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

► Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2017 calendar year, or tax year beginning JUL 1, 2017 and endi				Inspection	on	
-	Check i applica	C Name of organization	ing U	UN 30, 201 D Employer iden		ion number		
	Addi	BALLET TECH FOLINDATION THE						
	Nam	e IZEM TOUNDATION, INC.						
	chan					3475		
	retur Final	(St. 1.01 pox it than is not delivered to street address) [ROOF	m/suite	E Telephone num	ber			
-	retur term			(21	12)	777-771	0	
	ated Ame	add I will be the state of province, country, and zir of foreign postal code		G Gross receipts \$		4,403,	860.	
-	retur Appl tion	NEW YORK, NY 10003		H(a) Is this a group	p retur	n		
	tion pend			for subordina	tes?	Yes 🖸	X No	
	т.	SAME AS C ABOVE		H(b) Are all subordinat			No	
		xempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	If "No," attacl	n a list	. (see instruction		
		ite: ► WWW.BALLETTECH.ORG		H(c) Group exemp			**	
		of organization: X Corporation	L Year o	f formation: 1974	M St	ate of legal domic	cile: NY	
	art I	Guilliary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDU:	LE O				
rr.	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its not	accat			
ò	3	Number of voting members of the governing body (Part VI, line 1a)			3	5.	1 1	
S.	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		$\frac{14}{13}$	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5			
Ę	6	Total number of volunteers (estimate if necessary)		******************************	6		123	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			'a			
٩	b	Net unrelated business taxable income from Form 990-T, line 34		······	b a	11,1	0.	
		, moor management	····	Prior Year	ь			
Revenue	8	Contributions and grants (Part VIII, line 1h)		938,395		Current Yea		
	9	Program service revenue (Part VIII, line 2g)		1,943,150		788,2		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,673		2,026,8		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	505 350				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,432,576	505,358. 765,33			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,432,376		3,710,1		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-				$\frac{0}{0}$	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				1 000 5	0.	
ıse	7,700	Professional fundraising fees (Part IX, column (A), line 11e)		1,781,752. 1,968,57				
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 261,405.	. —	0	•		0.	
Ã		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1 630 400		1 640	445	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,639,490		1,640,4	115.	
	19	Revenue less expenses. Subtract line 18 from line 12		3,421,242		3,608,9	194.	
or	10	Trevende less expenses, oubtract line to from line 12		11,334		101,1		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		nning of Current Yea		End of Year		
Ass Ba	21	Total liabilities (Doct V. line OC)		24,032,019		24,372,9		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		131,349		376,9		
	irt II	Signature Block		23,900,670	•	23,996,0	153.	
_		lities of periury. Leclare that Leave examined this return, including accompanying schedules and	atatama	ata and to the best of				
true	correc	tt, an han officer) is based on all information of which pr	statemer	its, and to the best of	ту кпо	wiedge and belie	t, it is	
· · · ·	OUTTO	nair officer y is based on an information of which pr	reparer n	as any knowledge.	lia			
Sigr		Signature of officer		Date	111			
Her		ELIOT FELD, PRESIDENT		Date				
пен	е	Type or print name and title						
			Da	to I over		DTIN		
Paid		Print/Type preparer's name CHRIS BELLANDO Preparer's signature	1	\12/1 19 if		PTIN	8	
Prep				self-emp		P0054171		
Prep Use		Firm's name LUTZ AND CARR, CPAS LER		\ Firm's EIN ▶	. 1	3-165506	5	
096	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		2 <u>402 (5-833) (</u> 1030 45.45 47.47 4	1.0	COR 000		
NA	4b = 15	NEW YORK, NY 10176		Phone no. 2	12-	697-2299		
iviay	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes	_ No	

	art III Statement of Program Service Accomplishments 13-2773475 Page 2
1 6	otatoment of Flogram Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	BALLET TECH FOUNDATION INC. HAS AS ITS PURPOSE THE FURTHERANCE AND
	AND WITH TATTOCHE CONTRACTOR
	CHORLOGICATILI AND DANCING AIMED TOWARDS OPENITION A DECITED AND THE
_	
2	and organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	and the services of schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	2 057 002
200000	(Code:) (Expenses \$ 3,057,983. including grants of \$) (Revenue \$ 2,026,895.)
	BALLET TECH FOUNDATION, INC. SUPPORTS THE CREATION AND PRESENTATION OF
	NEW BALLETS BY CHOREOGRAPHER ELIOT FELD, AND OPERATES THE BALLET TECH
	DENOUD: THE SCHOOL IDENTIFIES TALENTED CHILDREN IN NEW YORK CITETION
	FORDIC SCHOOL SYSTEM AND PROVIDES THOSE MOST TALENTED WITH THITTON EDGE
	PROFESSIONAL BALLET TRAINING.
	DURING THE YEAR ENDED 6/30/18, BALLET TECH PRESENTED A ONE WEEK SEASON
	IN THE SEASON - AT THE TOYCE THEATED WAS A THEATED
	BY 2,334 PEOPLE, AND INCLUDED TWO NEW BALLETS BY ELIOT FELD (POINTING 2
	AND FOINTING 3). THE SCHOOL AUDITIONED 24 673 CHIDENING MODITION CONTRACTOR
	213 COOPERATING PUBLIC SCHOOLS THROUGHOUT NEW YORK CITY, AND SELECTED A
	TOTAL OF 777 STUDENTS 572 RECLINER TOOK THE PORT TOTAL OF THE PROPERTY OF THE PORT T
4b	TOTAL OF 777 STUDENTS. 572 BEGINNERS TOOK INTRODUCTORY BALLET CLASSES
75	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1000	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ► 3,057,983.
	Form 990 (2017)
32002	11-28-17 SEE SCHEDULE O FOR CONTINUATION(S)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	2008		
2	Supplied Schedule D, Schedule of Contributors	1	X	-
3	public office? If "Yes," complete Schedule C, Part I	2	Х	
4	during the tax year? If "Yes," complete Schedule C, Part II	3		X
5	of the state of th	4		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			NEXT 25
8	and digarization maintain collections of works of art, historical treasures, or other similar assets? If "Voc " complete	7		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for ecorow or custodial second line in Part X.	8		X
10	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
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11 a	as applicable.			
u	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	_X_	
4000	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	х	21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 10	**	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		Х
12a	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
1000	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	bid the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	bid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- 4.1
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II	18		х
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>

Form 990 (2017)

BALLET TECH FOUNDA

Part IV Checklist of Required Schedules (continued)

00-	Did at a supplied of the suppl		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	Test to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	bid the diganization report more than \$5,000 of grants or other assistance to any domestic organization or			
20	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	and the organization report more than \$5,000 of grants or other assistance to or for domestic individuals as			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes," to Part VII. Section A. "	22		X
23	the organization answer res to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ves " complete			
0.4	Schedule J	23	х	
24a	same and the same			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of the average by the organization invest any proceeds of the average by the organization invest any proceeds of the average by the organization invest any proceeds of the average by the organization investigation investigation investigation investigation in the organization investigation investigation in the organization investigation investigation investigation investigation in the organization investigation	24a		Х
D	and organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defeace			
	any tax-exempt bonds?	24c		
a 05-	of behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
\$7 •	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		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 member			
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			-5
а	instructions for applicable filing thresholds, conditions, and exceptions):	24		
b	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? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00000		
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		_X_
•		200		
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
	Schedule N. Part II			
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		v	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	X	
	Part V, line 1		v	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Х	
m 5 %	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	Λ	
	If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		
<u> </u>	Note. All Form 990 filers are required to complete Schedule O	38	х	
		00	41	

Form 990 (2017)

BALLET TECH FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
				********	V	NI-
1a	Toportod in Box o of Form 1030, Effet O II Hot applicable	1a	30	-64	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1h	0	1		2
C	Did the organization comply with backup withholding rules for reportable payments to yendors and a	enorta	ble gaming			
200	(gambling) winnings to prize winners?			1c		
2a	Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements]		10		
	filed for the calendar year ending with or within the year covered by this return	2a	123	1		9/1
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	х	
2-	Note: If the sum of lines if a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	bid the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b 4a	this year in two, to line 3b, provide an explanation in Schedule	0		3b	X	
44	your, did the organization have an interest in, or a signature or other	author	ity over, a			
b	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country:	accou	nt)?	4a		Х
D						1 70
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			l _{igore} s.
b	same a party to a prombited tax sheller transaction at any time during the fax year?			5a		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf "Yes," to line 5a or 5b, did the organization file Form 8886.T2	action?		5b		X
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	• • • • • • • • • • • • • • • • • • • •		5c		
:03355	any contributions that were not too deal and a land a land and a land and a land and a land and a land a land a land and a land a lan					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ione	r aifta	6a		X
	were not tax deductible?		giits	01		
7	Organizations that may receive deductible contributions under section 170(c).			6b		_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the navor?	70	х	1765
b	If "Yes," did the organization notify the donor of the value of the goods or conjugation provided			7a 7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rea	uired	70	Λ	
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		, ,	Z ver	- 21
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e	310	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)	1900		
_	sponsoring organization have excess business holdings at any time during the year?	*******		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a		46		
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		48		
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a		449		
	amounts due or received from them.)	445				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
а	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	120		
	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
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		1 6		
4a	Did the expenientian receive any answer to the test of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
	provide an explanation in deficiency	·			990 (004

13-2773475 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			7.
Sec	ction A. Governing Body and Management	*******		X
			Vac	NI
1a	Enter the number of voting members of the governing body at the end of the tax year	1	Yes	No
	if there are material differences in voting rights among members of the governing body, or if the governing			
99	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	3	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	х	
3	bid the organization delegate control over management duties customarily performed by or under the direct available		Λ	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	bid the organization make any significant changes to its governing documents since the prior Form 900 was finded	4		X
5	bit the organization become aware during the year of a significant diversion of the organization's assot 2	5		X
6	the organization have members or stockholders?	6		X
7a	and organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		Λ
	more members of the governing body?	7a		х
b	and governmented decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		21
	persons other than the governing body?	7b		х
8	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		21
а	The governing body?	8a	х	
b	each committee with authority to act on behalf of the governing body?	8b	71	X
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the	CD		21
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 44
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	res, did the organization have written policies and procedures governing the activities of such chapters, affiliates			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	8	217	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	bid 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 by independent		N.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	112		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Cast	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MAGGIE CHRIST - 212-777-7710			
	890 BROADWAY, NEW YORK, NY 10003			

732006 11-28-17

Form 990 (2017)

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.

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

• 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.

