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Form. 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 14 June 1 В C Name of organization Staten Island Ballet Theater Inc. D Employer identification number Check if applicable Address change Doing Business As 13-3759761 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 3081 Richmond Road 718-980-0500 City or town, state or province, country, and ZIP or foreign postal code Terminated ← Amended return G Gross receipts \$ Staten Island, NY 10306-1941 479,655 Application pending | F Name and address of principal officer Ellen Tharp, Artistic Director H(a) is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No 3081 Richmond Road, Staten Island, NY 10306-1941 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation. M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities: Mission is to develop and promote the art of dance SC Activities & Governance through instruction classes, performances and outreach programming for all ages and groups. Most services free or subsidized. Cultural audiences are developed; youths are served to enrich learning and personal growth for productive and tolerant lives. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 32 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 82,165 157,091 Revenue Program service revenue (Part VIII, line 2g) 9 238,801 314,291 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 55 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 -18,322 8262 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 302,410 479,655 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 417,983 8385 Benefits paid to or for members (Part IX, column (A), line 4) . . 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 175,939 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 417,983 227,803 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 463,168 412,127 19 Revenue less expenses. Subtract line 18 from line 12 -160,469 67,528 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 231,874 21 Total liabilities (Part X, line 26) . 199,942 269,443 22 Net assets or fund balances. Subtract line 21 from line 20 -164,987 -37,569 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here THARD DURECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check [] If self-employed **Preparer** Firm's name ▶ Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

Cat. No 11282Y

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Organization promotes and develops the art of dance, and provides conservatory dance training without any commercial trapping to ensure that families can afford the cultural enrichment for children. The organization also provides several professional ballet productions annually, all subsidized for the public in a community traditionally underserved in the ballet arts.	<u>s.</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 382,178 including grants of \$ 8385) (Revenue \$ 314,291) The organization provides up to eight ballet productions annually, including the New York International Choreographers Festival, and a fully staged Nutcracker using acclaimed guest artists and Broadway sets. The events celebrate New York's talent pool of art performers, musicians and theater crafts professionals, providing a vibrant venue of dance on Staten Island, which is still recover from multibillion-dollar losses from deadly Hurricane Sandy 2 years ago. Free tickets are given to other not-for-profits and financial challenged homes. Our Dancing Over Walls program gives free, unlimited dance classes to youths in need; our Children and Senio Children Together (C.A.S.T.) program is an inter-generational program helping both young and seniors explore their mutual realm in special free performances. About one-guarter of our 220 students receive free or subsidized training. A summer Performing Arts Intensive provides dance, literacy, music and drama training. The organization is housed in a four-story NYC landmark building it rescued and rehabilitated into a dance conservatory in a long-term lease with NY city, for which the organization won a preservative league award. The organization has built an active and loyal arts organization over the past 2 years, serving a working-class borou of 500,000. Tuition received: \$270,230; Scholarships given \$59,000 (as waived tuition); tickets sold \$44,061	ing ally ors is s on
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 382,178	

Form 99				Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
•	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		/
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	<u> </u>		
	complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		 ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>,</u>
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		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ť

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" 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 "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 so, complete Schedule L, Part II	26	\	
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		√
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	n 990	(2013)

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ł
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ė	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		V
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		▼
10	Section 501(c)(7) organizations. Enter:			ľ
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"Mo
rart	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			İ
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4		İ
2	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	√	├
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			/
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
_	, ,			
a b	The governing body?	8a 8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	\vdash	┞
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		<u> </u>
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 •	
•	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
a	The organization's CEO, Executive Director, or top management official	15a	ļ	1
b	Other officers or key employees of the organization	15b		✓
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	ļ	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Ioa	<u> </u>	1
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	 	
Secti	on C. Disclosure	1:		
17	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	า 501((c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	☐ Own website ☐ Another's website ☑ 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 int	erest	polic	y, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	-6 AL -	_	
Æ.V	Organization: Poul Thorn Superstand Director 2001 Disherand Dood Section Later day 10205 1041, 740,000 0000	or the	7	

