Form	8879-EO	
FUIII		

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning <u>JUL 1</u>, 2018, and ending <u>JUN 30</u>, 20<u>19</u> **Do not send to the IRS. Keep for your records.**

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

86-0367773

BALLET ARIZONA

Name and title of officer	
SAMANTHA TURNER	
EXECUTIVE DIRECTOR	
Part I Type of Return and Return Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,961,235.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize HENRY & HORNE, LLP	to enter my PIN 14922
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed m is being filed with a state agency(ies) regulating charities as part of the II enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on a indicated within this return that a copy of the return is being filed with a program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature 🕨 Damantha Turner	Date \blacktriangleright 02-27-2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	86423514922 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 confirm that I am submitting this return in accordance with the requirements of \mathbf{P}_{i} <i>e-file</i> Providers for Business Returns.	
ERO's signature COLETTE KAMPS, CPA	Date D 2/26/20
ERO Must Retain This Form	- See Instructions
Do Not Submit This Form to the IRS U	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)
823051 10-26-18	

2018.05050 BALLET ARIZONA

Form 990
Department of the Treas

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ocial security numbers on this form as it may be made public.



Department of the Treasury	Do not enter so
Internal Revenue Service	Go to www.ir

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

ΑF	A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019					
B Check if applicable: C Name of organization			D Employer identification number			
	Addres					
	Name change	Doing business as		86-0	367773	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
]Final return/	2835 E WASHINGTON ST		602-	381-0184	
	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	10,245,498.	
	Amend return	PHOENIX, AZ 85034		H(a) Is this a group re	turn	
	Applica tion pendin	F Name and address of principal officer: SAMAN THA TORNER		for subordinates? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		list. (see instructions)	
		e: BALLETAZ. ORG		H(c) Group exemption		
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1986 N	State of legal domicile: AZ	
10		Briefly describe the organization's mission or most significant activities: BALLE	דסג חיד	TONA TO AN T		
e		AND PROVOCATIVE PROFESSIONAL BALLET COMPA				
Activities & Governance		Check this box \blacktriangleright if the organization discontinued its operations or dispos				
veri				3	26	
ĝ		Number of independent voting members of the governing body (rait v), interial			26	
کە دە		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			121	
itie		Total number of volunteers (estimate if necessary)			295	
cti∨		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă		Net unrelated business taxable income from Form 990-T, line 38			0.	
				Prior Year	Current Year	
đ	8	Contributions and grants (Part VIII, line 1h)		2,968,378.	2,375,548.	
Revenue	9	Program service revenue (Part VIII, line 2g)		4,774,484.	4,837,670.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		162,076.	-265,902.	
£	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-41.	13,919.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		7,904,897.	6,961,235.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		3,996,639.	4,244,988.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ğ		Total fundraising expenses (Part IX, column (D), line 25) 571,65	o7.	2 804 554	4 4 9 6 9 9 9	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,724,551.	4,126,830.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,721,190.	8,371,818.	
	19	Revenue less expenses. Subtract line 18 from line 12		183,707.	-1,410,583.	
ts or nces				ginning of Current Year	End of Year	
Assets (Balanc		Total assets (Part X, line 16)	······	<u>10,625,753</u> . 790,755.	<u>9,844,216.</u> 982,788.	
let A ind B		Total liabilities (Part X, line 26)	······	9,834,998.	8,861,428.	
	22 Int II	Net assets or fund balances. Subtract line 21 from line 20		5,034,530.	0,001,420.	

