLEMENTING THIS, BALLET TECH IS COMMITTED Di the organization underlake any significant program services during the year which were not listed on the prior form 800 er 800 c27 Di dthe organization underlake any significant changes in how it conducts, any program services; come of If "ks," describe these changes on Schedule 0. Di dthe organization case conducting, or make significant changes in how it conducts, any program services; come of the "ks," describe these changes on Schedule 0. Describe the organization synam service accomplishments for each of its three largest program services, as measured by expense Section 5016(3) and 5016(4) organizations are required to report the annual of grants and allocations to others, the total expenses, newnow, any for each program service accomplishments for each of its three largest program services, as measured by expense Section 5016(3) and 5016(4) organizations are required to report the annual of grants and allocations to others, the total expenses, newnow, any for each program service accomplishments for each of its three largest program services. As measured by expense Section 5016(3) and 5016(4) organizations are required to report the annual to report the annual to report the annual to report the annual of program services of the annual to report the annual to req	Jar		
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prior Form 880 or 880 CE27	2		
If "Yes," describe these new services on Schedule 0. If we services is digitant changes in how it conducts, any program services, as measured by expense Section 501(63) and 50			Х
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 3,314,527. Form \$ 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) Form \$			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 3,314,527. Form \$ 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) Form \$			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 3,314,527. Form \$ 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) Form \$			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 3,314,527. Form \$ 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) Form \$	Id	Other program services (Describe on Schedule ()	—
4e Total program service expenses ► 3,314,527. Form \$ 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	fu		
Form S 32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	le		
32002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)		Form 99	0
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Form	990	(2019)

 Form 990 (2019)
 BALLET TECH FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI	па	21	
a	-	446	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	21	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	л	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form **990** (2019)

Form 990 (2	2019)	BALLET	TECH	FOUNDATION,	INC.		
Part IV Checklist of Required Schedules (continued)							

BALLET TECH FOUNDATION, INC. 13-2773475 Page 4

	rt IV Checklist of Required Schedules (continued)	94/3	P	age 4
Pa			No.	
00	Did the experimentation report more than $\Phi = 0.00$ of grants or other assistance to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	30 31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
01	Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?			(2019)
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Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	····· -	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				37
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		F -		х
5a			5a		X
b	, , , , , , , , , , , , , , , , , , , ,	F	5b 5c		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		90		
ua	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····	Ua		
N N	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	pavor?	7a		х
	······································		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	[7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11					
a h					
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	ľ	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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BALLET TECH FOUNDATION, INC.

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

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X

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.

.	Establish a succession of the second second data and the second of the second		1	2	Yes	N
	Enter the number of voting members of the governing body at the end of the tax year	1 a	<u>⊥</u>	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	44	1	2		
	Enter the number of voting members included on line 1a, above, who are independent			-		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relating relationship of a business	-	•	2	x	
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under				- 23	+
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form					X
	Did the organization make any significant changes to its governing documents since the promotion Did the organization become aware during the year of a significant diversion of the organization's a					X
	Did the organization become aware during the year of a significant diversion of the organization s a Did the organization have members or stockholders?			·		2
	Did the organization have members, stockholders, or other persons who had the power to elect or					-
	more members of the governing body?			. 7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:			
	The governing body?				X	+
	Each committee with authority to act on behalf of the governing body?			. 8b		Σ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					_
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Σ
ject	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			. 10a		2
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befo	ore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				X X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			. 12b		-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this was done			12c	x	
	Did the organization have a written whistleblower policy?				Х	
	Did the organization have a written document retention and destruction policy?				Х	
5	Did the process for determining compensation of the following persons include a review and appro	val by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
	taxable entity during the year?			. 16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	D-T (Section 501(c)	(3)s onl	y) avai	ilabl
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain the content of the con	in on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	and fina	ncial	
	statements available to the public during the tax year.		ponoy,			
	State the name, address, and telephone number of the person who possesses the organization's to	ooks ar	nd records			
	MAGGIE CHRIST - 212-777-7710 890 BROADWAY, NEW YORK, NY 10003					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week	-				1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	ial tru		oyee	ompe		, , ,		and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Highemp	Former			
(1) PATRICIA CROWN	5.00									•
CHAIRPERSON		Х		Х				0.	0.	0.
(2) JENNY GERSTEN	3.00									•
TREASURER		Х		Х				0.	0.	0.
(3) CAROL ZERBE HURFORD	3.00									•
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KAREN LEVINSON	1.00									•
SECRETARY		Х		Х				0.	0.	0.
(5) PHILIP AARONS	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(6) LAUREL DURST	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(7) JILIAN CAHAN GERSTEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BILL HEINZEN	3.00									•
BOARD MEMBER		Х						0.	0.	0.
(9) MIMI LIEN	3.00									•
BOARD MEMBER		Х						0.	0.	0.
(10) RACHEL MORENO	1.00									0
BOARD MEMBER		Х						0.	0.	0.
(11) PATRICIA TUTHILL PAZNER	3.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(12) ELIZABETH A. SCIABARRA	1.00								0	0
BOARD MEMBER	10.00	X						0.	0.	0.
(13) MAGGIE CHRIST	40.00							150 750	0	01 510
DIRECTOR OF OPERATIONS	10.00			X				152,758.	0.	21,512.
(14) ELIOT FELD	40.00							102 040	0	0 110
PRESIDENT	10 00			X				183,248.	0.	8,119.
(15) JOE GREGORI	40.00							101 205	0	14 000
SCHOOL ADMINISTRATIVE DIRECTOR	10 00					X		101,395.	0.	14,099.
(16) PATRICE HEMSWORTH	40.00								0	10 100
DIRECTOR OF FACULTY	40.00					X		102,778.	0.	12,166.
(17) ASHLEY TUTTLE	40.00								^	14 953
DIRECTOR OF FACULTY						Х		100,527.	0.	14,753.
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					h an	compensation compensation			an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e ion :ed
													0 0	10
с	Subtotal Total from continuation sheets to Part VI	I, Section A							640,706. 0. 640,706.		0.0.		0,6 0,6	49. 0. 19
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							no re		,000 of reportab	• •	,	0,0	<u></u> 5
	· · ·	director truct						, bio	where componented am		 		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual								•		3		Х
4 5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	х	
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									ipens	ation 1	from	
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	С) ompe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organized statement of th	•	ot li	mite	d to		se lis)	stec	above) who received n	nore than				
												Form	990 (2019)