(A)	(B)	T	ai iiz		C)	прс	risa	(D)		(E)
Name and Title	Average hours per	box	c, unle	Pos check ass pe	more erson	n e than is bo	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Π	Highest compensated children	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PATRICIA CROWN CHAIRPERSON	3.00			37						
(2) ELIOT FELD	40.00	Х	_	X	-	-	_	0.	0.	0.
PRESIDENT	40.00	x		х				160 605	0.	7 000
(3) ROBERT FREEDMAN	3.00	Δ	-	Λ	\vdash	\vdash	\vdash	162,635.	0.	7,099.
TREASURER	3.00	х		х				0.	0.	0.
(4) CAROL ZERBE HURFORD	1.00				\vdash			0.	0.	<u> </u>
VICE PRESIDENT		x		х				0.	0.	0.
(5) KAREN LEVINSON	1.00			-					· ·	
SECRETARY		Х		х				0.	0.	0.
(6) PHILIP AARONS	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) LORRAINE COOPER (UNTIL 6/18)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LAUREL DURST	1.00									
BOARD MEMBER	1 00	X			_			0.	0.	0.
(9) JENNY GERSTEN	1.00			J. I						
BOARD MEMBER	1 00	X						0.	0.	0.
(10) JILIAN CAHAN GERSTEN	1.00								_	_
BOARD MEMBER (11) BILL HEINZEN	1 00	X		_				0.	0.	0.
BOARD MEMBER	1.00	х						0.		
(12) RACHEL MORENO	1.00	Λ		-			-	0.	0.	0.
BOARD MEMBER	1.00	х			- 3			0.	0.	0.
(13) PATRICIA TUTHILL PAZNER	1.00	21		-	_			0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(14) ELIZABETH A. SCIABARRA	1.00								- 0.	
BOARD MEMBER		х						0.	0.	0.
(15) MIMI LIEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MAGGIE CHRIST	40.00									
DIRECTOR OF OPERATIONS				Х				130,356.	0.	20,247.

732007 11-28-17

Form 990 (2017)

732008 11-28-17

BALLET TECH FOUNDATION, INC. 13-2773475 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e 109,500 f All other contributions, gifts, grants, and similar amounts not included above 1f 678,732 g Noncash contributions included in lines 1a-1f; \$ 38,856. Total. Add lines 1a-1f 788,232 **Business Code** Program Service Revenue 2 a RENTAL INCOME 531120 1,881,136 1,881,136 b REIMBURSED EXPENSES 531120 108,015 108,015 C BOX OFFICE REVENUE 711110 37,744 37,744 e f All other program service revenue g Total. Add lines 2a-2f 2,026,895 Investment income (including dividends, interest, and other similar amounts) 129,703 129,703 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 1,459,030 b Less: rental expenses 693,700. c Rental income or (loss) 765,330. d Net rental income or (loss) 765,330 765,330. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

895,033.

Total revenue. See instructions.

2.026.895

3.710.160

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service **(D)** Fundraising 7b, 8b, 9b, and 10b of Part VIII. Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 345,331. 288,100. 49,989. 7,242. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,342,557. 1,143,972. 49,750. 148,835. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,895. 15,309. 250 2,336. Other employee benefits 9 131,724. 111,751. 6,588. 13,385. Payroll taxes 10 131,072. 111,215. 7,602. 12,255. Fees for services (non-employees): 11 Management a b Legal 1,550. 1,550. Accounting 27,244. 21,795. 4,087. 1,362. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 168,719. 166,713. 1,186. 820. Advertising and promotion 12 3,219. 3,219. Office expenses 13 62,413. 49,930. 9,362. 3,121. Information technology 14 15 Royalties 16 Occupancy 684,074. 554,315. 97,319. 32,440. 17 149,571. 149,062. 161. 348. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 198,898. 159,118. 29,835. 9,945. 23 41,936. 33,676. 6,195. 2,065. Other expenses. Itemize expenses not covered 24 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 O.) REAL ESTATE TAXES 169,062. 135,250 25,359 8,453. SCHOOL EXPENSES 82,336. 82,336. DEVELOPMENT EXPENSES 18,157. 18,157. PRODUCTION EXPENSES 16,526. 16,526. e All other expenses 16,710. 14,146. 1,923 641. 25 Total functional expenses. Add lines 1 through 24e 3,608,994. 3,057,983. 289,606. 261,405. 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

Form 990 (2017)

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X	W2 = W (400 C 70 (50 (400 (400 (400 (400 (400 (400 (400	mg/compa	
	Τ.		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	289,748.	1	290,223.
	2	Savings and temporary cash investments	9,455,052.		9,465,823.
	3	Pleages and grants receivable, net	194,834.	3	75,400.
	4	Accounts receivable, net	133,068.	4	107,678.
	5	Loans and other receivables from current and former officers, directors,		1	2077070.
	1 = 1	trustees, key employees, and highest compensated employees. Complete			
	_	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		190	K an part said a rec
		employers and sponsoring organizations of section 501(c)(9) voluntary		. 7	
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
-3:	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,568.	9	18,145.
	10a	Land, buildings, and equipment: cost or other		-3-1	
		basis. Complete Part VI of Schedule D 10a 18,600,319.		× 11	
		Less: accumulated depreciation 10b 9,775,783.	8,925,074.	10c	8,824,536.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,553,417.	12	4,747,634.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	461,258.	15	843,553.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,032,019.	16	24,372,992.
	17	Accounts payable and accrued expenses	108,118.	17	114,102.
	18 19	Grants payable		18	
	20	Deferred revenue		19	
	21	Tax-exempt bond liabilities		20	
10	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
tie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Liabilities				and a	
Lis	23	Complete Part II of Schedule L		22	
	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			02 021		
	26	Schedule D Total liabilities. Add lines 17 through 25	23,231.	25	262,837.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	131,349.	26	376,939.
0		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27		22 757 626		02 006 050
alar	28	Unrestricted net assets	23,757,636.	27	23,886,053.
B	29		143,034.	28	110,000.
Š		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
7		and complete lines 30 through 34.			
ts		Capital stock or trust principal, or current funds			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A	32	Retained earnings, endowment, accumulated income, or other funds		31	
ci)		Total net assets or fund balances	23,900,670.	32	23,996,053.
ž	33	Total net assets or fund palances		33	

Form 990 (2017)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		BALLET TECH FOUNDATION, INC.	12 277			
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 101, 166. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 23, 900, 670. Net unrealized gains (losses) on investments 5 5 -5, 783. Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at each of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? 2	Pa	rt XI Reconciliation of Net Assets	13-211.	34/5	Pa	ge 12
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a 3, 608, 994. Revenue less expenses line 2 a						
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3			·····			
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3	1	Total revenue (must equal Part VIII, column (A), line 12)		71	0 1	C O
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	1	0,/1	0,1	60.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other fit the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: Cash X Accrual Other fit the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Cash X Consolidated basis Both consolidated	3	nevertide less experises. Subtract line 2 from line 1				
6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 O. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2 Separate basis Consolidated basis Both consolidated and separate basis 2 b Were the organization's financial statements audited by an independent accountant? 2	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_			
7 Investment expenses 6 Prior period adjustments 7 Prove period adjustments 8 Prior period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1337 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	5	Net unrealized gains (losses) on investments				
Prior period adjustments Prior period Prior period adjustments Prio	6	Donated services and use of facilities			5,7	83.
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1f the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	7	Investment expenses				
Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	8	Prior period adjustments				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)				
column (B)	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part V. line 33	9			0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:		column (B))				
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting	10 2.	5,99	6,0	53.
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
Accounting method used to prepare the Form 990:		, and the fact of	*****************			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	No
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed its method of accounting from a prior year or checked "Other" explain in Schodule O			- 4	- 1
separate basis, consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		U ISI		
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed a		2a	-	_X_
Separate basis		separate basis, consolidated basis, or both:	n a	5-24		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated and separate basis Consolidated basis Both consolidated and separate basis	b				77	
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate h		26	Λ	-
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:	asis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				1 H	111	
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	С		udit		4	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?	udit,		v	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tay year, explain in School		2c	Λ	Tie
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	ale O.		1	
b if res, and the organization undergo the required audit or audits? If the organization did not undergo the required audit		Act and OMB Circular A-133?	Audit			v
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	t audit	3a		
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits	auuit	0.5		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BALLET TECH FOUNDATION, INC. 13-2773475 Reason for Public Charity Status (All organizations must con

The organization is not a private foun	dation because it is	(Farificant del	omplete t	nis part.) s	see instructions.							
The organization is not a private foun	dation because it is:	(For lines 1 through 12,	check onl	y one box)							
	nurches, or associat	ion of churches describe	ed in secti	on 170(b)	(1)(A)(i).							
	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990 or 9	990-EZ).)								
A hospital or a cooperative	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (for the benefit of a c	ollege or university owne	ed or opera	ated by a g	governmental unit descri	bed in						
6 A federal, state, or local go		mental unit described in	acation d	70/1-1/41/4	V 1							
7 X An organization that norm	ally receives a subst	antial part of its support	from a sec	70(b)(1)(A	.)(v).	pocazanian esta esta esta esta esta esta esta esta						
7 X An organization that norm section 170(b)(1)(A)(vi). (0	Complete Part II \	artial part of its support	from a go	vernmenta	il unit or from the genera	I public described in						
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 An agricultural research or	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
Or University or a non-land	garnzation described	uili section 170(b)(1)(A)	(ix) operat	ed in conj	unction with a land-grant	t college						
or university or a non-land-	grant college of agri	culture (see instructions)	. Enter the	e name, cit	y, and state of the collec	ge or						
university:			1220	20/200								
3 - Anna Harris	ally receives: (1) mor	e than 33 1/3% of its su	pport from	contribut	ions, membership fees, a	and gross receipts from						
activities related to its exer	mpt functions - subje	ect to certain exceptions	, and (2) n	o more tha	an 33 1/3% of its suppor	t from gross investment						
income and unrelated busi	iness taxable income	e (less section 511 tax) f	rom busine	esses acq	uired by the organization	after June 30, 1975.						
See section 509(a)(2). (Co	omplete Part III.)											
11 An organization organized	and operated exclus	sively to test for public s	afety. See	section 5	09(a)(4).							
12 An organization organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to carry out the	purposes of one or						
more publicly supported or	rganizations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section 509(a)(3).	Check the box in						
lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete line	s 12e, 12f, and 12g.							
a Type I. A supporting org	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s), typically by	/ aivina						
the supported organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees of the	Supporting						
organization. You must	complete Part IV, S	ections A and B.				supporting						
b Type II. A supporting org			tion with i	ts sunnort	ed organization(s), by be	wing						
control or management of	of the supporting orc	anization vested in the	ame nere	one that o	entrol or manage the sur	iving						
organization(s). You mus	st complete Part IV	Sections A and C	arno perso	ons mar c	official of manage the sup	pported						
c Type III functionally inte			in connec	tion with		and the same of th						
its supported organizatio	on(s) (see instruction	s) Vou must samplete	Down IV. C.	tion with,	and functionally integrat	ed with,						
d Type III non-functionally	winterreted A supe	s). You must complete	Part IV, Se	ections A,	D, and E.							
,,	tograted. A supp	ti	rated in co	nnection	with its supported organ	ization(s)						
that is not functionally int	tegrated. The organi.	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness						
requirement (see instruct	ions). You must cor	mplete Part IV, Sections	s A and D,	, and Part	V.							
e Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III							
functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.								
f Enter the number of supported												
g Provide the following information (i) Name of supported	about the supporte		I /iu/ Is the oraș	inization listed								
organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other						
organization -		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
1												
			h									
Total												
Total												