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

Sign Here	Signature of officer SAMANTHA TURNER, EXECUTIVE DIRECTOR Type or print name and title	Date					
Paid	Print/Type preparer's name Preparer's signature COLETTE KAMPS, CPA COLETTE KAMPS, CPA	Date Check PTIN 02/26/20 self-employed P00367616					
Preparer	Firm's name 🕨 HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881					
Use Only	Firm's address 2055 E WARNER ROAD, SUITE 101						
	TEMPE, AZ 85284	Phone no. 480 - 839 - 4900					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	33200112-31-18LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2018)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		86-0367773	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	BALLET ARIZONA IS AN INNOVATIVE AND PROVOCATIVE PROFESSIO	NAL BALLET	
	COMPANY THAT CREATES, PERFORMS, AND TEACHES OUTSTANDING C		D
	CONTEMPORARY BALLET AND IS DEDICATED TO PRESERVING AND CE		
	CLASSICAL DANCE WHILE CREATING AND COMMISSIONING NEW INNO		s.
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Ves	XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	na
	revenue, if any, for each program service reported.	2 162	<u> </u>
4a	(Code:) (Expenses \$ 5,264,547. including grants of \$) (Revenue		
	BALLET PERFORMANCES THAT CONTRIBUTE TO DEVELOPMENT AND MA		
		RGANIZATION	
	PRESENTED 71 PERFORMANCES WITH 82,535 ATTENDEES IN THE ST	ATE OF ARIZ	ONA
	DURING ITS REGULAR SEASON.		
4b	(Code:) (Expenses \$1,056,325. including grants of \$) (Revenue		/
	THE SCHOOL OF BALLET ARIZONA IS THE ORGANIZATION'S OFFICI	<u>AL TRAINING</u>	r
	INSTITUTE. OVER 400 STUDENTS AGES 4 AND UP PARTICIPATED I	N BEGINNER	
	THROUGH ADVANCED LEVEL PROGRAMS, INCLUDING PRE-PROFESSION		
	RECREATIONAL OFFERINGS. DURING THIS FISCAL YEAR, STUDENTS	TOOK 3200	
	CLASSES OFFERED ALONGSIDE PROFESSIONAL DANCERS AND ARTIST	IC STAFF OF	
	BALLET ARIZONA. A RESOURCE OF COMMITTED AND INSPIRED TEAC	HERS GENERA	TED
	AN IMAGINATIVE, CREATIVE AND PRODUCTIVE RESPONSE. THE SC	HOOL OF BAL	LET
	ARIZONA STUDENTS ARE ABLE TO SHARE THEIR LOVE OF DANCING	IN COMMUNIT	Y
	EVENTS THAT CONTRIBUTE TO THE INTRODUCTION OF THE ARTS TO	YOUNG PEOP	LE
	THROUGHOUT METROPOLITAN PHOENIX.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
44	Other program services (Describe in Schedule Q)		
40	Other program services (Describe in Schedule O.)	ν.	
A :	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,320,872.		990 (2018)
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Form	990	(2018)	۱
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Form 990 (2018) BALLET ARIZONA
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	х	
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the survey in this was interimented by the standard standard of the their did to the standard of the standard standard of the standard s	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-70		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990 (2018) BALLET ARIZONA	86-0367773		age 4
	t IV Checklist of Required Schedules (continued)	00 0007770		age •
	l (ontinde)		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			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's of	current		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	e l		
	Schedule J		X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete the second seco			- v
h.	Schedule K. If "No," go to line 25a	<u>24a</u>		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
U	any tax-exempt bonds?	ease 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," com	plete		
	Schedule L, Part I			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current o	r		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If	,		
	complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	.		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mem			x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i>			x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was a			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservat	ion		
	contributions? If "Yes," complete Schedule M			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I			<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
22	Schedule N, Part II			<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			- 23
57	Part V, line 1		1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related org			
	If "Yes," complete Schedule R, Part V, line 2			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			X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance		Х	<u> </u>
1 0	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Vac	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	31	Yes	
	Enter the number reported in Box 3 of Porm 1090. Enter -0- in not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar			
	(gambling) winnings to prize winners?			
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Form	990 (2018) BALLET ARIZONA 86-0367 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 86-0367	773	Р	_{age} 5
Fai				
-			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			
	, , , , ,		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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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	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			-		<u> </u>
5	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					·
		<u>renue</u>	0000./		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	100	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•		101		
				10b	v	├──
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beto	re filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а				15a	Х	
	Other officers or key employees of the organization			15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16-			ith a			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40-		x
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial	
	statements available to the public during the tax year.		. ,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	THE ORGANIZATION - 602-381-0184					
	2835 E WASHINGTON ST, PHOENIX, AZ 85034					
00005				Earr	990	(201)
JJ2UU	6 12-31-18 6			1011	, 550	1010
	26 758360 1014922 2018.05050 BALLET AN	סדס	~NT 7		1 0	149