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								Total revenue	function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		·						
Ϋ́G,			Fundraising events								
ar /			Related organizations								
s, G			Government grants (contri				171,000.				
rsi			All other contributions, gifts, g								
the			similar amounts not included				2,245,024.				
d Oti		g	Noncash contributions included in		· – –	\$	7,702.				
aŭ		h	Total. Add lines 1a-1f				►	2,416,024.			
							Business Code				
e	2	а	RENTAL INCOME			[531120	1,940,625.	1,940,625.		
Program Service Revenue		b	REIMBURSED EXPENSES				531120	109,002.	109,002.		
Senu		с	d e f All other program service revenue								
ran eve		d									
БĞ		е									
Ā		f									
		g	Total. Add lines 2a-2f				►	2,049,627.			
	3		Investment income (includ	-			-				
		other similar amounts)						227,477.			227,477.
	4		Income from investment of tax-exempt b Royalties								
	5										
					(i) Rea		(ii) Personal				
	6				2,900,						
			· ···		1,059,						
					1,840,	501.					
	_		Net rental income or (loss)					1,840,501.			1,840,501.
	7	а	Gross amount from sales of) Securit	ties	(ii) Other				
			assets other than inventory	7a							
e		D	Less: cost or other basis								
enu		_		7b							
Other Revenue			Gain or (loss)								
erF	0		Net gain or (loss) Gross income from fundraisin								
Ğ	0	d	including \$	-	•						
Ŭ			contributions reported on								
						8a					
		h	Part IV, line 18 Less: direct expenses			8b					
			Net income or (loss) from f								
			Gross income from gaming		-		F				
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from g				►				
			Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold								
		с	Net income or (loss) from s	sales of	invento	ory					
s							Business Code				
Miscellaneous Revenue	11	а				_ [
enu		b				[
Sel Sel		с									
Mis			All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns		<u></u>	►	6,533,629.	2,049,627.	0.	2,067,978.
93200	9 01	-20-	-20								Form 990 (2019)

(A)

Total revenue

(B)

Related or exempt

9

(D) Revenue excluded

(C)

Unrelated

9) BALLET TECH FOUNDATION, INC. Statement of Revenue

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

	Form 9		
Γ	Part	VI	

Part IX Statement of Functional Expenses

BALLET TECH FOUNDATION, INC.

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 Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	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 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	374,685.	318,588.	41,131.	14,966
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	1,514,751.	1,301,233.	56,513.	157,005
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	30,621.	26,321.	919.	3,381
9 Other employee benefits	138,247.	118,948.	5,739.	13,560
10 Payroll taxes	161,623.	138,599.	8,190.	14,834
11 Fees for services (nonemployees):				
a Management				
b Legal	32,468.	25,975.	4,870.	1,623 1,522
c Accounting	30,439.	24,351.	4,566.	1,522
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	165,020.	153,565.	8,141.	3,314
12 Advertising and promotion		66.001	11 050	
13 Office expenses	81,853.	66,024.	11,878.	3,951
14 Information technology				
15 Royalties				00 100
16 Occupancy	678,788.	611,456.	47,133.	20,199
17 Travel	122,964.	122,843.	91.	30
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	225,527.	180,421.	33,829.	11,277
22 Depreciation, depletion, and amortization	47,138.	37,838.	6,975.	2,325
23 Insurance	47,130.	57,050.	0,975.	2,525
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.)	186,919.	1/0 525	20 020	0 216
a REAL ESTATE TAXES	29,780.	149,535. 29,780.	28,038.	9,346
		29,780.		17 0/0
c PRINTING, POSTAGE, ETC d MISCELLANEOUS	17,048. 9,572.	7 665	1,251.	17,048 656
	1,385.	7,665. 1,385.	±,201.	000
e All other expenses	3,848,828.	3,314,527.	259,264.	275,037
25 Total functional expenses. Add lines 1 through 24e	5,040,020.	J,JI4,J4/•	433,404.	413,031
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
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32

33

25,638,907.

26,054,030.

31

32

33

28,350,914.

29,063,373.

Form 990 (2019)

BALLET TECH FOUNDATION, INC.

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

139,007. 233,589. Cash - non-interest-bearing 1 1 11,770,549. 13,891,206. 2 2 Savings and temporary cash investments 87,900. 124,250. 3 3 Pledges and grants receivable, net 88,833. 322,003. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 18,255. 34,216. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 19,332,842. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10,477,550. 8,675,332. 8,855,292. 10c Investments - publicly traded securities 11 11 4,085,398. 4,352,604. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 1,094,174. 1,344,795. 15 15 26,054,030. 29,063,373. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 167,875. 204,854. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Ο. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 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, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 307,700. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 247,248. 199,905. 25 of Schedule D 415,123. 26 712,459. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 25,378,907. 26,428,160. Net assets without donor restrictions 27 27 260,000. 1,922,754. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

(B)

End of year

(A)

Beginning of year

Part X Balance Sheet

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	BALLET TECH FOUNDATION, INC.	13-27	73475	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
					~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,84		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,68		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,63		
5	Net unrealized gains (losses) on investments	5	2	7,2	06.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	28,35	0,9	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		0000	
			Form	990	(2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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
2019
Open to Public Inspection