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, and
	Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				(0	C)					
(A)	(A) (B)				ition			(D)	(E)	(F)
Name and Title Average						than one is that		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	악파	Ę	Q	<u>چ</u>	9.∓	77	from the	related organizations	other compensation
	related	효합	1	Officer	, y e	age eage	Former	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee		Key employee	ye c	=	(W-2/1099-MISC)		organization
	below dotted	7 5	al tr		oye.	į				and related organizations
		stee	ust.		۳	ens				3
			8			Highest compensated employee				
(1) Ellen Tharp	50.00									
Chair		✓	<u> </u>	⊻		ļ		4,000	0	0
(2) Janet Rubich	15			١.		İ				
Treasurer		✓		✓	<u> </u>	<u> </u>	<u> </u>	0	0	0
(3) Paul Tharp	20		ŀ	١.						
Executive Director		✓		✓				0	0	0
(4) Christine DiStasio	2				ŀ					
Board Member		✓	L				L	0	0	0
(5) Eugene Sorensen	2				}					
Board Member		✓						0	0	0
(6) Roseann Sorensen	2									
Board Member		✓	L		<u></u>			0	0	0
(7) Anne Mazzella	2									
Board Member		✓						0	0	0
(8) Kia Goh-Chung	2									
Board Member		✓						o	0	. 0
(9) Nobuko Wilson	2								ļ	
Board Member		✓						0	0	0
(10)										
(11)										
				L.,		<u> </u>	L			
(12)	ļ									
(13)			\vdash	_	-		_			-
<i>S.71</i>										
(14)						<u> </u>	1			

Part	VII Section A. Officers, Directors, Trus	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (oyees (continued)					
	(A) Name and title	(B) Average hours per	box, office	unles	Pos ieck is pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportab compensation related	n from	Estri	(F) mated ount of			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compo froi organ and	ther ensation in the nization related izations			
(15)										-						
(16)					-											
(17)																
(18)																
(19)								-								
(20)																
(21)																
(22)														_		
(23)																
(24)																
(25)										,				_		
1b c d	Sub-total	-		•	· ·		•	> > >	4000							
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a	above	e) w		ore than \$1	00,000	of	·- · · ·-·			
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> :	ficer, direc						emp	loyee, or high	est compe	nsated	3	Yes N			
4	For any individual listed on line 1a, is the organization and related organizations individual											4				
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	ation or ind		-				
Section	on B. Independent Contractors	•		-									<u>Y</u>	_		
1	Complete this table for your five highest compensation from the organization. Repyear.															
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens	ation			
n/a														_		
														_		
2	Total number of independent contractor received more than \$100,000 of compens) th	ose listed abo	ove) who						

Par	VIII	Statement of Reve Check if Schedule C		nonce or note to	o any lina in thia	Dort VIII		_
		Oneck ii Schedule C	Contains a res	Pouse of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats st	1a	Federated campaigns	s 1a					
Grants	b	Membership dues .	1b					
S, C	С	Fundraising events .						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations						
	е	Government grants (cor		3460				
	f	All other contributions, g						
듗좥		and similar amounts not in		153,631				
ig g	g	Noncash contributions include	· · · · · · · · · · · · · · · · ·					
	h	Total. Add lines 1a-1	1	Business Code	157,091			
ž	2a	Performances			44.004			
ě	Za b	Instruction fees		711190 611610	44,061		0	0
8	6	Instruction fees		011010	270,230		U	<u> </u>
eZ:	ď							
S	e							
Program Service Revenue	f	All other program ser						
P	g	Total. Add lines 2a-2		•	314,291	•		
	3	Investment income	(including divid	lends, interest,				
		and other similar amo	•		11			
	4	Income from investmen	•	•				
	5	Royalties						
		0	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	d	Net rental income or						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		<u> ▶</u>				
evenue	8a	Gross income from fu events (not including \$	_					
Other Reve		of contributions reported See Part IV, line 18 .		48,648				
돌	b	Less: direct expenses	s b					
		Net income or (loss) f		events . ►	8262			
	9a	Gross income from ga						
		See Part IV, line 19 .		·				
		Less. direct expenses						
	100	Net income or (loss) for		ivities ►				
		Gross sales of in returns and allowance	es a					
	b	Less: cost of goods s						
	С	Net income or (loss) f						
		Miscellaneous R	levenue	Business Code				
	11a				ļ	· ····		
	b			<u> </u>				· _
	d d	All other revenue .						
	e	Total. Add lines 11a-	· ·	•				-
	12	Total revenue. See in			479,655			11