BALLET ARIZONA

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<u>Form 990 (2</u>	018) BALLET ARIZONA	86-0367773	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)	l	mza	(C		iper	isan	(D)	(E)	(F)
Name and Title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both pr/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				ed		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		oloyee	e comp				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) G VAN VELSOR WOLF JR	1.00	-	<u> </u>	Of	Ke	토등	오			
BOARD MEMBER	1.00	х						0.	0.	0.
(2) DARYL WEIL	1.00									
BOARD MEMBER		х						0.	0.	0.
(3) TREEVA VEYSEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(4) MARY SEMMA	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) JAMES L SMITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ADRIENNE SCHIFFNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JANET MELAMED	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) HEATHER MAHANEY	1.00									_
BOARD MEMBER		х						0.	0.	0.
(9) MOLLY GREENE	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(10) SEENA GHEBLEH	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) MATTHEW J CONNELL	1.00								0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) JOAN BERRY BOARD MEMBER	1.00	х						0.	0.	0.
(13) SUSAN BANSAK	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) MIRANDA LUMER	1.00								0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(15) MIKE BOLAR	1.00							Ŭ		
BOARD MEMBER		х						0.	0.	0.
(16) SALVADOR BRETTS-JAMISON	1.00									
BOARD MEMBER		x						0.	0.	0.
(17) FLAVIA CAMPBELL	1.00									
BOARD MEMBER		x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(do		Posi heck r				Reportable	Reportable		Estir	mated
	hours per	box,	, unles	ss per	son i	s both	n an	compensation compensation			amo	unt of
	week				recto	r/trus [.] I	tee)	from	from related		ot	her:
	(list any	ector						the	organizations		•	ensation
	hours for related	or dir	e			ated		organization	(W-2/1099-MIS	(C)		n the
	organizations	ustee	truste		e	pens		(W-2/1099-MISC)			•	nization
	below	ual tri	ional		ploye	t com /ee						related izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	124110115
(18) DANIELLE HAZELTINE	1.00	-	-	0	¥	Ξœ	ш					
BOARD MEMBER		х						0.		0.		0.
(19) JILL HEGARDT	1.00											
BOARD MEMBER		х						0.		0.		0.
(20) CHRISTY JOSEPH	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) SARAH KIST	1.00											
BOARD MEMBER		Х						0.		0.		0.
(22) SIMONE RAESS	1.00											•
BOARD MEMBER	4 0 0	Х						0.		0.		0.
(23) BARBARA OTTOSEN	4.00	77		v				0.				0
SECRETARY (24) JIM HEFFERMAN	4.00	Х		X		-		0.		0.		0.
TREASURER	4.00	х		x				0.		0.		0.
(25) DAVID THOMPSON	4.00	~		Δ				0.		••		0.
VICE CHAIR	1000	х		x				0.		0.		0.
(26) SUSIE FOWLS	5.00											
CHAIR		х		x				0.		0.		0.
1b Sub-total								0.		0.		
c Total from continuation sheets to Part VI								470,715.		0.	17	,970.
								470,715.		0.	17	,970.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												2
					/					_	Y	'es No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual)							L	3	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual		L	4	<u>x </u>
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich p	bers	on .					5	X
Section B. Independent Contractors	*											
1 Complete this table for your five highest cor	=	-								ensati	on from	ו
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		(
(A) Name and business	address							(B) Description of s	ervices	Co	(C) mpens	ation
PHOENIX SYMPHONY ORCHESTR							_	MUSIC FOR			mpene	
1 1ST STREET SUITE 200, P		Δ	7.	85	01	2		PERFORMANCES			457	,396.
COMMIT AGENCY, 58 W BUFFA						-	F EKFORMANCES			437	, 590.	
200, CHANDLER, AZ 85225	TO PIKE	1 1	5					MARKETING			313	,281.
CLEARWING PRODUCTION ARIZ	ONA						_	MARKEIING			212	,201.
									RENTALS		127	,295.
5640 S 40TH ST STE 1, PHOENIX, AZ 85040 BRIGHT EVENT RENTALS, 3103 EAST BROADWAY							-				10/	, 255.
-							PERFORMANCE	RENTALS		113	,388.	
P.S. STUDIOS, INC.		-										
3002 N 3RD STREET, PHOENI	X, AZ 8	50	12					MARKETING			103	,238.
2 Total number of independent contractors (in					thos	e lis	_		ore than			
\$100,000 of compensation from the organiz	ation 🕨				5	5						
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (201								90 (2018)				

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Form 990 BALLET AI									86-036	7773
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee			ligh	est		es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	hecł	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a.			ted e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pensated em ployee				and related
	organizations	ul trus	nal ti		Key employee	d mo				organizations
	below	vidua	itutio	Cer	emp	hest o	Former			
	line)	Indi	Inst	Officer	Key	Hig	Fon			
(27) SAMANTHA TURNER	40.00									
EXECUTIVE DIRECTOR				Х				139,800.	0.	5,990.
(28) IB ANDERSEN	40.00									
ARTISTIC DIRECTOR				X				251,417.	0.	5,990.
(29) THERESA STACK	40.00									
DIRECTOR OF FINANCE				x				79,498.	0.	5,990.
							\sim			
							\mathbf{F}			
					<u> </u>					
			μ							
			-	\vdash	\vdash	\vdash	-			
Total to Part VII, Section A, line 1c								470,715.		17,970.