Nam	e of t	he organization			-				identification number
_			ET TECH FO						3-2773475
Ра	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	nis part.) Se	e instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio r	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ited by a go	overnmental	unit describ	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	X	An organization that norma		intial part of its support f	rom a gov	/ernmental	unit or from t	he general	public described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	e name, city	, and state o	f the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exen							-
		income and unrelated busir		(less section 511 tax) fro	om busine	esses acqui	ired by the o	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor					o()(4)		
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						neck the box in
_		lines 12a through 12d that	• •			-		-	
а	L	Type I. A supporting orga		-	•				
		the supported organization			пајопту				upporting
h		organization. You must o	-		tion with it	te supporte	od organizatio	n(c) by ba	vina
b	L	Type II. A supporting org control or management o	-				-		-
		organization(s). You mus			ame perso	Uns that CO		iye ine sup	ported
с		Type III functionally inte			in connec	tion with a	nd functiona	lly integrate	ad with
v		its supported organization	• • • •					iny integrate	sa with,
d		Type III non-functionally						rted organi	zation(s)
u		that is not functionally int	• •				• •	· ·	
		requirement (see instruct			-		-	aunation	Veneed
е		Check this box if the orga						II Type III	
Ū		functionally integrated, or					, , , , , , , , , , , , , , , , , , , ,	n, type n	
f	Ente	er the number of supported of	••						
		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	1								
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	932021 09-2	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 BALLET TECH FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170

13-2773475 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	833,351.	938,395.	788,232.	1069062.	2416024.	6045064.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	833,351.	938,395.	788,232.	1069062.	2416024.	6045064.
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)						
6	Public support. Subtract line 5 from line 4.						6045064.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015 833,351.	(b) 2016 938,395.	(c) 2017	(d) 2018	(e) 2019	(f) Total 6045064.
7	Amounts from line 4	833,351.	938,395.	788,232.	1069062.	2416024.	6045064.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	164,753.	551,031.	895,033.	2442144.	2067978.	6120939.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12166003.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 10	,105,578.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	bhere					>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	49.69 %
	Public support percentage from 2018					15	52.85 %
16 a	33 1/3% support test - 2019. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	o or more, check th	nis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	t VI how the orgar	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990	or 990-E7) 2019

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 BALLET TECH FOUNDATION, INC. 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.)

360	stion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								—
Ŭ	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								_
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								—
Ŭ	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								-
	Amounts included on lines 1, 2, and								—
70	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								
~	Add lines 7a and 7b								—
	Public support. (Subtract line 7c from line 6.)								—
	ction B. Total Support								—
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total	—
	Amounts from line 6	((-)	(-)	(-,	(-)		(-)	—
	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								
с	Add lines 10a and 10b								_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								_
3	Total support. (Add lines 9, 10c, 11, and 12.)								_
	First five years. If the Form 990 is for	the organization'	s first, second. thi	rd, fourth, or fifth t	ax year as a section	on 501(c)	(3) organiz	ation,	
		-							
e	ction C. Computation of Publ							· · ·	
15	Public support percentage for 2019 (I	ine 8, column (f), d	divided by line 13,	column (f))		15			%
	Public support percentage from 2018					16			%
	ction D. Computation of Invest								<u> </u>
	Investment income percentage for 20		-			17			%
8	Investment income percentage from 2					18			%
	33 1/3% support tests - 2019. If the						and line 1	7 is not	/0
	more than 33 1/3%, check this box a								٦
b	33 1/3% support tests - 2018. If the						33 1/3%. 2	and 🖌 🖌	_
~	line 18 is not more than 33 1/3%, che								٦
20	Private foundation. If the organizatio								ī
	23 09-25-19	and not oneon a	557 011 1116 14, 18					or 990-EZ) 20	10
י3∠U2	-0 09-20-19			15	301		, oni 990	01 330-12/20	19
Δr	426 759420 3073902	20.	19,05091		CH FOUNDA	TUN	TNC	3073902	1
		<u>2</u> 0.			CII I COMDA	,			-

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

2019.05091 BALLET TECH FOUNDATION, INC 30739021

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Schedule A (Form 990 or 990-EZ) 2019 BALLET TECH FOUNDATION, INC. Part IV Supporting Organizations (continued)

_	Comporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		Vee	No
	Did the diverters tructure, or membership of one or more supported erronizations have the neuror to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	,		
	Mana a marka da a su marka da a		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		¥	N
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	a :		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		<i>.</i>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 99	10 or 99	90-EZ)	2019
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2019.05091 BALLET TECH FOUNDATION, INC 30739021

Schedule A	, (Form 990 or 990-EZ) 2019 $$ BAL	LET TECH	FOUNDATION,	INC.
Part V	Type III Non-Functionally	Integrated 5	09(a)(3) Supporting	g Organizations

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 - Adju	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	erm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gros	s income (see instructions)	3		
4 Add lines 1	through 3.	4		
5 Depreciatio	on and depletion	5		
6 Portion of a	operating expenses paid or incurred for production or			
collection o	of gross income or for management, conservation, or			
maintenan	ce of property held for production of income (see instructions)	6		
7 Other expe	nses (see instructions)	7		
8 Adjusted	let Income (subtract lines 5, 6, and 7 from line 4)	8		
-	mum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instruction	s for short tax year or assets held for part of year):			
a Average m	onthly value of securities	1a		
b Average m	onthly 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 of	claimed for blockage or other			
factors (ex	olain in detail in Part VI):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lir	ne 2 from line 1d.	3		
4 Cash deem	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amoun	nt,		
see instruc	tions).	4		
5 Net value of	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	e 5 by .035.	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	ributable Amount			Current Year
1 Adjusted n	et income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1.	2		
3 Minimum a	sset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter great	er of line 2 or line 3.	4		
5 Income tax	imposed in prior year	5		
6 Distributa	ble Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions).	6		
7 Chec	k here if the current year is the organization's first as a non-functi	onally integrat	ed Type III supporting or	ganization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	Supplemental Information. Pr	rovide the explanations required h	oy Part II, line 10: Part II, li	ne 17a or 17b: Part III, line 12:
	Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part \	b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, 3; Part IV, Section E, lines 1c, 2a, 2	and 11c; Part IV, Section 2b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V
	(See instructions.)			
				Schedule A (Form 990 or 990-EZ)
2028 09-25-1				Schodulo A (Form UUI) or UUI-E7

SCHEDULE D

Department of the Treasury

(Form	990)
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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.