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 (C) Management and general expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1980 1980 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 . . . 6405 6405 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 14,000 10,000 4,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 147,211 144,456 2755 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 14.728 14.728 11 Fees for services (non-employees): Management b Legal Accounting C d Professional fundraising services. See Part IV, line 17 e Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12,290 12,290 Advertising and promotion . . . 12 14,025 14,025 4145 13 Office expenses 4145 14 Information technology . 4745 4745 15 Royalties 200 200 Occupancy 16 144,301 144,301 17 Travel . . 14,050 12,011 2039 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2101 2101 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 5080 5080 23 4884 4884 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а props/costumes/accessories b 11,315 11,315 merchants fees of credit card clearing C 9501 9501 publications/video/music d 1166 1166 All other expenses Total functional expenses. Add lines 1 through 24e 25 412,127 382,178 2755 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 following SOP 98-2 (ASC 958-720)

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X \square (B) (A) Beginning of year End of year Cash—non-interest-bearing 25,006 1 45,579 2 Savings and temporary cash investments 1000 2 1000 Pledges and grants receivable, net 3 3 4 23,108 40,608 Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees. 5 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b b 10c 49,985 45,731 113,731 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11... 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 30,956 Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 94,845 231,874 17 Accounts payable and accrued expenses 17 2002 18,043 18 18 Deferred revenue 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 197,940 251,400 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . 26 26 199,942 269,443 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 -(105,097) -(37,569) Temporarily restricted net assets 28 28 29 Permanently restricted net assets . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances . . .

32

33

-(37,569)

231,874

32

33

34

-(105,097)

94.845

orm 99	D (2013)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47	79 <u>,655</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	12 <u>,</u> 1 <u>2</u> 7
3	Revenue less expenses. Subtract line 2 from line 1	3			57 <u>,528</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-(10	5,097)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		· · · · · ·		
	33, column (B))	10		-(3	7,569)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
		-		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	ļ		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
20	If "Yes," check a box below to indicate whether the financial statements for the year were comp			_	
	reviewed on a separate basis, consolidated basis, or both:),,ou o,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
L	The first of the f		2b		1
b	Were the organization's financial statements audited by an independent accountant?		20		-
	separate basis, consolidated basis, or both:	d on a			
			ļ		
	Separate basis Consolidated basis Both consolidated and separate basis	خواند ا مدد .		ļ	ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit review or committee that assumes responsibility for over the audit review or committee that assumes responsibility for over the audit review or committee that assumes responsibility for over the audit review or committee that assumes responsibility for over the audit review or committee that assumes responsibility for over the audit review of the financial statements and calculation of an independent assumes responsibility.			,	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	ļ
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		İ	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2013)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer i	dentificatio	n number
State	n Island Ballet The									759761
Pai			rity Status (All orga						nstructi	ons.
The d 1 2	A church, con	vention of churc	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churche	s describ	-	-	•	i).	
3 4	A medical res		spital service organiza on operated in conjune e:						0(b)(1)(A)	(iii). Enter the
5	☐ An organization		the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	☐ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the general public
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—su lated bus	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no mor	e than 331/3% of its
10 11	An organization	on organized ar one or more pub	operated exclusively of operated exclusive dicly supported organ describes the type of	ely for th	ne benefr describe	t of, to p	perform to ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). See section
	other than fou or section 509	Indation manage I(a)(2).	that the organization ers and other than one	is not co e or more	ntrolled o	lirectly or support	r indirectl ed organ	y by one izations o	or more described	d in section 509(a)(1)
f		ation received a check this box .	written determination	on from		inat it is	a Type	i, Type .	ıı, or ıyp	be ill supporting
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the)	
	(i) A person	who directly or i	ndirectly controls, eithody of the supported o							nd Yes No
			on described in (i) abo	-						11g(ii)
			a person described in							11g(iii)
h	• •	•	on about the support	., .,						0, 1
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
A)										
B)										
C)										
D)										
E)										