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	990 (2 VIII	BALLET ARIZONA Statement of Revenue				86-0367	773 Pag
		Check if Schedule O contains a response or	note to any ling	a in this Dart VIII			Г
		oneck in Schedule O contains a response of	note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu- from tax und sections 512 - 514
S	1 a	Federated campaigns 1a					
uno	b	Membership dues 1b					
Ĕ	с	Fundraising events 1c	317,860.				
and Other Similar Amounts	d	Related organizations 1d					
Ē	е	Government grants (contributions) 1e	156,911.				
2	f	All other contributions, gifts, grants, and					
The		······ L	1,900,777.				
D	g	Noncash contributions included in lines 1a-1f: \$	168,375.				
an	h	Total. Add lines 1a-1f	►	2,375,548.			
		Bu	usiness Code				
		TICKET SALES		3,008,718.	3,008,718.		
Ð	b	BALLET SCHOOL TUITION		1,448,263.	1,448,263.		
enu	С	TICKET HANDLING FEES		311,408.	311,408.	-	
Revenue	d	OTHER PROGRAM REVENUE		69,281.	69,281.		
٦	е						
		All other program service revenue					
	g	Total. Add lines 2a-2f		4,837,670.			
	3	Investment income (including dividends, interest,					
		other similar amounts)		207,880.			207,8
	4	Income from investment of tax-exempt bond proc	ceeds 🕨				
	5	Royalties	····· ►				
			(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 2,679,723.					
	b	Less: cost or other basis					
	_	and sales expenses 3,153,505. Gain or (loss) -473,782.		·			
				-473,782.			-473,7
		Net gain or (loss)		-4/3,/02.			-4/3,/
	8 а	Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See	44,805.				
	b	Part IV, line 18 a Less: direct expenses b	104,012.				
		····		-59,207.			-59,2
		Gross income from gaming activities. See	····· >				
	9 a	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities					
4		Gross sales of inventory, less returns					
	Ja	and allowances a	99,872.				
1	h	Less: cost of goods sold b	26,746.				
1		Net income or (loss) from sales of inventory		73,126.	73,126.		
F			usiness Code	, · ·	, · ·		
1	1 a						
'	b						
1	c						
1		All other revenue					
1		Total. Add lines 11a-11d					
			····· 🗾 🗾				-325,1

BALLET ARIZONA Part IX Statement of Functional Expenses

Dr	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,		064 007		10 011
	trustees, and key employees	503,155.	264,297.	225,947.	12,911
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,807,684.	0 0 0 0 0 0 1	200 674	017 000
7	Other salaries and wages	2,807,684.	2,381,001.	209,674.	217,009
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		E00 146	48,046.	41 060
9	Other employee benefits	688,054.	598,146. 210,542.	20,808.	<u>41,862</u> 14,745
0	Payroll taxes	246,095.	210,542.	20,000.	14,/40
1	Fees for services (non-employees):				
a	F	20,589.		20,589.	
b	F	20,096.		20,096.	
C	0 F	20,090.		20,090.	
d					
e f		31,504.		31,504.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	JI, JUH.		JI, JUI	
g	column (A) amount, list line 11g expenses on Sch 0.)	253,635.	194,198.	22,819.	36,618
2	Advertising and promotion	685,681.	42,010.	643,671.	50,010
2	Office expenses	000,001.	42,010.	010,0710	
4	Information technology	134,137.	43,329.	59,046.	31,762
5	Royalties	70,484.	70,484.		51,702
6	Occupancy	223,498.	196,443.	16,312.	10,743
7	Traval	30,318.	21,693.	4,184.	4,441
8	Payments of travel or entertainment expenses		,		_,
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	122.		122.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	356,043.	335,502.	11,982.	8,559
3	Insurance	40,534.	35,413.	4,218.	903
.4	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		1,638,531.	1,638,531.		
b	MISCELLANEOUS	253,275.	133,690.	15,181.	104,404
с	PUBLICATION	183,482.	22,231.	90,672.	70,579
d	BANK FEES	143,492.	108,789.	32,975.	1,728
е	All other expenses	41,409.	24,573.	1,443.	15,393
5	Total functional expenses. Add lines 1 through 24e	8,371,818.	6,320,872.	1,479,289.	571,657
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fillowing SOP 98-2 (ASC 958-720)				

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BALLET ARIZONA

		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			792,435.	1	709,228.
	2	Savings and temporary cash investments			397,805.	2	149,861.
	3	Pledges and grants receivable, net			582,524.	3	308,096.
	4	• • • • • •		[248,143.	4	
	5	Loans and other receivables from current and fo	ormer offic	ers, directors,			
		trustees, key employees, and highest compensa	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c))(9) voluntary			
ŝ		employees' beneficiary organizations (see instr).	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			14,279.	8	43,031.
	9	Prepaid expenses and deferred charges			56,635.	9	131,277.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,025,003.			
	b	Less: accumulated depreciation	10b	3,204,644.	3,926,356.	10c	3,820,359.
	11	Investments - publicly traded securities	4,086,643.	11	4,174,510.		
	12	Investments - other securities. See Part IV, line 1	495,504.	12	490,504.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	05 400	14	10.050		
	15	Other assets. See Part IV, line 11			25,429.	15	17,350.
	16	Total assets. Add lines 1 through 15 (must equa			10,625,753.	16	9,844,216.
	17	Accounts payable and accrued expenses		225,070.	17	327,488.	
	18	Grants payable				18	
	19	Deferred revenue			565,685.	19	655,300.
	20					20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Lial	00					22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23 24	
	24 25	Other liabilities (including federal income tax, pa				_24	
	25	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			790,755.	26	982,788.
		Organizations that follow SFAS 117 (ASC 958					
ú		complete lines 27 through 29, and lines 33 an		, <u> </u>			
če	27	Unrestricted net assets			4,066,497.	27	4,016,674.
alar	28				1,533,063.	28	609,316.
ä	29				4,235,438.	29	4,235,438.
ŭ		Organizations that do not follow SFAS 117 (A					
۲. ۳		and complete lines 30 through 34.					
ts e	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ec				31	
∋t A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			9,834,998.	33	8,861,428.
	34	Total liabilities and net assets/fund balances			10,625,753.	34	9,844,216.
							Eorm 990 (2018)