Employer identification number

13-2773475

Internal Revenue Service Name of the organization

BALLET TECH FOUNDATION, INC.

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 fur	nds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
		· · · · ·	
Par			
1	Purpose(s) of conservation easements held by the organizat	•	
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a c	conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ũ	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		······································
Ŭ			tion outomente during the your
7	 Amount of expenses incurred in monitoring, inspecting, han 	dling of violations, and enforcing conservation e	easements during the year
•			
8	Does each conservation easement reported on line 2(d) abo	ve 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 conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		•
b	If the organization elected, as permitted under FASB ASC 9		ce sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _	,
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	···· · · · · · · · · · · · · · · · · ·		N A
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB /		, provido
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
	10-02-19		
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		TECH FOUND						13-27			age 2
Par	t III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at make s	significant	use of its			
-	collection items (check all that apply):	ام				~					
a L		d			hange progr						
b	Scholarly research	e		Otner							
c	Preservation for future generations			,							
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								٦.,		1
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, oi	r	
1a	Is the organization an agent, trustee, custod		diany for	contribution	ns or other as	sets not	included				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· ·		L	
, N			lowing	abic.					Amoun	+	
~	Reginning balance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • •				
Par											_
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	vears	hack
1 a	Beginning of year balance	(u) ourient you		nor your	(0) 1110 you	io buon	(u) 11100 y	ouro buon	(0) 1 0 0	youro	buon
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
U											
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	rent vear end balanc	l na (lina 1	a column (a)) hold as:						
	Board designated or quasi-endowment	ent year enti balant	ر ۱۱۱۱۰ عر %	g, column (a	a)) neiu as.						
a h	Permanent endowment	%	70								
b c		⁹⁰									
C		-									
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation the	at are hold a	nd adminiat	orad for t	ho organiz	ration			
Ja		ssion of the organiz					ne organiz	ation		Yes	No
	by: (i) Unrelated organizations								20(1)	Tes	NU
	., .								3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization										
	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipm		owment	tunas.							
1 41	Complete if the organization answere		0 Part IV	/ line 112 9	See Form 00(D Part X	line 10				
	Description of property	(a) Cost or o	,	ŕ – –	t or other	<u> </u>	ccumulate	d l	(d) Boo	k volu	
	Description of property	basis (investr			(other)		preciation			n valut	5
10	Land				9,673.		o colation		2,74	9.6	73.
	Land			-	5,741.	6	982,60		$\frac{2}{3}, 76$		
	Buildings			-	1,036.	-	962,94		$\frac{3,70}{2,16}$	-	
	Leasehold improvements			-	1,382.		531,93		-	$\frac{0}{9,4}$	
	Equipment				5,010.	[.]				<u>5,4</u>	
	Other		V colum		-				8,85		
ιστά	. Add lines 1a through 1e. (Column (d) must e	quai Forni 990, Part	A, COIUN	нн (в), Ilne	100.)				0,05	5,4	14.

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D (Form 990) 2019 BALLET TECH	FOUNDATION,	INC. 1	3-2773475 Page 3
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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSIT	4,352,604.	END-OF-YEAR MARKE	T VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	4 250 604		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	4,352,604.	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment			
	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(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.	
	Description	····· ··· ···· ···· ···· ····· ········	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line :	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			01 101
(2) SECURITY DEPOSITS PAYABLE			21,181.
(3) PREPAID REAL ESTATE TAX E	SCALATION		18 200
(4) INCOME			17,386.
(5) SPECIAL ASSESSMENTS PAYAB	LE		161,338.
(6)			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			199,905.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statement	ts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

932053 10-02-19

Schedule D (Form 990) 2019 BALLET TECH FOUNDATION, I	NC.		13-2	2773475 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	6,560,835.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	27,206.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	27,206.
3 Subtract line 2e from line 1			3	6,533,629.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,533,629.
Part XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1 Total expenses and losses per audited financial statements			1	3,848,828.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	3,848,828.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 				3,848,828.
3 Subtract line 2e from line 1				3,848,828.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	4a			
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	4a 4b		3 4c	0.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	4a 4b		3	

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.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10)
•	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer			mber
_		BALLET TECH FOUNDATION, INC.	13-2	277347	5	
Pa	rt I Question	s Regarding Compensation				
				_	Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, j				
	Travel for com					
		cation and gross-up payments				
	X Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				x
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				x
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the exercited used to establish the compensation of the exercitedian	a			
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		a committee Written employment contract compensation consultant Compensation survey or study				
	X Form 990 of o		committee			
			Johnningee			
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 re					
а		e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-			5a		X
		ation?				X
		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 compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		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 payment	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ז 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)) 2019

932111 10-21-19

Schedule J (Form 990) 2019	Schedu			۰ 0			020110 10-01-10
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0.	0.	0.	0.	0.	0.	0.	PRESIDENT (ii)
0.	191,367.	2,550.	5,569.	0.	0.	183,248.	(2) ELIOT FELD (i)
0.	0.	0.	0.	0.	0.	0.	DIRECTOR OF OPERATIONS (ii)
0.	174,270.	16,762.	4,750.	0.	0.	152,758.	(1) MAGGIE CHRIST (1)
on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable ((C) Retirement and		(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
tructions, on row (ii). ividual.	s, described in the ins) amounts for that ind	m related organizations able column (D) and (E)	ation on row (i) and fro action A, line 1a, applic	ion from the organiz: orm 990, Part VII, Se	J, report compensati he total amount of Fr	oorted on Schedule 990, Part VII. lividual must equal t	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.
		if additional space is needed.	e copies if additional s	l oyees. Use duplicate	Compensated Empl	yees, and Highest (Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies
Page 2		475	13-2773475	•	ATION, INC.	BALLET TECH FOUNDATION,	Schedule J (Form 990) 2019 BALLET