Schedule A (Form 990 or 990-EZ) 2017 BALLET TECH FOUNDATION, INC. 13-2773475 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	•		,			
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(-1) 0010		
1		(4) = 0.10	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	807,836.	1009381	833,351.	020 205	700 000	
2	Tax revenues levied for the organ-	33.7330.	1007301.	055,551.	936,395.	788,232.	4377195.
	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						
4	Total. Add lines 1 through 3	807,836.	1009381.	833,351.	030 305	700 000	
5	The portion of total contributions	007,030.	1009301.	033,351.	938,395.	788,232.	4377195.
	by each person (other than a	Maria Garage					
	governmental unit or publicly	L will sti		1			
	supported organization) included						
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)	terrain of the			l'is	Y	2020
6	Public support. Subtract line 5 from line 4.						159,516.
Sec	ction B. Total Support						4217679.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2016	/-N 0017	
	Amounts from line 4	807,836.	1009381.	833,351.	(d) 2016 938, 395.	(e) 2017 788,232.	(f) Total
8	Gross income from interest,	7000	1003301.	000,001.	230,393.	100,434.	4377195.
	dividends, payments received on		1				
	securities loans, rents, royalties,						
	and income from similar sources	75,438.	27 937	164 753	EE1 021	895,033.	1514400
9	Net income from unrelated business	13/430.	21,551.	104,755.	331,031.	895,033.	1714192.
2.77	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6001207
	Gross receipts from related activities,	etc. (see instruction	ons)			10 0	6091387.
	First five years. If the Form 990 is for			I fourth or fifth ta	v vear as a soction	12 9	521,336.
	organization, check this box and stop	here	mot, socoria, trina	i, rourili, or milita	x year as a section	1501(0)(3)	
Sec	tion C. Computation of Publi	c Support Per	centage			***************************************	
14	Public support percentage for 2017 (li	ne 6, column (f) div	vided by line 11, co	olumn (fl)		14	69.24 %
15	Public support percentage from 2016	Schedule A, Part I	I. line 14			15	
16a	33 1/3% support test - 2017. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m		75.84 %
	stop here. The organization qualifies a	as a publicly suppo	orted organization	mie ie, and mie i	+ 13 00 17070 01 111	ore, crieck triis bo	► X
b	33 1/3% support test - 2016. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check thi	s hov
	and stop here. The organization qualit	fies as a publicly s	upported organizat	tion		or more, cridek trii	\$ DOX
17a	10% -facts-and-circumstances test	- 2017. If the orga	inization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and stop he	re Explain in Part	VI how the organi	zation
	meets the "facts-and-circumstances" t	est. The organizati	ion qualifies as a p	ublicly supported	organization	now the organi	Ladon
b	10% -facts-and-circumstances test	- 2016. If the orga	nization did not ch	neck a box on line	13. 16a. 16b. or 1	7a. and line 15 is 1	
	more, and if the organization meets the	e "facts-and-circun	nstances" test. che	eck this box and s	top here Explain	in Part VI how the	070 01
	organization meets the "facts-and-circu	umstances" test. T	he organization or	ualifies as a public	v supported organ	nization	
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b.	check this box ar	nd see instructions	

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.)

Se	ction A. Public Support	bolow, picase con	ipiete Part II.)					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(4) 2016		0.17	
1	Gifts, grants, contributions, and		(5/25)	(0) 2013	(d) 2016	(e) 2	317	(f) Total
	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							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						V	
	amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support						306	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(-) 00	17	
	Amounts from line 6	(2) = 0 10	(5) 2014	(6) 2015	(a) 2016	(e) 20	17	(f) Total
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
		the organization's	final assessed their	I for all the second				
	First five years. If the Form 990 is for	the organization s	irst, second, thir	a, fourth, or fifth ta	x year as a section	n 501(c)(3)	organizati	on,
Sec	check this box and stop heretion C. Computation of Publi	c Support Per	rcentage				***********	>
	Public support percentage for 2017 (li			okuma (fi)				
16	Public support percentage from 2016	Schedule A Port	Vided by line 13, C	olumn (i))		15		%
Sec	tion D. Computation of Inves	tment Income	Percentage		*************************	16		%
	Investment income percentage for 20			a 10 a a b (0)				To local
18	nvestment income percentage from 2	016 Schedule A	an (i) divided by iin	e 13, column (f))		17		%
19a	investment income percentage from 2	organization did a	ot chock the have	n line 14 1 !!	45.1	18		%
.54	33 1/3% support tests - 2017. If the correction 33 1/3% check this box an	organization aid n	organization accept	in line 14, and line	15 is more than 3			
h.	more than 33 1/3%, check this box an	organization did =	organization qualif	ies as a publicly su	upported organiza	ition		▶□□
	33 1/3% support tests - 2016. If the cline 18 is not more than 33 1/3%, check	organization ald N	or check a box on	ine 14 or line 19a,	and line 16 is mo	re than 33	1/3%, and	i
20 1	ine 18 is not more than 33 1/3%, chec	did not check a	pp nere. The organ	ar 10h	a publicly suppo	rted organi	zation	▶∐
	Private foundation. If the organization 10-06-17	and not oneck a t	Jox on line 14, 19a	, or 196, check thi				P
	and the second s				Scho	OUTLO A LEA	PPS CION OF	- OOA E71 0047

11150122 759420 3073902

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	Arg all of the gazagination to		Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing			110
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	. IS	77	
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	11		
-	Did the organization have any supported organization that does not have an IRS determination of status		E	
	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).		- 1	100
3a	Did the organization have a supported organization described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b		3a		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		-	
	organization made the determination.	290		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			6
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c	100	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	I Trial		
b		4a		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1 8 1		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	45		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	Name .		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1.75		
1102-02	purposes.	4c		
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;	Taile 1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		0 82	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			7
С	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
ŭ	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, (ii) individuals that are part of the charitable class			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	1-	- 2	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		34	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	<i>y</i> = 1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	7 2		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c		
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			
120	supporting organizations)? If "Yes," answer 10b below.	10a		
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)	1	- 1	

			T	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
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?	44-		
b	A family member of a person described in (a) above?	11a 11b	1	
C	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	ction B. Type I Supporting Organizations	110		
1	Did the divestors to the		Yes	No
0.4	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			0
	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,		1 = \	Ē
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		A. I	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		25-	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type it Supporting Organizations			
1	Were a majority of the organization's directors or trustocs during the towards the towards.		Yes	No
	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		W. 1811	67
	the supported organization(s).			11
Sec	tion D. All Type III Supporting Organizations	1		
1-10-11				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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	1 188	135	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		-
	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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		-
	significant voice in the organization's investment policies and in directing the use of the organization's	92.1		
	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		
Sect	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 yeatsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	
	Activities Test. Answer (a) and (b) below.	ĺ	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	11-21		
	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		150	
	reasons for the organization's position that its supported organization(s) would have engaged in these	23,17,	, EC ()	
	activities but for the organization's involvement.	2b		
	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		

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Sch	edule A (Form 990 or 990-EZ) 2017 BALLET TECH FOUNDATION	INC.		13-2773475 Page
1	Type in Non-runctionally integrated 509(a)(3) Supporting	ng Organ	izatione	
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the content of the conten	ng trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions.
Sec	tion A - Adjusted Net Income	ompiete de	(A) Prior Year	(B) Current Year
_1	Net short-term capital gain			(optional)
2	Recoveries of prior-year distributions	1		
3	Other gross income (see instructions)	2		
4	Add lines 1 through 3	3		
5	Depreciation and depletion	4		
6	Portion of operating expenses paid or incurred for production or	5		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	6		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
		8		
	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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			a complete the
	factors (explain in detail in Part VI):	h-	S Sing	
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)			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035			
7	Recoveries of prior-year distributions	6		
8	Minimum Asset Amount (add line 7 to line 6)	8		
		- 8		
Secti	on C - Distributable Amount	146	Tourn Gerlin	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	1, 157	
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-functionall		Type III supporting	Initiation (see
0.1	land and the state of the state	y integrated	i Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2017 BALLET TECH FOUNDATION, INC. 13-2773475 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 a **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

Part VI	(Form 990 or 990-EZ) 2017	BALLET TECH	H FOUNDATION	, INC.	13-2773475 Page 8
. art vi	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3: Part IV	Cootion E lines 1 - 0 - 0	y Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, lines b, 3a, and 3b; Part V, line 1; Par complete this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C,
	(See instructions.)			plate the part for any additi	mornation.
				•	
					-
**					

732028 10-06-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number BALLET TECH FOUNDATION, INC. 13-2773475

	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2) turido and other accounts
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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ϵ	exclusive legal control?	
6	and donor activities of the organization inform all grantees, donors, and donor activities of the organization information and grantees, donors, and donor activities of the organization information and grantees, donors, and donor activities of the organization information and grantees, donors, and donor activities of the organization information and grantees.	Ivisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		
Pa	Complete if the organical complete in the or	anization answered "Yes" on Form 990. F	Part IV. line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	333 T 1110 T
	Preservation of land for public use (e.g., recreation or ec	and the same of th	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hold at the End of the To M
a	The state of the s		20
b	rotal acreage restricted by conservation easements		Ob
С	Number of conservation easements on a certified historic structure	cture included in (a)	20
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tay
	year ▶		and the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
555	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	000000	Ves No
9	in Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes t	ne organization's accounting for
Da	conservation easements.		77
га	3	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
та	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtheran	ce of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treas-	ures, or other similar assets for financial	gain, provide
0.000	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
AF	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2017