Form 990 (2018)

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Form 990 (2018) Part X Balance Sheet

Form	1 990 (2018) BALLET ARIZONA	<u>86-</u> 0	367773	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	6,961	<u>1,2</u>	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,371		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,410		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,834		
5	Net unrealized gains (losses) on investments	5	431	7,0	13.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,862	1,4	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i>,</i>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)
					. ,

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
2018
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ame of the organization Employer identification number								
		BALLET ARIZONA 86-0367773							
Pa	τI	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
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 I	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	inter June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a	-	voluto toot for public oo	Toty Soo	nantian E(O(a)(4)		
12		An organization organized a						rny out the	nurnoses of one or
12		more publicly supported or	-					•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga							aivina
		the supported organization							
		organization. You must o							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	II, Type III	
	- .	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				
t		er the number of supported o	•						
<u> </u>		vide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions))					
<u>Tota</u>									

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 14

Schedule A (Form 990 or 990-EZ) 2018 BALLET ARIZONA

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3480237.	5977671.	3165343.	2985686.	2375548.	17984485.
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	3480237.	5977671.	3165343.	2985686.	2375548.	17984485.
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)						954,699.
6	Public support. Subtract line 5 from line 4.						17029786.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3480237.	5977671.	3165343.	2985686.	2375548.	17984485.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,672.	9,132.	24,615.	110,787.	207,880.	354,086.
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.)	25,424.	26,708.				52,132.
11	Total support. Add lines 7 through 10						18390703.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 23	,636,839.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	c Support Per	centage			r r	
	Public support percentage for 2018 (I		•			14	92.60 %
	Public support percentage from 2017					15	92.41 %
16 a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	₅ ▶□
					Sche	edule A (Form 990	or 990-F7) 2018

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Schedule A (Form 990 or 990-EZ) 2018 BALLET ARIZONA

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.)

Sec	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons 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						
Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		(6) 2010			(0) 2010	
	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						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	•					
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	%
	Investment income percentage for 20		•	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organizatior	• >
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
83202	23 10-11-18				Sch	edule A (Form 9	90 or 990-EZ) 2018
			16				

2018.05050 BALLET ARIZONA

Yes No

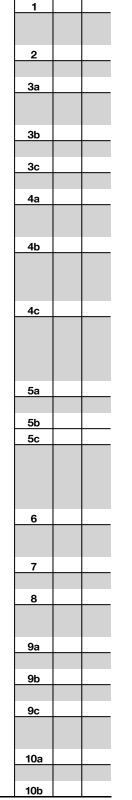
Part IV Supporting Organizations

(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) 2018

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 Schedule A (Form 990 or 990-EZ) 2018
 BALLET
 ARIZONA

 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
	supported organizations played in this regard.	3		
Sec	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 year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
-	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
		ructions,		No
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			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				,

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 BALLET ARIZONA

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

Schedule A (Form 990 or 990-EZ) 2018 $ \mathbf{BA}$	LLET	ARIZONA
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
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							
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 BALLET ARIZONA

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
2028 10-11-1	8 Schedule A (Form 990 or 990-EZ) 201
2020 10-11-1	21

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization	
1 unite	01 010	organization	

Employer identification number

Nam	BALLET ARIZONA		86-0367773
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	ed funds
	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 o		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	^p art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	- · · · · · · · · · ·		a
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tree		gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		► \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