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932112 10-21-19

990) 2019	Schedule J (Form 990) 2019	
	TO NOT EXCEED \$5,000 PER FISCAL YEAR.	OF DIRECTORS
	S DISCRETIONARY SPENDING ACCOUNT IS AUTHORIZED BY THE BOARD	THE PRESIDENT'S
	1B:	PART I, LINE
	PER FISCAL YEAR.	THAN \$5,000
	IS PROVIDED WITH A DISCRETIONARY SPENDING ACCOUNT OF NOT MORE	THE PRESIDENT
	1A:	PART I, LINE
	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.	Provide the information,
Page 3	BALLET TECH FOUNDATION, INC. 13-2773475	Schedule J (Form 990) 2019

932113 10-21-19

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-2773475

BALLET TECH FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BALLET TECH FOUNDATION, INC. OPERATES A TUITION-FREE SCHOOL AND STAGES

THE BALLETS OF CHOREOGRAPHER ELIOT FELD. THE SCHOOL IDENTIFIES TALENTED

CHILDREN IN THE NYC PUBLIC SCHOOL SYSTEM AND PROVIDES THEM WITH

TUITION-FREE PROFESSIONAL BALLET TRAINING. MR. FELD'S BALLETS ARE

PERFORMED BY KIDS DANCE, BALLET TECH'S STUDENT TROUPE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTRODUCING TENS OF THOUSANDS OF NEW YORK CITY PUBLIC SCHOOL CHILDREN

TO THE BEAUTY AND RIGOR OF CLASSICAL DANCE AND PROVIDING THOSE MOST

TALENTED WITH THE DANCE TRAINING NECESSARY TO FULFILL THEIR NATURAL

GIFTS, TUITION-FREE. BALLET TECH PLEDGES ITSELF TO THE DEVELOPMENT OF

SUCCEEDING GENERATIONS OF CLASSICAL DANCERS, WHOSE DIVERSITY REFLECTS

THE FULL SPECTRUM OF THE AMERICAN COMMUNITY.

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

INTENSIVE DANCE PROGRAM. THE ACADEMIC PROGRAM - WHICH TAKES PLACE AT

890 BROADWAY - IS A COLLABORATION BETWEEN THE ORGANIZATION AND THE NEW

YORK CITY DEPARTMENT OF EDUCATION. ANOTHER 21 STUDENTS ATTENDED HIGH

SCHOOL AT THE PROFESSIONAL PERFORMING ARTS SCHOOL (PPAS) AND RETURNED

TO BALLET TECH IN THE AFTERNOONS FOR DANCE CLASSES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JENNY GERSTEN AND JILIAN CAHAN GERSTEN ARE SISTERS.

	FORM	990,	PART	VI,	SECTION	A,	LINE	8B:				
	LHA For	Paperwo	ork Reduc	ction Act	t Notice, see the	e Inst	ructions fo	r Form 990) or 990-E	EZ.	Schedule O (Fo	orm 990 or 990-EZ) (2019)
	932211 09-	06-19							•			
								3	2			
15	14042	6 759	420 3	0739	02	20	19.050	091 BA	LLET	TECH	FOUNDATION,	INC 30739021

Name of the organization

BALLET TECH FOUNDATION, INC.

Page 2

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990, IN DRAFT FORM, WAS CIRCULATED TO THE MEMBERS OF BOARD OF DIRECTORS VIA EMAIL FOR THEIR REVIEW. ALSO, MANAGEMENT REVIEWS A COPY OF THE 990, PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

PRIOR TO ANY PARTY'S ELECTION TO THE BOARD OF DIRECTORS OR AS AN OFFICER, SUCH PARTY, AND ANNUALLY THEREAFTER SHALL DISCLOSE IN WRITING ANY INTEREST, AS DEFINED BELOW, IN ANY CORPORATION OR OTHER ORGANIZATION WHICH PROVIDES GOODS OR SERVICES TO THE FOUNDATION FOR A FEE OR OTHER COMPENSATION. A COPY OF EACH DISCLOSURE STATEMENT SHALL BE AVAILABLE TO ANY DIRECTOR ON REQUEST.

IF AT ANY TIME DURING HIS OR HER TERM OF SERVICE, A DIRECTOR OR OFFICER HAS ANY INTEREST, HE OR SHE SHALL PROMPTLY DISCLOSE THE MATERIAL FACTS OF THAT INTEREST IN WRITING TO THE BOARD.

WHEN ANY MATTER IN WHICH A DIRECTOR OR OFFICER HAS AN INTEREST COMES BEFORE THE BOARD OR ANY COMMITTEE THEREOF FOR DECISION OR APPROVAL, THAT INTEREST SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD OR THE COMMITTEE BY THAT DIRECTOR OR OFFICER.

A DIRECTOR OR OFFICER SHALL BE DEEMED TO HAVE AN INTEREST IN A MATTER IF THAT DIRECTOR OR OFFICER OR A RELATED PARTY, AS DEFINED BELOW, HAS A SIGNIFICANT ECONOMIC INTEREST IN A DECISION ON THE MATTER BY THE BOARD OR

 SIGNIFICANT ECONOMIC INTEREST IN A DECISION ON THE MATTER B1 THE BOARD OR

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

 33
 31

 15140426 759420 3073902
 2019.05091 BALLET TECH FOUNDATION, INC 30739021

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization BALLET TECH FOUNDATION, INC.	Employer identification number $13 - 2773475$
ANY COMMITTEE. AS TO ANY DIRECTOR OR OFFICER, A RELATED	PARTY SHALL MEAN
ANY RELATIVE THEREOF OR AN ENTITY IN WHICH ANY OF THE FOR	EGOING PERSONS IS
A SHAREHOLDER, DIRECTOR, OFFICER OR THE EQUIVALENT.	

NO DIRECTOR SHALL VOTE ON ANY MATTER IN WHICH SUCH DIRECTOR HAS AN

INTEREST.

THE BOARD OR THE MEMBERS OF A COMMITTEE MAY ASK ANY DIRECTOR OR OFFICER WHO HAS AN INTEREST IN A MATTER NOT TO PARTICIPATE OR TO LEAVE THE ROOM AT THE BOARD OR COMMITTEE MEETING IN WHICH DISCUSSION REGARDING THAT MATTER TAKES PLACE; PROVIDED, HOWEVER, THAT THE INTERESTED DIRECTOR OR OFFICER MAY PARTICIPATE IN ANY DISCUSSION REGARDING SUCH PARTY'S EXCLUSION.