	edule D (Form 990) 2017 BALLET	TECH FOUND	NOITA	1C.		13	-277	3475	Page 2
_	ort III Organizations Maintaining	Collections of A	rt, Historical	Treasures,	or Other	Similar	Accoto		
3	osing the organization's acquisition, access	sion, and other record	ds, check any of t	he following tha	at are a sig	nificant use	of its col	ection	items
	(crieck all triat apply).							ootion	itoms
а			d Loan or e	xchange progr	ams				
b	,								
C	and the factor generations								
4	Provide a description of the organization's of	collections and expla	in how they furthe	er the organizat	ion's exem	nt nurnosa	in Dart VI	ii	
5	burning the year, and the organization solicit	or receive donations	of art, historical to	easures or oth	or cimilar	naata		H.	
_	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection					П.,
Pa	Laciow and Custodial Affar	igements. Compl	ete if the organiza	tion answered	"Yes" on F	orm 990. P	art IV line	es 9 or	No
-	reported an amount of Folia 330, Fo	III A, IIII Z I.					care rv, mre	3, 01	
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for contribut	ions or other as	ssets not in	ncluded			
	on Form 990, Part X?							es	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					Co	NO
							Δr	nount	
C	Beginning balance	**************************				1c	7.0	TOUTE	
d	Additions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1d			
е	Distributions during the year					1e			
f	Ending balance					16			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	ount liability	/2	Tv	es	□ No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has be	en provided on	Part YIII		— 1	65	HNO
Pa	rt V Endowment Funds. Complete	if the organization ar	swered "Yes" on	Form 990, Part	t IV, line 10				
		(a) Current year	(b) Prior year	(c) Two year) Three years	s hack /o	· Four w	are back
1a	Beginning of year balance			1	(0	1 moo your	back (e	i oui ye	dis Dack
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities							_	
	and programs								
f	Administrative expenses								
g	End of year balance							-	
2	Provide the estimated percentage of the cur		e (line 1g. column	(a)) hold as:					
а	Board designated or quasi-endowment	one your one building	%	(a)) Held as.					
b	Permanent endowment ▶	%							
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	esion of the organize	ation that are hold	and administs	and for the				
177.77	by:	osion of the organiza	ation that are neig	and administe	red for the	organizatio	on		
							To.	0.225	es No
	••		**********************				3	a(i)	
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tions listed as requir	od on Cabadula D				<u> 3</u>	a(ii)	
4	Describe in Part XIII the intended uses of the	organization's ands	ed on Schedule H	i f			L	3b	
Par	t VI Land, Buildings, and Equipm	ent	wment tunds.						
	Complete if the organization answered		Part IV line 11a	Saa Farm 000	Dort V III	- 10			
	Description of property	(a) Cost or of	8	st or other			T	-	
	- seemption of property	basis (investm		s (other)	950 70000	umulated ciation	(d)	Book v	alue
1a	Land			49,673.	аорго	J.M.IOII	2	7/0	673.
b	Buildings			45,741.	6 66	1,067	1	084	674.
С	Leasehold improvements	7.02		75,644.		4,213			431.
d	Equipment		1,3	, 5 , 5 4 4 .	4,01	- 1 L L J	• ,	TOL	42T.
	Other		5	29,261.	5.0	0,503	1	20	750
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line	100)	30	0,303		924	758. 536.
	a	ult	, Joseph DJ, mile				0,	044.	230.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BALLET TECH Part VII Investments - Other Securities.	FOUNDATION,	INC.	13-2773475 Pag
Complete if the organization answered "Yes" o	n Form 990. Part IV line 1	1b Cos Farm 000 B	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	ne 12. Cost or end-of-year market value
1) Financial derivatives	(7)	(c) Welliod of Valuation.	Cost or end-of-year market value
2) Closely-held equity interests			
3) Other			
(A) CERTIFICATES OF DEPOSIT	4,747,634.	END OF VEND	(2 DILEM
(B)	4/14//034.	END-OF-YEAR N	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,747,634.		-12
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line 1	1c See Form 990 Part V lin	0.12
(a) Description of investment	(b) Book value	(c) Method of valuation:	e 13. Cost or end-of-year market value
(1)			ocet of ond of year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	d. See Form 990, Part X, lin	e 15.
	scription		(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	<i>E</i>)		
(2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line 1.			
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line 11	e or 11f. See Form 990, Par	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability	Form 990, Part IV, line 11		t X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes	Form 990, Part IV, line 11	e or 11f. See Form 990, Parl Book value	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE	Form 990, Part IV, line 11	e or 11f. See Form 990, Pari Book value	
(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" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	
(2) (3) (4) (5) (6) (7) (8) (9) Hal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Pari Book value	t X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE (5)	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	▶ t X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE (5) (6)	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	x X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE (5) (6) (7)	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE (5) (6) (7) (8)	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1. Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS PAYABLE (3) DEFERRED LEASING COSTS PAYA (4) SPECIAL ASSESSMENTS PAYABLE (5) (6) (7)	Form 990, Part IV, line 11 (b)	e or 11f. See Form 990, Part Book value 23,356. 186,813.	X, line 25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial St	, INC.	13-	2773475 Page
	atements With Revenue	per Return).
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
same, and safer support per addited illiancial statements		1	3,704,377
and the state of t	I F	F.=	
and game (losses) on myestinemes	2a -5,	783.	
and doc of facilities	2b		
grants	2c	=0.=	
(=	2d		
		2e	-5,783
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 		3	3,710,160
a Investment expenses not included on Form 990, Part VIII, line 7b	I see I		
b Other (Describe in Part XIII.)	4a		
	4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		4c	0
Part XII Reconciliation of Expenses per Audited Financial S	totomente With F	5	3,710,160
Complete if the organization answered "Yes" on Form 990, Part IV, li	tatements with Expense	s per Retu	rn.
1 Total expenses and losses per audited financial statements	ne iza.		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	3,608,994
a Donated services and use of facilities			
and doc of identics	2a		
,	2b		
	2c		
	2d		
		2e	0
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	3,608,994
a Investment expenses not included on Form 990, Part VIII, line 7b	f = 1		
b Other (Describe in Part XIII.)	4a		
(4b		
***************************************		4c	0
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8.)	5	3,608,994
es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
e e			
054 10-09-17		Cobed	ulo D (Form 200) 204

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

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

BALLET TECH FOUNDATION, INC. **Questions Regarding Compensation**

Employer identification number 13-2773475

Schedule J (Form 990) 2017

				,
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Housing allowance or residence for personal use		AL X	140
	Payments for business use of percent residence		18,000	-
	Health or social club dues or initiation for	11	100	
	X Discretionary spending account Personal services (such as, maid, chauffeur, chef)	1 4		
	. Stochal Screeces (Such as, maid, chauffeur, cher)		1369	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	ы		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		X
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	1000		
	The real state of the real sta	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	100	39.0	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	-10		1.7
	establish compensation of the CEO/Executive Director, but explain in Part III.	1.3		
		18		
		36.		
	tr		-10	
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		-11-1	
	organization or a related organization:			
а	Receive a coverage power of the second secon			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a	L.	_X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	and provide the applicable amounts for each item in Part III.	. this	1000	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization? Any related organization?	E-		v
b	Any related organization?	5a		X
	If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		- 1	
а	The organization?	0-	24	v
b	Any related organization?	6a	-	<u>X</u>
	If "Yes" on line 6a or 6b, describe in Part III.	6b	GUP/III	_X_
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		alb)	
	not described on lines 5 and 6? If "Yes," describe in Part III	,		v
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	-	<u>X</u>
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			v
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u>
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2017

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(D)·(i)(B)	in column (B) reported as deferred on prior Form 990
(1) ELIOT FELD	Ξ	162,63		0.	4,545.	2,554.	169.734.	
IDENT	(E)			.0	0	0		0
(2) MAGGIE CHRIST	Ξ	130,35		0.	4,074.	16,173.	150.60	0
DIRECTOR OF OPERATIONS	(ii)		0.	0.	0	0		
	Ξ							
	(ii)	0						
	Θ							
	(ii)	(1)						
	(i)							
	(ii)	(
	Θ							
	(E)							
	Θ							
	(ii)							
	()							
	(ii)	7						
	Ξ							
	(ii)	1						
	Θ							
	(ii)							
	Ξ							
	(ii)							
	Θ							
	(ii)							
	Θ							
	▣							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(3)							
	(ii)							

Schedule J (Form 990) 2017

BALLET TECH FOUNDATION,	INC. 13-2773475	475 Page 2
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4	a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	itional information.
PART I, LINE 1A:		
THE PRESIDENT IS PROVIDED WITH A DISCRETIONARY	ARY SPENDING ACCOUNT OF NOT MORE	
THAN \$5,000 PER FISCAL YEAR.		
PART I, LINE 1B:		
THE PRESIDENT'S DISCRETIONARY SPENDING ACCOU	ACCOUNT IS AUTHORIZED BY THE BOARD	
OF DIRECTORS TO NOT EXCRED \$5,000 PER FISCAL	ISCAL YEAR.	
32113 10-17-17	Sch	Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization

BALLET TECH FOUNDATION, INC.

13-2773475 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 (BALLET SHOES) 38,856.FMV 825 26 Other 27 Other > 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II	(Form 990) 2017	BALLET	TECH	FOUNDATION	, INC.	13-2773475 Pag
raitii	is reporting in Part this part for any ac	Information (b), ditional information	On. Provid the numben ation.	e the information requer of contributions, the	uired by Part I, lir e number of item	nes 30b, 32b, and 33, and whether the organization as received, or a combination of both. Also complete
			-			

	14					
				el		
	11					
						19
13						

732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

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

Name of the organization

BALLET TECH FOUNDATION, INC.

Employer identification number 13-2773475

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

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

THE BALLETS OF CHOREOGRAPHER ELIOT FELD. THE SCHOOL IDENTIFIES TALENTED

CHILDREN IN THE NYC PUBLIC SCHOOL SYSTEM AND PROVIDES THEM WITH

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

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

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

INTRODUCING TENS OF THOUSANDS OF NEW YORK CITY PUBLIC SCHOOL CHILDREN

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

TALENTED WITH THE DANCE TRAINING NECESSARY TO FULFILL THEIR NATURAL

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

SUCCEEDING GENERATIONS OF CLASSICAL DANCERS, WHOSE DIVERSITY REFLECTS

THE FULL SPECTRUM OF THE AMERICAN COMMUNITY.

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

FOR UP TO 12 WEEKS. 145 STUDENTS IN GRADES 4 THROUGH 8 ATTENDED AN

ON-SITE NEW YORK CITY PUBLIC SCHOOL PROGRAM CREATED TO PROVIDE THEM

WITH A CHALLENGING ACADEMIC CURRICULUM ALONGSIDE THEIR INTENSIVE DANCE

PROGRAM. THE ACADEMIC PROGRAM - WHICH TAKES PLACE AT 890 BROADWAY - IS

A COLLABORATION BETWEEN THE ORGANIZATION AND THE NEW YORK CITY

DEPARTMENT OF EDUCATION. ANOTHER 36 STUDENTS ATTENDED HIGH SCHOOL AT

THE PROFESSIONAL PERFORMING ARTS SCHOOL (PPAS) AND RETURNED TO BALLET

TECH IN THE AFTERNOONS FOR DANCE CLASSES.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Harman Spain A

SHALL BE IMMEDIATELY DISCLOSED TO THE BOARD OR THE COMMITTEE BY THAT

DIRECTOR OR OFFICER.

BALLET TECH FOUNDATION, INC.