Schedule D (Form 990) 2018

28 2018.05050 BALLET ARIZONA

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Contract 0 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms Partice or the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms Provide a devolution Back orbitation Preservation for future generations Preservation for future generations Preservation for future generations Preservation and Custocidial Arrangements. Complete the organization accession? Ves Normal Experiments In the organization magent, trustee, custodian or other intermediary for contributions or other assets not included on form 390, Part X, Ine 21. Test from balance If "Yes," explain the arrangement in Part XIII and complete the following table: Yes Part V Endownent Usen XII. Part V Endownent ID Part XII. Part V Part V Part V Part V Part V Part XII. Part XII. Part V Pa	Sche	dule D (Form 990) 2018 BALLET					86-0	367773	Page 2
cleack at that apply: a Pole exhibition b Scholarly research c Previde exhibition cling the second of thure generations 0 cling the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. 7 Provide addition of the organization's collection? Yes No 8 Provide addition of the organization's collection? Yes No 9 If the organization is activity is a second or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes No 9 If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Yes No 9 If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation inside on Part XIII. Yes No 9 If Yes,' explain the arrangement in Part XIII. Check here if the explanation inside on Part XIII. Yes No 9 If Yes,' explain the arrangement in Part XIII. Check here if the explanation inside on Part XIII. Yes No 9 If Yes', explain the arrangement in Part XIII. Chec	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar Asse	ts _{(continu}	ued)
a Public exhibition definition definition definition of the organization is collection? a Provide a description of the organization is collections and explain how they further the organization is exempt purpose in Part XIII. b Dring they are, did the organization societ or receive donations of at, historical treasures, or other similar assets b De sold to raise funds rather than to be mantaned as part of the organization's collection? b Part VI Excove and CutoStalla Arrangements. Complete the organization answerd 'Yea' on Form 990, Part X, line 20. c Part VI Excove and CutoStalla Arrangements. Complete the organization answerd 'Yea' on Form 990, Part X, line 20. c Beginning balance c Additions during the year c Beginning balance c Beginning diverses c Beginning diverses c Beginning diverses c Beginning diverses c Beginning balance c Beginning diverses c Beginning d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a sigi	nificant use of its	collection i	tems
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization answered "Yea" on Form 900, Part X, line 9, or reported an amount on form 900, Part X, line 21. Test the organization answered "Yea" on Form 900, Part X, line 21. 1a Is the organization answered "Yea" on Form 900, Part X, line 21. Test the organization answered "Yea" on Form 900, Part X, line 21. 1a Is the organization answered Tyses on Form 900, Part X, line 21. Amount 1d Detertoutions during the year Test c Beginning balance Amount 1d Detertoutions during the year Test 2 Didt conguitation include an amount on Form 990, Part X, line 21, for secrow or custodial acount liability? Yes No Didt troogenization include an amount on Form 990, Part X, line 21, for secrow or custodial acount liability? Yes No Det troogenization include an amount on the organization schem 990, Part X, line 10. Test and partial and programs Add and add and partial and programs 1a Beginning of year balance 4,722,822 4,744, 8671 4,128,42		(check all that apply):							
c Previde a description of future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization's collection? Yes No Part IV Excrement 42 Custodial Arrangements. Comparization answered 'Yes' on Form 990, Part X, line 21. In a she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. In a she organization agent, trustee, custodian or other intermediary for contributions or other assets not included an anount on Form 990, Part X, line 21. In a she organization agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account labitive? In a mount c Beginning of year balance [a] Current year [b] for year, 'sopian the arrangement in Part XIII. [c] Current year [b] for year 'sopian the arrangement in Part XIII. 2a Dot the organization sign, gains, and losse [a] (2urent year [b] for year 'sopian the asset show (coll yas). [c] (2urent year 'sopian the asset show (coll yas). [c] (2urent year 'sopian the arrangement in Part XIII. 2a Dot the organization sinclude an amount on Form	а	Public exhibition	d	Loan or exc	hange prograi	ms			
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: a Beginning balance Amount 4 Additions during the year b if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial actionnt liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part XI Part V Endowment Funds. (Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. (Complete if the organization answered "Yes" on Form 900, Part XII. Part V Endowment Funds. (Complete if the organization answered "Yes" on Form 900, Part XII. Part V Endowment Funds. (Complete if the organization answered "Yes" on Form 900, Part XII. Part V Endowment Funds. (D) Prior years (D) Prior years (D) Curve years (D) Curve years (D) Curve years (D) Prior years 	b	Scholarly research	е	Other					
5 During the year, did the organization active of each withorical resources, or other similar assets to the solid torials funds are there than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X. No Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X. No Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 16 Amount 16 11 10	с	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No Part IV Excorve and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 4c 1d	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatior	n's exem	pt purpose in Pa	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21, for escrow or custodial account lability. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount de Amount de Additions during the year end bit indices during the year end bit first," explain the arrangement in Part XIII. Part V Endop balance de// true organization answered "Yes" on Form 990, Part XIII. Part V Endop balance de// 4, 732, 232. de// 4, 745, 867. de// 10 Inter years back de// 10 Inter years back de// 10 Inter years back de// 10 Part YIII. endop balance de// 4, 732, 232. de// 6, 670, 922. de// 732, 620. de// 10 Inter years back de// 10, 200. <lide 10,="" 200.<="" li=""> de// 10,</lide>	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	r similar a	assets		
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on Form 990, Part X7 Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount d Additions during the year 1d e Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IX, line 10. Image: the arrangement in Part XIII. Check here if the explanation in the part Part VI. Independitures for faelittes and programs 12,225. 102,305. Image: the arrangement in Part XIII. Check here if the explanation in the part Y and part Y. Image: the arrangement in Part XII. Check here if the explanation in the part Y and part Y. Image: the arrangement in Part XII. Ande set ar		reported an amount on Form 990, Par	rt X, line 21.						
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b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance bitrives: replain the arrangement in Part XIII check here if the explanation has been provided on Part XIII additions during the year f Ending balance bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII bitrives: replain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Check here if the explanation in the proves of the arrangement in Part XIII. Check here if the arrangement in Part XIII. Check here if the arrangement in Part XIII. Check here if the arrangement in Part XIII. Check her		on Form 990, Part X?						Yes	No No
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e Distributions during the year 1e f Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (d) Three years back. (e) Four years back. b Contributions 12, 252. 609, 014, 3, 525, 025.	С	Beginning balance					1c		
Image: State in the intermediation include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: State intermediation include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include an anount on Form 990, Part X, line 10. Image: State intermediation include anount on Form 990, Part X, line 10. Image: State intermediation include anount on Form 990, Part X, line 10. Image: State intermediation intermedine intermediatintermediation intermediation i	d	Additions during the year					1d		
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b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 930, Part IV, line 10. 1a. Beginning of year balance (a) Current year (b) Prior years (c) Two years back. (d) Three years back. (d) Fure years back. (e) Four years back. 1a. Beginning of year balance (a) Current year (b) Prior years (c) Two years back. (d) Three years back. (e) Four years back. 1b. Contributions 12, 252. 609, 014. 3, 525, 025. (e) Four years back. 1b. Contributions 138, 000. 100, 000. (f) Two years back. (d) Three years. (d) Four years back. 4 Grants or scholarships 138, 000. 100, 000. (f) Type years. (f) Type years. and programs 31, 276. 16, 350. 4, 746, 867. 4, 126, 424. 601, 399. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 10. 70 % 5 Permanent endowment ▶ 89.30 % % % % 6 Permanent endowment ▶ 89.30 % </th <th>f</th> <th>Ending balance</th> <th></th> <th></th> <th></th> <th></th> <th>1f</th> <th></th> <th></th>	f	Ending balance					1f		
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				X. column (R) line 1	0c.)			3,820	,359.
			<u> </u>	<u> </u>			Schedu		