DIRECTORS AND OFFICERS MAY NOT ATTEMPT TO INFLUENCE OTHER DIRECTOR OR OFFICERS REGARDING MATTER IN WHICH THEY HAVE AN INTEREST WITHOUT FIRST DISCLOSING THAT INTEREST.

IF A CONTRACT IS PROPOSED FOR APPROVAL BY THE BOARD WITH AN ENTITY IN WHICH A DIRECTOR, OFFICER OR RELATED PARTY HAS AN INTEREST, REGARDLESS OF AMOUNT (AN INTERESTED PARTY CONTRACT), THE BOARD OR A COMMITTEE DESIGNATED BY THE BOARD SHALL REVIEW THE CONTRACT AND SHALL RECOMMEND THAT THE FOUNDATION EXECUTE OR NOT EXECUTE THE CONTRACT. IN REACHING ITS DECISION, THE BOARD OR COMMITTEE SHALL ADHERE TO THE LEGAL REQUIREMENTS APPLICABLE TO THE APPROVAL OF INTERESTED PARTY CONTRACTS WHICH MANDATE THAT AN INTERESTED PARTY CONTRACT CAN ONLY BE APPROVED IF, TAKING INTO ACCOUNT THE TERMS OF ALL REASONABLE ALTERNATIVES, THE PROPOSED INTERESTED PARTY CONTRACT IS FAIR, REASONABLE AND IN THE BEST INTERESTS OF THE FOUNDATION. ALL ACTION REGARDING THE INTERESTED PARTY CONTRACT SHALL BE RECORDED IN THE MINUTES OF Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 34 15140426 759420 3073902 2019.05091 BALLET TECH FOUNDATION, INC 30739021

	Schedule O	(Form 990 or 990-EZ	<u>()</u>	(2019)	
--	------------	---------------------	-----------	--------	--

Name of the organization

BALLET TECH FOUNDATION, INC.

Employer identification number 13-2773475

Page 2

THE BOARD OR COMMITTEE MEETING DURING WHICH THE ACTION WAS TAKEN.

THE PRESIDENT OF THE FOUNDATION IS DIRECTED TO APPLY TO THE STAFF RULES AND

PROCEDURES CONSISTENT WITH THE RULES AND PROCEDURES SET FORTH IN THIS

STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, THE GOVERNANCE COMMITTEE REVIEWS THE PROPOSED COMPENSATION FOR BOTH THE PRESIDENT AND THE DIRECTOR OF OPERATIONS. THE COMMITTEE IS

SUPPLIED WITH COMPARATIVE SALARY INFORMATION FROM AT LEAST THREE SIMILARLY

SIZED ORGANIZATIONS, ALSO LOCATED IN MANHATTAN, WITH COMPARABLE MISSIONS

AND/OR PROGRAMS. SUCH COMPARATIVE DATA IS OBTAINED FROM OTHER

ORGANIZATIONS' 990 FORMS.

THE TWO POSITIONS WERE LAST REVIEWED IN NOVEMBER 2019.

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

DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R		Related Organizations and Unrelated Par	and Unrelated Pa	rtnerships		ОМ	OMB No. 1545-0047
(Form 990)	► Comple	 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. 	 rered "Yes" on Form 990, Part IV, I Attach to Form 990. 	ine 33, 34, 35b, 36, or	37.	Q	2019 Open to Public
Name of the organization	on	Go to www.irs.gov/Formeed for instructions and the latest information.	r instructions and the lates	st information.		Employer identification number	ation number
	BALLET TECH	FOUNDATION, INC.				13 - 2773475	75
Part I Identificati	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	if the organization answered "Yes"	on Form 990, Part IV, line 33				
Name, addr of	(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	ts Direct controlling entity	') ontrolling ity
ODETTE LLC - 20-4 890 BROADWAY, 8TH	20-4693278 8TH FLOOR					BALLET TECH FOUNDATION,	FOUNDATION,
NEW YORK, NY 10003		REAL ESTATE	NEW YORK	1,860,539	9,408,707.INC.	7. INC.	
Part II Identificati organizatior	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.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, beca	use it had one or m	ore related tax-exer	npt
Nam of r	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Pu section stat	ty	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					501(c)(3))		Yes No
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.		-	-	Schedule R (F	Schedule R (Form 990) 2019
932161 09-10-19 LHA			36				

90) 2019	Schedule R (Form 990) 2019	Schedu					37				932162 09-10-19	932162
			_									
×	66.67%	498,183.	0,233.	120,	CORP	INC. C	NY IN	H	MANAGEMENT		YORK, NY 10003	NEW Y
						FOUNDATION,		OCIATION	CONDO ASSOCIATION		BROADWAY	
						BALLET TECH	ВА			3960034	BROADWAY CONDOMINIUM - 13-	E 068
controlled entity? Yes No	ownership °	end-of-year o assets		income	(C corp, S corp, or trust)		(state or foreign country)			5	of related organization	
(i) Section 512(b)(13)				(f) Share of total	(e) Type of entity	(d) Direct controlling		(b) Primary activity	Prim	Z	(a) Name, address, and EIN	
) related	d one or more	on Form 990, Part IV, line 34, because it had one or more related	art IV, line 34	orm 990, P:	ered "Yes" on F	organization answ	omplete if the	oration or Trust. Co year.	e as a Corport ring the tax	ganizations Taxable	V Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" organizations treated as a corporation or trust during the tax year.	Part IV
										·		
										·		
	partner? Yes No	K-1 (Form 1065)	Yes No	assets			excluded from tax under sections 512-514)		(state of foreign country)		Q	
Percentage ownership	General or managing	Code V-UBI amount in box	te	Share of end-of-vear	total ne	Shi	Predominan (related, ur	trolling v	Legal	Primary activity	Name, address, and EIN	
(k)	(j)	(i)	(h)	(g)	(f)		(e)	(d)	(c)	(d)	(a)	
	nore related	on Form 990, Part IV, line 34, because it had one or more related	34, because	Part IV, line	s" on Form 990,	tion answered "Yes	⁻ the organizat	ership. Complete if	e as a Partn tax year.	ganizations Taxable	III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" organizations treated as a partnership during the tax year.	Part III
Page 2	2773475	13-27						ON, INC.	FOUNDATION,	TECH	Schedule R (Form 990) 2019 BALLET	Sched