Employer identification number 13-2773475

A DIRECTOR OR OFFICER SHALL BE DEEMED TO HAVE AN INTEREST IN A MATTER IF

THAT DIRECTOR OR OFFICER OR A RELATED PARTY, AS DEFINED BELOW, HAS A

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

ANY COMMITTEE. AS TO ANY DIRECTOR OR OFFICER, A RELATED PARTY SHALL MEAN

ANY RELATIVE THEREOF OR AN ENTITY IN WHICH ANY OF THE FOREGOING PERSONS IS

A SHAREHOLDER, DIRECTOR, OFFICER OR THE EQUIVALENT.

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

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

DIRECTORS AND OFFICERS MAY NOT ATTEMPT TO INFLUENCE OTHER DIRECTOR OR

OFFICERS REGARDING MATTER IN WHICH THEY HAVE AN INTEREST WITHOUT FIRST

DISCLOSING THAT INTEREST.

IF A CONTRACT IS PROPOSED FOR APPROVAL BY THE BOARD WITH AN ENTITY IN WHICH A DIRECTOR, OFFICER OR RELATED PARTY HAS AN INTEREST, REGARDLESS OF AMOUNT (AN INTERESTED PARTY CONTRACT), THE BOARD OR A COMMITTEE DESIGNATED BY THE BOARD SHALL REVIEW THE CONTRACT AND SHALL RECOMMEND THAT THE FOUNDATION EXECUTE OR NOT EXECUTE THE CONTRACT. IN REACHING ITS DECISION, THE BOARD OR COMMITTEE SHALL ADHERE TO THE LEGAL REQUIREMENTS APPLICABLE TO THE APPROVAL OF INTERESTED PARTY CONTRACTS WHICH MANDATE THAT AN INTERESTED PARTY

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O	(Form	990 0	990-F7)	(2017)

Scriedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BALLET TECH FOUNDATION, INC.	Employer identification number 13-2773475
REASONABLE ALTERNATIVES, THE PROPOSED INTERESTED PARTY CO	NTRACT IS FAIR,
REASONABLE AND IN THE BEGT INTERPRETARIO	ALL ACTION
REGARDING THE INTERESTED PARTY CONTRACT SHALL BE RECORDED	IN THE MINUTES OF
THE BOARD OR COMMITTEE MEETING DURING WHICH THE ACTION WA	S TAKEN.
THE PRESIDENT OF THE FOUNDATION IS DIRECTED TO APPLY TO T	HE STAFF RULES AND
PROCEDURES CONSISTENT WITH THE RULES AND PROCEDURES SET F	ORTH IN THIS
STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY, THE AUDIT & GOVERNANCE COMMITTEE REVIEWS THE PRO	OPOSED
COMPENSATION FOR BOTH THE PRESIDENT AND THE DIRECTOR OF O	PERATIONS. THE
COMMITTEE IS SUPPLIED WITH COMPARATIVE SALARY INFORMATION	FROM AT LEAST
THREE SIMILARLY SIZED ORGANIZATIONS, ALSO LOCATED IN MANHA	ATTAN, WITH
COMPARABLE MISSIONS AND/OR PROGRAMS. SUCH COMPARATIVE DAY	TA IS OBTAINED
FROM OTHER ORGANIZATIONS' 990 FORMS.	
THE TWO POSITIONS WERE LAST REVIEWED IN JANUARY 2018.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST.	

SCHEDULE R (Form 990)

10 m 330)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

INC

FOUNDATION,

BALLET TECH

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

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-2773475

(g) Section 512(b)(13) controlled BALLET TECH FOUNDATION, Schedule R (Form 990) 2017 ŝ entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity INC. End-of-year assets 7,190,436. status (if section Public charity 501(c)(3)) 767,862. Total income g Exempt Code section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Legal domicile (state or foreign country) NEW YORK Primary activity Primary activity 9 REAL ESTATE For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 890 BROADWAY, 8TH FLOOR ODETTE LLC - 20-4693278 10003 NEW YORK, NY Part Part II

13-2773475 Page 2

Schedule R (Form 990) 2017 BALLET TECH FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Code V-UBI General or P managing c 20 of Schedule K-1 (Form 1065) Yes No 9 \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets (6) Share of total income £ Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity 9 (c)
Legal
domicile
(state or
foreign Primary activity **(**p Name, address, and EIN of related organization Part IV

(a)	(q)	(0)	(p)	(e)	€	(0)	(4)	9	
Name, address, and EIN of related organization	Primary activity	icile	Direct	Type of entity (C corp, S corp, or trust)	Sha	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	7 13)
		country)						Yes	No.
890 BROADWAY CONDOMINIUM - 13-3960034			BALLET TECH						
890 BROADWAY	CONDO ASSOCIATION		POTTAGNUTON						
NEW YORK, NY 10003	MANAGEMENT	NY		C CORP	18,768.	408 976	66.678		×
									Ĭ
	T								
									1
								+	ĺ

Schedule R (Form 990) 2017

732162 09-11-17

Page 3

Schedule R (Form 990) 2017 BALLET TECH FOUNDATION, INC.

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				-	-
1 During the tax year, did the organization engage in any of the following transactions with one or more colored associated in a colored and the organization engage in any of the following transactions with one or more colored associated asso	ore with one or more	to the state of th		× ×	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity	refated Organizations liste	d in Paris II-IV?		
b Giff grant or canital contribution to related granning(s)				1a	×
				1b	×
				10	×
d Loans or loan guarantees to or for related organization(s)				2 ;	1 >
e Loans or loan quarantees by related organization(e)				p	4
				1e	×
f Dividende from makelon many opening					
Dividends non related organization(s)				#	×
g Sale of assets to related organization(s)					4 4
h Purchase of assets from related organization(s)				6	4
i Exchange of accests with related exemination (a)	***************************************			두	×
				ï	×
 Lease of facilities, equipment, or other assets to related organization(s) 				Ţ	×
				-	4
k Lease of facilities, equipment, or other assets from related organization(s)				+	>
Performance of services or membership or fundraising solicitations for related ord	lated organization(s)	***************************************		٤ ;	4 5
m Performance of services or membership or fundraising solicitations by related organizations	ganization(c)	***************************************		+	×
n Sharing of facilities equipment mailing lists or other constraints and relations of	gainzation(s)			1m X	
	ation(s)			巾	×
o Sharing of paid employees with related organization(s)				10	×
				1p	×
q Heimbursement paid by related organization(s) for expenses	***************************************			10	×
				7	1
 Other transfer of cash or property to related organization(s) 				÷	Þ
s Other transfer of cash or property from related organization(s)				= ;	4 >
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line including covered rale ties and the above is "Yes," see the instructions for information on who must complete this line including covered rale ties and the above is "Yes," see the instructions for information on who must complete this line including covered rale ties.	who must complete t	bereited anibutioni enil sid		2	4
	and an	me, medalig covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plved	
(1) 890 BROADWAY CONDOMINIUM	М	542,786.	542,786.AMOUNT OF CASH TRANSFERRED	CE	
(2)					
(3)					
(4)					
(9)					
(9)					
732163 09-11-17			Schedule R (Form 990) 2017	(Form 990)	2017

Page 4

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

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

	(k) Percentage ownership						
	(j) neral or anaging artner?	No S					
+	-128 -128	×		-			
	(h) (i) (j) (k) Disproportionale amount in box 20 managing ownership	(10,111,000)					
	(h) spropor- ionate cations?	S S					
ŀ	Dis Dis	×					
	(g) Share of end-of-year						
	(f) Share of total						
	Are all partners sec. 501(c)(3)	02 02					
stment partnerships	Predominant income par (related, unrelated, excluded from tax under-						
Sion for certain inve	(c) Legal domicile (state or foreign country)						
ructions regarding excit	Primary activity		6.				
(a) (b) (b) (c) (a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Name, address, and EIN of entity						

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017 Supplemental Info	BALLET	TECH	FOUNDATION,	INC.	13-2773475	Page F
Part VII	Supplemental Info	ormation.				10 1110 113	rage 5
	Provide additional infor	mation for respons	es to que	estions on Schedule R.	See instructions.		

732165 09-11-17

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must us	e Form 7004 to request an extension of time to file income	tax retu	ms.			
				Enter file	er's identifying nur	nber
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	ber (EIN) or
print	DATE OF THE STATE				12 00024	7.5
File by the	BALLET TECH FOUNDATION, INC			13-2773475		
due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, se 890 BROADWAY	e instruc	tions.	Social se	curity number (SSN	1)
instructions	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10003	reign add	dress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separa	ate application for each return)		0.1401.144.0346.44.036	0 1
Applicat	tion	Return	Application			Return
Is For			Code			
Form 99	0 or Form 990-EZ			07		
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep	MAGGIE CHRIST blooks are in the care of ► 890 BROADWAY – hone No. ► 212-777-7710 organization does not have an office or place of business		Fax No. ▶			
	is for a Group Return, enter the organization's four digit G					check this
box >	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension is	s for.
for	equest an automatic 6-month extension of time until the organization named above. The extension is for the o calendar year or x tax year beginning JUL 1, 2017	organizati	on's return for:		npt organization ret	urn
	N - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1-15 - 1		CONTROL TO THE PROPERTY OF THE		_ :	
2 If t	he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reas	on:	Final retur	n 	
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			-
no	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	y refundable credits and			2
es	timated tax payments made. Include any prior year overpa	ayment a	llowed as a credit.	3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pay			Зс	¢	0.
	using EFTPS (Electronic Federal Tax Payment System). S				\$	

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

Form 8868 (Rev. 1-2017)

instructions.

Product:

Exempt Extension BALLET TECH FOUNDATION, INC.