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Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d of yoar market yelve
	(b) BOOK Value	(c) Method of Valuation: Cost of en	d-of-year market value
Financial derivatives			
Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
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(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(8)			
(8) (9)			
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) D	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
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(8) (9) aal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" on (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) D (a) (b) must equal Form 990, Part X, col. (B) line (a) (b) must equal Form 990, Part X, col. (B) line (a) (b) must equal Form 990, Part X, col. (B) line	Description		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" on (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" on	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line: art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) (a) (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (a) Complete if the organization answered "Yes" on (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (a) Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) (atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (atl X) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Taibilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f. See Form 990, Part X, line 25	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11e or 11f. See Form 990, Part X, line 25	

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Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 BALLET ARIZONA	86-0	0367773 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,570,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 437,013.		
b	Donated services and use of facilities 2b 164,968.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -31,504.		
е	Add lines 2a through 2d	2e	<u>570,477.</u> 6,999,749.
3	Subtract line 2e from line 1	3	6,999,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b38,514.		
с	Add lines 4a and 4b	4c	-38,514.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,961,235.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,543,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 164,968.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е		2e	203,482.
3	Subtract line 2e from line 1	3	8,340,314.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		o
С	Add lines 4a and 4b	4c	31,504.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	8,371,818.
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

EARNINGS ON THE ENDOWMENT FUNDS ARE UNRESTRICTED AND ARE USED TO SUPPORT

THE PROGRAMS OF THE ORGANIZATION, IN ACCORDANCE WITH THE ORGANIZATION'S

ENDOWMENT SPENDING POLICY.

PART X, LINE 2:

THE BALLET RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS

WHEN IT IS MORE LIKELY-THAN-NOT THE POSITIONS WILL NOT BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. AT JUNE 30, 2019, THE BALLET HAD NO

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2018 BALLET ARIZONA	86-0367773 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INVESTMENT FEES	-31,504.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	-38,514.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	38,514.
DIRECT FUNDRAISING EAFENSES	
	Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	rais	ing or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018
Department of the Treasury		Attach to Form 990	-					Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uctions	s and	the latest informati	on.		Inspection
Name of the organization	BALLET .	ARIZONA					Employerid	entification number 7773
		Complete if the organization answe	ered "Ye	es" oi	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of t tion of t fundra (includ	non-g gover ising ing of onal f	overnment grants rnment grants events fficers, directors, trus undraising services?	stees,	🗌 Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundra have cu or cont contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								-
		•		Ĵ				
Total								
	ich the organizatio	n is registered or licensed to solicit	contribu	utions	s or has been notified	it is <i>i</i>	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 or 9	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 BALLET ARIZONA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	362,665.			362,665.
	2	Less: Contributions	317,860.			317,860.
	3	Gross income (line 1 minus line 2)	44,805.			44,805.
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs	27,767.		0'	27,767.
Direct Expenses	7	Food and beverages	49,440.			49,440.
ē	8	Entertainment	11,250.			11,250.
	9	Other direct expenses	15,555.			15,555.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		▶	104,012.
		Net income summary. Subtract line 10 from I				-59,207.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form 9	90, Part IV, line 19, or	reported more than	

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E>	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	er the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		re any of the organization's gaming licenses re				Yes No
IJ		Yes," explain:				