Schedule R (Form 990) 2019
BALLET TECH
TECH
CH FOUNDATION, I
INC.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes I	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	elated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	┡	×
b Gift, grant, or capital contribution to related organization(s)				1		×
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				đ	L	×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
				₽		×
				_1		×
j Lease of facilities, equipment, or other assets to related organization(s)				- .	Ц	×
k Lease of facilities equipment or other assets from related organization(s)				*		×
	-	(S)r		=		⋈
m Performance of services or membership or fundraising solicitations by related organization(s)				Ъ,	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			5		×
o Sharing of paid employees with related organization(s)				5		×
p Reimbursement paid to related organization(s) for expenses				т р		×
Reimbursement paid by related organization(s) for expenses				1q		×
r Other transfer of cash or property to related organization(s)				4		X
				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including (a) (b) (c) Name of related organization Transaction type (a-s)	no must complete th (b) Transaction type (a-s)		covered relationships and transaction thresholds. (d) Ived Method of determining amount involved	ved		
(1) 890 BROADWAY CONDOMINIUM	м	960,904.2	AMOUNT OF CASH TRANSFERRED	មី		
(2)						
(3)						
(4)						
(5)						1

(6) 932163 09-10-19

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Schedule R (Form 990) 2019

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

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Page 4	

Schedule R (Form 990) 2019 BALLET TECH FOUNDATION, INC.

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)

990) 2019	R (Form	Schedule R (Form 990) 2019									
	Yes NO	(Form 1065)	8 N	Yes No	assets	income	Yes No	sections 512-514)	country)		
ownership	managing partner?	tionate amount in box 20 managing ownership	ate a	allocati	end-of-year	total	501(c)(3)	(related, unrelated,	(state or foreign		of entity
(K)			nor-	(n)	(g)	(T)	Are all	(d) Predominant income	(c)	(D) Drimany activity	(a)
				-		E		estment partnerships	ISION for certain inv	structions regarding exclu	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII	Supplemental Information
	Supplemental information

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	90 PAGE 10							066							
Asset No.	Description	Date Acquired	Method	Life	< ⊐ o ೧ Z⊑	No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
з	THEATER UNIT	VARIOUS	SL	40.00	16		8,965,668.				8,965,668.	5,803,311.		135,345.	5,938,656.
4	CONDOMINIUM UNITS	VARIOUS	SL	39.00	MM1 6		1,780,074.				1,780,074.	1,010,642.		45,643.	1,056,285.
	* 990 PAGE 10 TOTAL BUILDINGS					4	10745742.				10745742.6	5,813,953.		180,988.	6,994,941.
	FURNITURE & FIXTURES														
1	FURNITURE & FIXTURES	VARIOUS	SL	5.00	16	σ	648,029.				648,029.	510,784.		21,154.	531,938.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					-	648,029.				648,029.	510,784.		21,154.	531,938.
	LAND														
л	LAND THEATRE UNIT	VARIOUS	۲		_	.∾ `	749,673.				2,749,673.			0.	
	* 990 PAGE 10 TOTAL LAND					22	749,673.				2,749,673.	0.		0.	0.
	OTHER				_	-									
2	STUDIO IMPROVEMENTS	VARIOUS	SL	20.00	16	, С	201,284.				5,201,284.	2,774,689.		188,259.	2,962,948.
6	CONSTRUCTION IN PROGRESS	VARIOUS	SL	40.00	16	თ	52,010.				52,010.			1,300.	1,300.
	* 990 PAGE 10 TOTAL OTHER					<u>,</u> ,	5,253,294.				5,253,294.	2,774,689.		189,559.	2,964,248.
	* 990 PAGE 10 TOTAL -					ц	19396738.				19396738.	10099426.		391,701.	10491127.
	* GRAND TOTAL 990 PAGE 10 DEPR					4	19396738.				19396738.	10099426.		391,701.	10491127.
						_									

40.1

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

g

20

Attach to your tax return.

Depart Interna	tment of the Treasury al Revenue Service (99)	Go to www.irs.gov/F	Attach to your to form4562 for instruction	ctions and t				Attachment Sequence No. 179
Name(s) shown on return			Business or ac	tivity to wh	ich this form relate	S	Identifying number
					~ ~ -			10 0000405
	LLET TECH FOUNDAT		70 Noto: If	FORM 9				13-2773475
	rt I Election To Expense Certain F		-					1,020,000
	Maximum amount (see instruction	/	· · · · · ·					1,020,000.
	Total cost of section 179 property							2 550 000
	Threshold cost of section 179 pro						····	2,550,000.
	Reduction in limitation. Subtract li						····	
	Dollar limitation for tax year. Subtract line 4 fr (a) Descriptio			ately, see instruct st (business use ((c) Elected (
6	(a) Descriptio		(6) 00	st (busilless use			.031	
7 1	inted property. Enter the amount	from line 20			7			
	Listed property. Enter the amount Fotal elected cost of section 179 p		in onlymp (a) lines		7		8	
	Fontative deduction. Enter the sm							
	Carryover of disallowed deduction							
	Business income limitation. Enter							
	Section 179 expense deduction.							
	Carryover of disallowed deduction				13		12	
	Don't use Part II or Part II below		,		13			
Pa				include lister	proper	tv.)		
	Special depreciation allowance for				· ·			
				271		Ũ	14	
	Property subject to section 168(f)						····	
	Other depreciation (including ACF	•					16	391,701.
	rt III MACRS Depreciation (E							, .
			Section A	-				
17 N	MACRS deductions for assets pla	ced in service in tax ve	ears beginning befo	re 2019			17	
	f you are electing to group any assets placed							
	Section B - As	sets Placed in Servic	e During 2019 Tax	Year Using	the Gen	eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investmen only - see instructio	tuse ^(a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			2	5 yrs.		S/L	
		/			.5 yrs.	MM	S/L	
h	Residential rental property	/		27	.5 yrs.	MM	S/L	
		/		3	9 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Ass	ets Placed in Service	During 2019 Tax Y	'ear Using th	ne Alteri	native Depred	ciation Sys	stem
20a	Class life						S/L	
b	12-year			1:	2 yrs.		S/L	
с	30-year	/		3	0 yrs.	MM	S/L	
d	40-year	/		4	0 yrs.	MM	S/L	
Pa	rt IV Summary (See instruction	ons.)						
	isted property. Enter amount from						21	
22 1	Fotal. Add amounts from line 12,	lines 14 through 17, lir	nes 19 and 20 in col	umn (g), and	line 21.			
E	Enter here and on the appropriate	lines of your return. P	artnerships and S c	orporations -	see inst	r	22	391,701.
23 F	For assets shown above and plac	ed in service during th	e current year, ente	r the				