Category:

IRS Center:

e-PostMark: Notification:

Name: FEIN:

*****3475

Fiscal Year Begin Date: 7/1/2017

Fiscal Year End Date:

6/30/2018

eSigned:

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)
10/30/2018	17X:3073902:V1	Upload Started		
10/30/2018		Ready to Release by Customer		
10/30/2018		Released for Transmission - Validation in Progress		
10/30/2018		Ready to transmit - Validation Complete		
10/30/2018		Transmitted to FD	26493020183030331e95	
10/30/2018		Accepted by FD on 10/30/2018		

Forr	990-T	E	Exempt Organization Bu	sine	ss Income Ta	ax Retur	n	ОМЕ	No. 1545-0687
			(and proxy tax und	der se	ction 6033(e))				
		For ca	lendar year 2017 or other tax year beginning JUL 1	, 20	17 , and ending JUN	1 30, 20:	18.	7	2017
Depa	artment of the Treasury nal Revenue Service	l	Do not enter SSN numbers on this form as it ma	nstruction y be made	ins and the latest informa de public if your organiza	tion		Open to	Public Inspection for Organizations Only
A	Check box if address changed		Name of organization (Check box if name	changed	and see instructions.)	30.(0)(0	D Emp (Em	oloyer ide	ntification number
	xempt under section	Print	BALLET TECH FOUNDATION	J . T	NC.		10000000	ructions.)	772475
X	501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O. bo	ox, see in	structions.		E Unre	elated bus	773475 siness activity codes
_	408(e)220(e)	Type	890 BROADWAY				(See	instruction	ons.)
L	408A		City or town, state or province, country, and ZIP	or foreign	postal code		1		
0 8	529(a)		NEW YORK, NY 10003				531	120	
Cat	end of year	1.0	F Group exemption number (See instructions.)	>					
H D	24, U32, U	19.	G Check organization type ► X 501(c) con	poration	501(c) trust	401(a) trust		Other trust
I D	uring the tax year was	s prima	ary unrelated business activity. RENTAL	OF (COMMERCIAL F	REAL ESTA	ATE		
l If	"Yes," enter the name a	me corp	oration a subsidiary in an affiliated group or a pare ifying number of the parent corporation.	int-subsi	diary controlled group?		Y	es [X No
J Th	ne books are in care of	► N	AAGGIE CHRIST		7.1.1				
Pa	rt I Unrelated	Trac	le or Business Income		(A) Income	ne number > 2		<u> 777</u>	
	Gross receipts or sale				(A) income	(B) Expense	8	-	(C) Net
b	Less returns and allow		c Balance▶	1c				lú-	
2			A, line 7)	2					
3	Gross profit. Subtract	line 2 fr	om line 1c	3					
4 a	Capital gain net incom	e (attacl	n Schedule D)	4a				-	
b	Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form 4797)	4b		- 5	-	-	
C	Capital loss deduction	for trus	ts	4c					
5	Income (loss) from pa	rtnershi	ps and S corporations (attach statement)	5					
6	Rent income (Schedul			6					
7	Unrelated debt-finance	d incom	ne (Schedule E)	7					
8	Interest, annuities, roy	alties, a	nd rents from controlled organizations (Sch. F)	8			100000000000000000000000000000000000000		
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activ	ity incor	me (Schedule I)	10					
11	Advertising income (S	chedule	J)	11					
12	Other income (See ins	tructions	s; attach schedule) STATEMENT 2	12	12,119.				12,119.
Pa	rt II Deduction	s through	t Taken Elsewhere (See instructions for	13	12,119.				12,119.
	(Except for c	ontribu	tions, deductions must be directly connecte	or limitat d with th	ions on deductions.)	income \			
14	Compensation of office	ere din	ectors and trustees (Schodula K)	a with ti	ic differenced busiliess i	ricome.)			
15	Salaries and wages	ora, un	ectors, and trustees (Schedule K)		***************************************		14		
16	Repairs and maintena	nce					15		
17	Bad debts					*********	16		
18	Interest (attach sched	ule)			**************************		18		
19	Taxes and licenses				***************************		19		
20	Charitable contributio	ns (See	instructions for limitation rules)			(******************	20		
21	Depreciation (attach F	orm 456	52)	PROFESSION OF THE PROFESSION O	21				
22	Less depreciation clai	med on	Schedule A and elsewhere on return		22a		22b		
23	Depletion		ZHANDA WALLA DA LA LANGE ARRESTA DE RESERVA				23		
24	Contributions to defer	red com	pensation plans				24		
25	Employee benefit prog	grams					25		
26	Excess exempt expen	ses (Sch	nedule I)		n markini kanawa sa wasa sa wasa sa wa		26		
27	Other deductions (atte	sts (Sch	edule J)	**********			27		
28 29	Total deductions (atta	d lines 4	dule)	*******	***************************************		28		10.
30	Unrelated business to	vable ice	4 through 28	t lies oc	from line 40		29	577	0.
31	Net operating loss day	fuction /	limited to the amount on line 30)	t little 29			30		12,119.
32	Unrelated business ta	xable inc	come before specific deduction. Subtract line 31 fr	om line 9	 .n	***************************************	31		12 110
33	Specific deduction (Ge	enerally	\$1,000, but see line 33 instructions for exceptions)		***************	32		12,119.
34	Unrelated business to	xable i	ncome. Subtract line 33 from line 32. If line 33 is g	reater th	an line 32, enter the small	ler of zero or	33		1,000.
							34		11,119.
72370			ork Reduction Act Notice, see instructions.					Form	990-T (2017)

Part	- DIEDEL IECH FOUNDATION INC		13-27	73475		Page
	Tax Computation			70175		- age
35	Organizations Taxable as Corporations. See instructions for tax computation.					-
	Controlled group members (sections 1561 and 1563) check here ► See instructions and:					
а	Effer your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) (2) (5)	1				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax					
36				35c	2,.	335
	Tax rate schedule or Schedule D (Form 1041)	ine 34 from:				
37	Proxy tax. See instructions Alternative minimum tax			36		
38	Alternative minimum tax			37		
39	Alternative minimum tax Tax on Non-Compliant Facility Income. See instructions Total. Add lines 37, 38 and 39 to line 35c or 36, which have so allow			38		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies V Tax and Payments			39		
Part I	V Tax and Payments			40	2,3	335.
	Foreign tay gradit (corporations altack 5					
h	Other credits (see instructions) 41 Other credits (see instructions)					
		b				
d	General business credit. Attach Form 3800 41	c				
u	Credit for prior year minimum tax (attach Form 8801 or 8827) T-t-1 - 41	d				
e 40	Total credits. Add lines 41a through 41d Subtract line 41a from line 40			41e		
42	Subtract line 41e from line 40			42	2.5	335.
43	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (atta	ch schedule)	43		
77.7	Total tax. Add lines 42 and 43			44	2 3	335.
45 a	rayments. A 2016 overpayment credited to 2017		************		2,5	,,,,,
D	2017 estimated tax payments		2,545.			
G	Tax deposited with Form 8868		-,010			
u	roleigh organizations: Tax paid or withheld at source (see instructions)			11.7		
е	Backup withholding (see instructions)					
f	Gredit for small employer health insurance premiums (Attach Form 8941)			-		
g	Uther credits and payments: Form 2439	`		-		
1000	Form 4136 Other Total ▶ 45;					
46	Total payments. Add lines 45a through 45g	9		· . ·		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		**********	46	2,5	45.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			47		
49	Overnayment If line 46 is larger than the total of lines 44 and 47, enter amount owen			48		
50	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want: Credited to 2018 estimated tax 21			49	2	10.
Part V	Statements Regarding Certain Activities and Other Information (s	O . Refund	led >	50		0.
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other	see instructio	ns)			
0.	over a financial account (hank, eccurities, or other) in a ferrica account (hank, eccurities, experience).	her authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreignere	n country				
						X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to, a foreigr	rust?			X
50	f YES, see instructions for other forms the organization may have to file.				10000	
53	enter the amount of ax-exempt interest received or accrued during the tax year					
Sign	Under united this return, including accompanying schedules and stateme correct er than taxpayer) is pased on all information of which preparer has	ents, and to the b	est of my know	wledge and belie	of, it is true,	
lere	1 21 4	any knowledge.	L.	th - 100 -ti		
1616	PRESIDENT		10000	ay the IRS discu preparer show		with
	Signature of officer Date Title				Yes	No
	Print/Type preparer's name Preparer's/signature // Date	Che	ck if			
Paid		/	employed			
Prepar	er CHRIS BELLANDO	//9	p.ojou	POOS	41714	
Use Or		Fire	m's EIN ►		65506	
	551 FIFTH AVENUE, SUITE 400	1.111	HOLIN	13-1	03300	<u> </u>
	Firm's address ► NEW YORK, NY 10176	Phi	one no o	12-697	2200	
		1610	one no. Z			00:-
				Forr	n 990-T (2017)

Schedule A - Cost of Good	ds Sold. Ente	r method of inve	entory valuation N / 7	^			1 ago
1 Inventory at beginning of year	1		6 Inventory at end of ye				
2 Purchases	NEW 2018					6	
3 Cost of labor	3		7 Cost of goods sold. S from line 5. Enter here				
4a Additional section 263A costs							
(attach schedule)	4a		8 Do the rules of section		······································	7	
b Other costs (attach schedule)	4b					Ye	s No
5 Total. Add lines 1 through 4b	5		property produced or the organization?		2. 1993		
Schedule C - Rent Income (see instructions)	(From Rea	l Property ar	nd Personal Property	Lease	ed With Real Pro	perty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accrued					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) an	connected with the incon d 2(b) (attach schedule)	ne in
(1)		0.001	ent is based on profit or income)				
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	>		_	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)		•
Schedule E - Unrelated Del	bt-Finance	Income (see	instructions)		Part I, line 6, column (B)		0.
0.00			Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	nected with or allocable ed property	
Description of debt-fi	nanced property		financed property	(a) s	Straight line depreciation (attach schedule)	(b) Other deduct (attach schedul	
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)			%				
(2)			%				
(3)			%				VII
(4)							
			%		ter here and on page 1, art I, line 7, column (A).	Enter here and on part I, line 7, column	
Totals					V 2000 B 100 C 100	191	102.00
Total dividends-received deductions in	cluded in column		······································		0.		<u> </u>
	J.Juga III GOIGIIII					1	() .

Form 990-T (2017)

Form 990-T (2017)

0

0

Totals (carry to Part II, line (5))

Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
(1)						than column 4).
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1,
Totals, Part II (lines 1-5)	0.	0	A See Se			Part II, line 27.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ins	tructions)		0
1. Name			2. Title	3. Percent time devoted business	4. Com	pensation attributable nrelated business
(1)		A CONTRACTOR			%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, lir	ne 14				70	0