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 BALLET ARIZONA	86-0	367773	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the am	ount		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
		~		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
d			Yes	🗌 No
h	Pertain the state gaming license?			
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Par	t III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	.	0 /5		EZ) 00.45
8320	33 10-03-18 Schedule	G (Form	1 990 or 990-	EZ) 2018

Continued)
Schedule G (Form 990 or 990-E

832084 04-01-18

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		ົງ	10)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10)
Dene	terrant of the Treasury		Open to Public			
	tment of the Treasury al Revenue Service		Inspe	ction		
Nan	ne of the organization	1	Employer	identificatio	on nui	nber
		BALLET ARIZONA	86-0	036777	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	,	2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	tion's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	Independent of	ompensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
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	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(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 compensatio	n			
	contingent on the r					
						X
b		ation?		5b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	0				
						X
b		ation?		<u>6b</u>		X
		r 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)? 9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2018

832111 10-26-18

13050226 758360 1014922

86-0367773

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		(D) Nontaxable benefits	e (E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()()())	reported as deferred on prior Form 990	
(1) IB ANDERSEN	(i)	251,417.	0.	0.	0.	5,990.	257,407.	0.	
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Schedule J	(Form 990) 2018
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BALLET ARIZONA

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2018 Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	1	

Employer identification number
86-0367773

BALLET ARIZONA

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		nto
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amou	nis
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	3	25,687.	SETTLEMENT A	AMOUN'	Г
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	v	2	111 640	пато марием	173 T TT	<u> </u>
25	Other ► (<u>MARKETING AND</u>) Other ► (<u>SUPPLIES</u>)	X X	10		FAIR MARKET FAIR MARKET		
26	· · · · · · · · · · · · · · · · · · ·	X	2		FAIR MARKET		
27	· · · · · · · · · · · · · · · · · · ·	Δ	<u> </u>	14,577•	FAIR MARREI	VALU.	<u> </u>
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	ation during	l the tax year for a				
29	for which the organization completed Form 828						
	for which the organization completed form ozo	0, 1 alt IV, L		Jeinent		Ye	s No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties o						
	contributions?					32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is cheo	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2018

832141 10-18-18

Schedule M (Form 990) 2018 BALLET ARIZONA Part II Supplemental Information. Provide the

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

SCHEDULE M, PART I, COLUMN (B):

PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

		· · · · · · · · · · · · · · · · · · ·
		·
832142 10-18-18		Schedule M (Form 990) 2018
	41	

13050226 758360 1014922

2018.05050 BALLET ARIZONA

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.

Employer identification number

OMB No. 1545-0047

BALLET ARIZONA

86-0367773

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

AND TEACHES OUTSTANDING CLASSICAL AND CONTEMPORARY BALLET.

FORM 990, PART VI, SECTION A, LINE 8B:

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

GOVERNING BODY.

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

THE FORM 990 WAS DRAFTED BY AN OUTSIDE ACCOUNTING FIRM, REVIEWED BY THE

FINANCE COMMITTEE, THEN PRESENTED TO THE ENTIRE BOARD PRIOR TO APPROVING

THE RETURN FOR FILING.

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

EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST DISCLOSURE ANNUALLY IF

THERE IS A PERCEIVED CONFLICT RELATIVE TO A VENDOR OR SIMILAR NEGOTIATION,

THE CONFLICTED BOARD MEMBER RECUSES HIM/HERSELF FROM THESE DISCUSSIONS. IF

A SERVICE PROVIDER BEING CONSIDERED IS EITHER A BOARD MEMBER OR RELATED TO

A BOARD MEMBER OR OTHER INTERESTED PERSON, THE BOARD DILIGENTLY REVIEWS

THEIR OPTIONS TO BE SURE THE SELECTION OF THIS INTERESTED PARTY IS IN THE

BEST INTERESTS OF THE ORGANIZATION AND THAT THE ULTIMATE NEGOTIATION IS

FAIR AND REASONABLE.

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

THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE COMPENSATION OF THE

EXECUTIVE AND ARTISITIC DIRECTORS. COMPENSATION DECISIONS ARE

CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD MEETING. THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization BALLET ARIZONA	Employer identification number 86-0367773
COMPENSATION OF THE EXECUTIVE DIRECTOR, ARTISTIC DIRECTOR,	AND CFO ARE
BASED UPON THE INDIVIDUALS BACKGROUND, SKILLS, EXPERIENCE	AND COMPARABILITY
DATA. THE ARTISTIC DIRECTOR AND THE EXECUTIVE DIRECTOR BOT	H HAVE EMPLOYMENT
CONTRACTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS, C	ONFLICT OF
INTEREST POLICY, TAX RETURNS, AND FINANCIAL STATEMENTS ARE	ALL AVAILABLE
UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
PROCESS HAS NOT CHANGED	
832212 10-10-18 Sched	dule O (Form 990 or 990-EZ) (2018)

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