23

916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate instal tions. 15140426 759420 3073902 2019.05091 BALLET TECH FOUNDATION, INC 30739021

portion of the basis attributable to section 263A costs .

Fo	rm 4562 (2019)	BALLET 1	ECH FC	DUNDA	TION	I, IN	IC .				13-	2773	475	Page 2
P		y (Include automobile recreation, or amuser		her vehic	cles, cer	tain airc	raft, an	nd propert	y used fo	or				
	Note: For any v	rehicle for which you a a) through (c) of Secti	are using the	e standar Section B	rd milea	ge rate c ection C	r dedu if appl	ucting leas licable.	e expens	se, com	iplete on	ily 24a,		
		Depreciation and Ot							mits for p	basseng	ger autor	nobiles.)		
24a	a Do you have evidence to s	upport the business/inve	estment use c	laimed?	<u> </u>	es	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) (c) Date Busir placed in invest service use perc	ness/ ment	(d) Cost or ther basis	(bu	(e) sis for depresiness/inves use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	•					•	-		05				
06	used more than 50% in a Property used more than									25				
20	Froperty used more that		%	•				1	1					
		: : : :	%											
			%											
27	Property used 50% or le	ss in a qualified busir	, -											
			%						S/L -					
		: :	%						S/L -]	
			%						S/L -					
28	Add amounts in column	(h), lines 25 through 2	27. Enter hei	re and or	n line 21	, page 1				28				
29	Add amounts in column	(i), line 26. Enter here	and on line	7, page [·]	1							. 29		
			Section	B - Infor	mation	on Use	of Veł	nicles						
	mplete this section for vel													S
toy	your employees, first answ	ver the questions in S	Section C to	see if yo	u meet a	an excep	otion to	o completi	ng this s	ection f	or those	vehicle	5.	
				(-)	, I	L-)		(-)		n	, I	-1		n
20	Total business/investment n	nilos drivon durina tho		(a) hicle		b) hicle		(c) /ehicle	(c Veh	-		e) nicle	(1 Veh	
30	year (don't include commut	•			Ve		v	CHILLE	VEII		Vei	IICIE	Ven	
21	Total commuting miles d													
	Total other personal (nor													
02	driven	•.												
33	Total miles driven during													
	Add lines 30 through 32													
34	Was the vehicle available		Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	during off-duty hours?													
35	Was the vehicle used pr													
	than 5% owner or relate	d person?												
36	Is another vehicle availab	ole for personal												
	use?													
		Section C - Question		-					-					
	swer these questions to d		an exceptio	n to com	pleting	Section	B for v	ehicles us	ed by en	nployee	es who a	ren't		
-	ore than 5% owners or rela													1
37	Do you maintain a writter		-	-				-	-				Yes	No
20	employees?												·	
30	Do you maintain a writter employees? See the inst		-	-										
39	Do you treat all use of ve													
	Do you provide more that												·	
	the use of the vehicles, a													
41	Do you meet the require	ments concerning qu	alified auton	nobile de	monstra	ation use	?							
	Note: If your answer to 3													
Ρ	art VI Amortization													
	(a) Description of	costs	(b) Date amortization begins	1	(C) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or per		Ai	(f) mortization or this year	
42	Amortization of costs that	at begins during vour		ar:					I ŀ		soniago I		-	
		<u> </u>												
				1			\top							
43	Amortization of costs that	at began before your	2019 tax ye	ar					•		43			
	Total. Add amounts in c										44			
916	252 12-12-19											F	orm 456	2 (2019)
						42								

	42				
2019.05091	BALLET	TECH	FOUNDATION,	INC	30739021

(Rev. January 2020)

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

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	Name of exempt organization or other filer, see inst	ructions.		Taxpaye	r identificati	on number (TIN)
print	BALLET TECH FOUNDATION, II	NC			13-27	73475
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box 890 BROADWAY		tions.		15 27	/51/5
return. See instructions.	City, town or post office, state, and ZIP code. For a NEW YORK, NY 10003	a foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for	(file a separa	te application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	0 (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) MAGGIE CHRIST	06	Form 8870			12
 If the c If this i box ▶ [1 I rea the ▶ [2 If th 	one No. ► 212-777-7710 rganization does not have an office or place of busine s for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the o calendar year or X tax year beginning JUL 1, 2019 e tax year entered in line 1 is for less than 12 months Change in accounting period	it Group Exe and atta <u>MA</u> rganization's , an , check reas	emption Number (GEN) If ch a list with the names and TINs of X 17, 2021, to file s return for: d ending JUN 30, 2020 on: Initial return F	this is fo all memb	r the whole pers the extension of the ex	group, check this
	is application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less			0.
	nonrefundable credits. See instructions.	00 ant		<u>3a</u>	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 60			3b	¢	0.
	mated tax payments made. Include any prior year ove ance due. Subtract line 3b from line 3a. Include your				\$	
	ng EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdraw	/al (direct de	bit) with this Form 8868, see Form 8			

923841 12-30-19