Form 990-T (2017)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return

Business or activity to which this form relates

Identifying number

га	LET TECH FOUNDATION	ON, INC.	FO.	RM 990	PAGE 10		13-2773475
	Election To Expense Certain Pro	perty Under Section 1	179 Note: If you have any	listed property	, complete Par	t V before	you complete Part I.
1 1	viaximum amount (see instructions)					4	510,000
2	Total cost of section 179 property pla	aced in service (see	instructions)			2	
3	rifestible cost of section 179 proper	rty before reduction	in limitation			2	2,030,000
4 1	reduction in limitation. Subtract line	3 from line 2. If zero	o or less, enter -0-			4	
3 L	foliar limitation for tax year. Subtract line 4 from	line 1. If zero or less, enter	r -0 If married filing separately, se	ee instructions		5	
6	(a) Description of	property	(b) Cost (bus	iness use only)	(c) Elected	cost	
7 1	isted property. Fatantha and 16						
0 T	isted property. Enter the amount fro	m line 29		7			
0 I	otal elected cost of section 179 pro	perty. Add amounts	s in column (c), lines 6 and	d 7		8	
ו פ	entative deduction. Enter the small	er of line 5 or line 8				9	
14 6	Carryover of disallowed deduction fro	om line 13 of your 2	016 Form 4562			10	
וו ב	susiness income limitation. Enter the	smaller of business	s income (not less than ze	ero) or line 5		11	
12 (ection 179 expense deduction. Add	nnes 9 and 10, but	don't enter more than lin	ie 11		12	
Vote	carryover of disallowed deduction to Don't use Part II or Part III below for	or listed property In	and TU, less line 12	13			The state of the s
Par	t II Special Depreciation Allow			de Reger			
		valide and Other D	epreciation (Don't includ	de listed prope	erty.)		
	pecial depreciation allowance for quality termine tax year						
		······				14	
16 C	roperty subject to section 168(f)(1) enther depreciation (including ACRS)	election		*******************	***************************************	15	
Par	t III MACRS Depreciation (Don	t include listed pro	norty) (Con instructions)			16	338,116
	THE INACTO Depreciation (Don	t include listed pro	Section A				
7 N	ACRS deductions for assets placed	Lin nomina in tau					
Ω 14	IACRS deductions for assets placed	i in service in tax ye	ears beginning before 201	1		1 17	
0 11	vou are election to every envisore to the election					17	
	you are electing to group any assets placed in se	ervice during the tax year	into one or more general asset acc	counts, check here			
esoite.	Section B - Asset	ervice during the tax year	into one or more general asset acc e During 2017 Tax Year	Using the Ge	neral Deprecia		em
	Section B - Asset	ervice during the tax year s Placed in Servic	into one or more general asset acc	counts, check here	neral Deprecia		em (g) Depreciation deduction
9a	Section B - Asset (a) Classification of property 3-year property	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	Anomala Managara
	Section B - Asset	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	Anomala Managara
9a	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	And the state of t
9a b	Section B - Asset (a) Classification of property 3-year property 5-year property	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	And the state of t
9a b c	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	And the state of t
9a b c d	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property	ervice during the tax year es Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	And the state of t
9a b c d	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	Using the Ge	neral Deprecia	ation Syste	And the state of t
9a b c d e f	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	counts, check here Using the Ge (d) Recovery period	neral Deprecia	(f) Method	And the second s
9a b c d e	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	ervice during the tax year as Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	counts, check here Using the Ge (d) Recovery period	neral Deprecia	(f) Method	And the second s
9a b c d e f g	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ervice during the tax year as Placed in Servic (b) Month and year placed	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	counts, check here Using the Ge (d) Recovery period 25 yrs. 27.5 yrs.	neral Deprecia (e) Convention	(f) Method S/L S/L	And the second s
9a b c d e f	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ervice-during the tax year- es Placed in Servic (b) Month and year placed in service // // // //	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	stion Syste (f) Method S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
9a b c d e f g	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ervice-during the tax year- es Placed in Servic (b) Month and year placed in service // // // //	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	stion Syste (f) Method S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
9a b c d e f g	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ervice-during the tax year- es Placed in Servic (b) Month and year placed in service // // // //	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	stion Syste (f) Method S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
9a b c d e f g h	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	ervice-during the tax year- es Placed in Servic (b) Month and year placed in service // // // //	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. sing the Alter	(e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year \$\text{t V Summary (See instructions.)}	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Placed (c) Placed in Service (c) Placed in Service (c) Placed (c) Pla	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) sted property. Enter amount from line otal. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2017 Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i Oa b c Par 1 Li 2 To	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) sted property. Enter amount from line of tal. Add amounts from line 12, lines of the reand on the appropriate lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service / 24 House 14 through 17, lines of your return. Pa	e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2017 Tax Year U es 19 and 20 in column (grtnerships and S corpora	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) sted property. Enter amount from line stal. Add amounts from line 12, lines are assets shown above and placed in assets shown above and placed in a series are assets.	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // Placed in Service 14 through 17, lines of your return. Pan service during the	e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2017 Tax Year U es 19 and 20 in column (grtnerships and S corpora current year, enter the	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) sted property. Enter amount from line of tal. Add amounts from line 12, lines of the reand on the appropriate lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // Placed in Service 14 through 17, lines of your return. Pan service during the	e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2017 Tax Year U es 19 and 20 in column (grtnerships and S corpora current year, enter the	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
9a b c d e f g h i Da b c Par 1 Li 2 To Er 3 Fo	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) sted property. Enter amount from line stal. Add amounts from line 12, lines are assets shown above and placed in assets shown above and placed in a series are assets.	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // // Placed in Service 14 through 17, line sof your return. Pan service during the tion 263A costs	into one or more general asset acc e During 2017 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2017 Tax Year U es 19 and 20 in column (g rtnerships and S corpora current year, enter the	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction

P	rm 4562 (2017)	DAL	LET TE	CH F	AUNDA	OTT	N, II	1C.				13-	2773	475	Dago
	art V Listed Propert recreation, or a	ty (Include a imusement.)	utomobiles, c	ertain o	ther vehic	cles, ce	ertain airc	raft, ce	rtain com	puters,	and pro	perty use	ed for en	tertainm	ent.
	Note: For any v	vehicle for w	hich you are	ueina th	o otonde			or dedu	cting leas	se evner	nea cor	nnloto			
-	(a) through (c)	of Section A	, all of Section	B, and	Section	C if ap	plicable.		oting load	oc exper	156, 001	ilbiere or	ily 24a, 2	24b, col	umns
24	Section A -	Depreciation	on and Other	Inform	ation (Ca	ution:	See the	instruct	ions for li	mits for	passen	ger auto	mobiles.)	
248	a Do you have evidence to s	support the bu	Isiness/investm	ent use	:laimed?		Yes		24b If "Y					Yes	□ N
	(a) Type of property	(b) Date	(c) Business	,	(d)		(e)		(f)		(g)		(h)	1	(i)
	(list vehicles first)	placed in	investmen	t l	Cost or	/h	asis for depr pusiness/inv		Recovery		thod/	Depre	eciation		cted
_		service	use percenta	ge	other basis		use onl	y)	period	5.00000000	vention	ded	uction		on 179 ost
25	Special depreciation allo	wance for q	ualified listed	proper	y placed	in serv	ice durin	g the ta	x year ar	d				-	OSL
	used more than 50% in	a qualified b	usiness use.					- 			. 25	1		La d	
26	Property used more than	1 50% in a q	ualified busir	ess use	r:						. 20			d=	
_				%											
				%											
			8	%											
27	Property used 50% or le	ss in a quali	fied business	use:											
				%						C/I		Т			
				%						S/L -					
				%						S/L -					
28	Add amounts in column		through 27 E	ntor bo		li 0:	100000000000000000000000000000000000000			S/L -	_	1			
20	Add amounts in column	(i) line 26 E	arrough 27. E	nter ne	e and on	line 2	1, page 1				. 28				
20	Add amounts in column	(I), IIIIe 20. E	nter nere and	on line	7, page 1				**********		,		. 29		
Con	malata this seek of		3	Section	B - Inforr	matior	on Use	of Vehi	icles						
COII	nplete this section for veh	nicles used t	by a sole prop	prietor, p	artner, or	r other	"more th	an 5%	owner," c	or related	d person	n. If you	provided	vehicle	S
to y	our employees, first answ	ver the ques	tions in Secti	on C to	see if you	ı meet	an excep	tion to	completi	ng this s	ection f	or those	vehicles	(). [.	
									1/6						
					(a)		(b)		(c)	(6	d)	16	e)	(1	1
	Total business/investment n			Ve	hicle	Ve	hicle	Ve	hicle	Veh	433 cm	9237113	nicle	Veh	68
	year (don't include commuti	ng miles)										701	1010	VCII	1010
31	Total commuting miles di	riven during	the year										- V= 1/2		-
32	Total other personal (non	commuting)	miles												
9	driven	51													
33	Total miles driven during	the year.													
	Add lines 30 through 32														
34	Was the vehicle available	for persons		Van	N.	V			T						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
26	during off-duty hours? . Was the vehicle used print		***************************************												
	than 5% owner or related	person?													
	Is another vehicle availab	155.00													
-	use?			l .				l							
1															
		Section C -	Questions f	or Emp	oyers Wh	ho Pro	vide Veh	icles fo	or Use by	Their E	mplove	ees			
		Section C -	Questions f	or Emp	loyers Wi	ho Pro	vide Veh	icles fo	or Use by	Their E	imployee	ees s who ar	en't mor	e than 5	10%
Ansv		Section C -	Questions f	or Emp	loyers Wi	ho Pro leting	vide Veh Section E	icles for	or Use by	Their E	imployee	ees s who ar	en't mor	re than 5	6%
Ansv	wer these questions to de ers or related persons.	Section C - etermine if yo	· Questions f ou meet an e	xceptior	to comp	leting	Section E	3 for ve	hicles use	ed by en	nployee	s who ar	en't mor		
Ansv owne	wer these questions to de ers or related persons. Do you maintain a written	Section C - etermine if you	Ouestions for the course ou meet an expense of the course	xception ohibits a	n to comp	al use	Section E	3 for vel	hicles use	ed by en	ployee	s who ar		re than 5	
Ansv Owne B7 [wer these questions to de ers or related persons. Do you maintain a written employees?	Section C - etermine if you	· Questions four meet an exement that pro	xception ohibits a	n to comp	al use	Section E	3 for vel	ding com	ed by en	by you	s who ar			
Ansv 0 Wn 6 88 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written	section C - etermine if your policy state	ement that pro	ohibits a	all persona	al use	Section E	s for vel	ding com	imuting,	by you	s who ar			
Ansv 37 [38 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instr	section C - etermine if you n policy state n policy state ructions for y	ement that pro-	ohibits a	all personal uporate offic	al use	of vehicles,	s, incluexcept	ding com	imuting,	by you	s who ar			
Ansv 0 Wne 37 [688 [689 [wer these questions to de ers or related persons. Do you maintain a written employees? See the instruction of you treat all use of ver-	section C - etermine if you policy state policy state ructions for whicles by em	ement that provehicles used	ohibits a	all personal uporate officuse?	al use	Section E of vehicle vehicles, directors,	s for vel	ding com	muting, ng, by yo	by you	s who ar			
Ansv 0 Wne 37 [6 38 [6 39 [10 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of versus you provide more than	policy state ructions for whicles by emin five vehicle	ement that provehicles used aployees as possible to your empt.	ohibits a	n to comp all personal personal u porate officuse?	al use of vicers, o	of vehicles, directors,	es, inclues except or 1% over except	ding com	muting, ng, by yo wners	by you	s who ar r		Yes	
Ansv 5Wn 6 88 [6 89 [10 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of veholo you provide more than the use of the vehicles, are	section C - etermine if you a policy state a policy state ructions for whicles by em a five vehicle and retain the	ement that provenicles used aployees as possible to your employment or information in	ohibits a ohibits p by corp ersonal oloyees received	n to comp all personal personal u porate officuse? , obtain in	al use of vicers, conformat	Section E of vehicle vehicles, directors,	es, inclues except or 1% your er	ding com commution	imuting, ng, by yo wners about	by you	s who ar		Yes	
Ansv 37 [6888 [6889 [640 [641] 18] 18] 18]	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical to you provide more than the use of the vehicles, and you meet the requirem	section C - etermine if your policy state policy state ructions for whicles by emin five vehicle and retain the	ement that provehicles used aployees as per sent of the provehicles used appropriate to provehicles used appropriate information of the provehicles are per sent of the provehicles are proveh	phibits a phibits phib	n to comp all personal uporate officuse? obtain in i	al use of vicers, constraints	Section E of vehicle vehicles, directors, tion from	except or 1%	ding com commution or more of	ed by enumuting, ang, by you wners about	by you	s who ar		Yes	
Ansv 6888 [6889 [140 [141 [150]	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical way of the vehicles, are no you meet the requirem whose. If your answer to 37	section C - etermine if your policy state policy state ructions for whicles by emin five vehicle and retain the	ement that provehicles used aployees as per sent of the provehicles used appropriate to provehicles used appropriate information of the provehicles are per sent of the provehicles are proveh	phibits a phibits phib	n to comp all personal uporate officuse? obtain in i	al use of vicers, constraints	Section E of vehicle vehicles, directors, tion from	except or 1%	ding com commution or more of	ed by enumuting, ang, by you wners about	by you	s who ar		Yes	
Ansv 6888 [6889 [140 [141 [150]	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical to you provide more than the use of the vehicles, and you meet the requirem	section C - etermine if your policy state policy state ructions for whicles by emin five vehicle and retain the	ement that provehicles used aployees as per sent of the provehicles used appropriate to provehicles used appropriate information of the provehicles are per sent of the provehicles are proveh	phibits a phibits phib	n to comp all personal uporate officuse? obtain in i	al use of vicers, constraints	Section E of vehicle vehicles, directors, tion from	except or 1%	ding com commution or more of	ed by enumuting, ang, by you wners about	by you	s who ar		Yes	
Ansv 6888 [6889 [140 [141 [150]	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical to you provide more than the use of the vehicles, and you meet the requirem the requirem to you meet the your answer to your answer to you meet the your answer to you	section C - etermine if your policy state policy state ructions for validles by em in five vehicle and retain the ments concer 7, 38, 39, 40	ement that provening a information in ring qualified b, or 41 is "Yes	phibits a by corporation of the	n to comp all personal uporate officuse? , obtain in 1? obile dem t complete	al use of vicers, constraints and straints and straints and straints are sections.	Section E of vehicles, directors, tion from ation use'	except or 1%	ding com commution more comployees rered veh	ed by enumuting, ang, by you wners about	by you our (e)	s who ar		Yes (f)	
Ansv 688 [689 [60 [61] 11 [61] 11 [62] 13 [63] 14 [63] 14 [64] 15 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of versus you provide more than the use of the vehicles, and you meet the requirem the vehicles of the vehicles. If your answer to 37 ort VI Amortization Description of contraction of contraction of contraction or contraction.	section C - etermine if your policy state a policy state ructions for whicles by eminative vehicle and retain the ments concer 7, 38, 39, 40	ement that provenices used aployees as per sensor of the provenices of the provenice	phibits a phibits phibits phibits phibits phibits phibits phibits personal phibits personal phibits preceived autom the phibits phibit	n to comp all personal personal u porate officuse? , obtain in l? obile dem t complete	al use of vicers, of	Section E of vehicles, directors, tion from ation use'	except or 1%	ding com commution more comployees	ed by enumuting, ang, by you where about	by you	s who ar		Yes (f)	
Ansv 688 [689 [60 [61] 11 [61] 11 [62] 13 [63] 14 [63] 14 [64] 15 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical to you provide more than the use of the vehicles, and you meet the requirem the requirem to you meet the your answer to your answer to you meet the your answer to you	section C - etermine if your policy state a policy state ructions for whicles by eminative vehicle and retain the ments concer 7, 38, 39, 40	ement that provenices used aployees as per sensor of the provenices of the provenice	phibits a phibits phibits phibits phibits phibits phibits phibits personal phibits personal phibits preceived autom the phibits phibit	n to comp all personal personal u porate officuse? , obtain in l? obile dem t complete	al use of vicers, conformation	Section E of vehicles, directors, tion from ation use'	except or 1%	ding com commuting more of the commutation more of the	ed by enumuting, ang, by you where about	by you our (e) Amortizat	s who ar		Yes	
Ansv 688 [689 [60 [61] 11 [61] 11 [62] 13 [63] 14 [63] 14 [64] 15 [wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of versus you provide more than the use of the vehicles, and you meet the requirem the vehicles of the vehicles. If your answer to 37 ort VI Amortization Description of contraction of contraction of contraction or contraction.	section C - etermine if your policy state a policy state ructions for whicles by eminative vehicle and retain the ments concer 7, 38, 39, 40	ement that provening qualified by or 41 is "Yes	phibits a phibits a phibits a phibits	n to comp all personal personal u porate officuse? , obtain in l? obile dem t complete	al use of vicers, conformation	Section E of vehicles, directors, tion from ation use'	except or 1%	ding com commuting more of the commutation more of the	ed by enumuting, ang, by you where about	by you our (e) Amortizat	s who ar		Yes (f)	
Ansv 537 [638 [640 [641] 641 [641]	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of versus you provide more than the use of the vehicles, and you meet the requirem the vehicles of the vehicles. If your answer to 37 ort VI Amortization Description of contraction of contraction of contraction or contraction.	section C - etermine if your policy state a policy state ructions for whicles by eminative vehicle and retain the ments concer 7, 38, 39, 40	ement that provenicles used aployees as pees to your empering qualified by or 41 is "Yes"	phibits a phibits a phibits a phibits phibits phibits phibits phibits phibits phibits phibits and phibits and phibits and phibits phibits and phibits phibits phibits and phibits phib	n to comp all personal personal u porate officuse? , obtain in l? obile dem t complete	al use of vicers, conformation	Section E of vehicles, directors, tion from ation use'	except or 1%	ding com commuting more of the commutation more of the	ed by enumuting, ang, by you where about	by you our (e) Amortizat	s who ar		Yes (f)	
Ansv 20 Ansv 6 Ansv	wer these questions to deers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of vertical to you provide more than the use of the vehicles, and you meet the requirem the vehicles. If your answer to 37 rt VI Amortization (a) Description of costs that	section C - etermine if you policy state policy state ructions for you picles by em in five vehicle and retain the ments concer 7, 38, 39, 40 posts t begins duri	ement that provenices used apployees as posts to your empler information in the provenices of the provenices to your empler information in the provenices of	phibits a phibits a phibits ph	all personal uporate officuse? obtain in a complete demand a comp	al use of vicers, constrained sections and constrained sections.	Section E of vehicles, directors, tion from ation use'	except or 1% your er	ding com commuting or more of mployees dered veh	ed by enumuting, ang, by you where about	by you our (e) Amortizat eriod or pere	s who ar		Yes (f)	
Answer 2 Ans	wer these questions to de ers or related persons. Do you maintain a written employees? Do you maintain a written employees? See the instruction you treat all use of versus you provide more than the use of the vehicles, and you meet the requirem the vehicles of the vehicles. If your answer to 37 ort VI Amortization Description of contraction of contraction of contraction or contraction.	section C - etermine if you policy state policy state ructions for you nicles by em n five vehicle nd retain the nents concer 7, 38, 39, 40 posts t begins during	ement that provening qualified by or 41 is "Yes ore your 2017"	phibits a phibits a phibits ph	n to comp all personal uporate officuse? obtain in it complete A	al use of vicers, conformationstrate Sect	Section E of vehicles, directors, tion from ation use'	es, inclues, inclues except or 1% your er	ding com commuting or more of mployees ered veh	ed by enumuting, ang, by you wners about	by you our (e) Amortizateriod or pere	s who ar		Yes (f)	% No

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

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

	uired to file an income tax return other than F			ips, REMIC	s, and trus	ts		
must use Form 700	4 to request an extension of time to file incom	e tax retu	ms.	Enter file	er's identify	ying number		
Type or Name of	of exempt organization or other filer, see instru	ctions.		T		on number (EIN) o		
BALI	LET TECH FOUNDATION, INC	С.		13-2773475				
	r, street, and room or suite no. If a P.O. box, s BROADWAY	ee instruc	ctions.	Social se	curity numb	oer (SSN)		
instructions. City, to	wn or post office, state, and ZIP code. For a for YORK , $$ NY $$ $$ $$ $$ $$ $$ 10003	oreign add	dress, see instructions.					
Enter the Return Co	ode for the return that this application is for (fil	e a separa	ate application for each return)		************	0 7		
Application Is For		Return Code	Application Is For			Return Code		
Form 990 or Form 9	990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individu	ual)	03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 40	01(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust o	ther than above) MAGGIE CHRIST	06	Form 8870					
Telephone No. If the organizatio If this is for a Grobox If this is for a Grobox If it i	the care of 890 BROADWAY - 212-777-7710 In does not have an office or place of business oup Return, enter the organization's four digits of part of the group, check this box	s in the Ur Group Exe	emption Number (GEN) ach a list with the names and EINs of	If this is fo	r the whole	group, check this		
for the organi	automatic 6-month extension of time until zation named above. The extension is for the dar year or ear beginning JUL 1, 2017		on's return for:		npt organiza	ation return		
2 If the tax year	entered in line 1 is for less than 12 months, ce in accounting period			Final retur	n			
3a If this applica	tion is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
nonrefundabl	e credits. See instructions.			3a	\$	2,545.		
and the same of th	tion is for Forms 990-PF, 990-T, 4720, or 6069 payments made. Include any prior year overp		Secretaristical accessors and	3b	\$	2,545.		
Commence of the last of the la	Subtract line 3b from line 3a. Include your pa							
	PS (Electronic Federal Tax Payment System).		AND SAME AND A SAME AND AND AND AND ADDRESS.	Зс	\$	0.		
Caution: If you are	going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form	8453-EO ar	nd Form 88	79-EO for payment		

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

Form 8868 (Rev. 1-2017)

Product: Name: FEIN:

11/15/2018

Exempt Extension

BALLET TECH FOUNDATION, INC.

*****3475

Fiscal Year Begin Date: 7/1/2017

Category:

Fiscal Year End Date:

990-T Extension

IRS Center: e-PostMark:

Notification:

eSigned:

6/30/2018

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)
11/1/2018	17X:3073902:V1	Upload Started		
11/1/2018		Ready to Release by Customer		
11/14/2018		Released for Transmission - Validation in Progress		
11/14/2018		Ready to transmit - Validation Complete		
11/14/2018		Transmitted to FD - 990-T Extension	2649302018318033ee95	
11/14/2018		Transmitted to NY	2649302018318032cf00	(\$250.00)
11/14/2018		Accepted by FD - 990-T Extension on 11/14/2018		

Accepted by NY - on 11/15/2018