18

	10 / (r drill 000 or 000 <u>LL</u>) 2010						i age =
Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Sacti	on A. Public Support	quality unde	er the tests is	sted below, p	ilease compi	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(5) 2010	(6) 2011	(4) 2012	(6) 2010	(iy i otal
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				1		r
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Sacti	organization, check this box and stop her on C. Computation of Public Suppor			<u> </u>	· · · · ·	· · · · ·	· · • 🗀
14	Public support percentage for 2013 (line 6			1. column (fl)		14	%
15	Public support percentage from 2012 Sch		-			15	%
16a	331/3% support test-2013. If the organiz	zation did not	check the box				
	box and stop here. The organization qual	•		•			. ▶ 🗆
b	331/3% support test—2012. If the organ check this box and stop here. The organi				•	e 15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che st. The organiz	eck this box ai	nd stop here. [Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	, and line op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	101,762	111,536	98,156	82,165	157,091	550,710
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	264,740	283,165	322,199	220,479	314,291	1,404,874
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	366,502	394,701	420,355	302,644	471,382	1,955,584
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
	line 6.)					Ī	1,955,584
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	366,502	394,701	420,355	302,644	471,382	1,955,584
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	55	55	55	55	11	231
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	55	55	55	55	11	231
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	366,557	394,756	420,410	302,699	471,382	1,955,815
14	First five years. If the Form 990 is for the organization, check this box and stop her		s first, second	, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2013 (line 8	, column (f) div	ided by line 13	3, column (f))		15	99.99 %
16	Public support percentage from 2012 Sch	edule A, Part II	II, line 15 .	·		16	99.99 %
Secti	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2013 (I	ine 10c, colum	n (f) divided by			17	.01 %
18	Investment income percentage from 2012	Schedule A, P	art III, line 17			18	.01 %
19a	331/a% support tests—2013. If the organi 17 is not more than 331/a%, check this box a	zation did not	check the box	on line 14, an	d line 15 is mo	ore than 331/39/orted organization	s, and line on . ► 🗸
b	331/3% support tests—2012. If the organizatine 18 is not more than 331/3%, check this b	ation did not ch	eck a box on l	ine 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	Private foundation If the organization did		_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Staten Island Ballet Theater Inc. 13-3759761 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follov	ving that are a	significant	use of its
а	☐ Public exhibition		d	🗌 Loan	or exchange	prog	rams		
b	☐ Scholarly research		e	Other	,				
C	☐ Preservation for future generation	S							
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how t	hey further th	ne org	anization's exe	mpt purpo	ose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical trea	asure	s, or other simi	lar	
	assets to be sold to raise funds rather	r than to be mainta	ained as p	part of the	e organization	n's co	llection?	_ D Ye	s 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.						·		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:	_			
						L		Amount	
C	Beginning balance					10	;		
d	Additions during the year					1d	<u> </u>		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								s 🗌 No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been p	rovide	ed in Part XIII .		
Part									
	Complete if the organization						· · · · · · · · · · · · · · · · · · ·		
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
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		<u> </u>						
2	Provide the estimated percentage of		nd balanc	e (line 1g	, column (a))	held	as:		
а	Board designated or quasi-endowme	ent ▶	%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	·%							
	The percentages in lines 2a, 2b, and 2	2c should equal 10							
3a	Are there endowment funds not in the	e possession of the	he organi	zation the	at are held ar	nd ad	ministered for t	he	
	organization by:								Yes No
	(i) unrelated organizations					-		3a(i)	
	(ii) related organizations					•	<i>.</i>	3a(ii)	
b	If "Yes" to 3a(ii), are the related organ					•		. [3b]	L
4	Describe in Part XIII the intended use		on's endo	owment for	unds.				
Part									
	Complete if the organization	n answered "Yes	" to For		·			, Part X, I	ine 10.
	Description of property	(a) Cost or o			or other basis ther)		Accumulated epreclation	(d) Boo	k value
1a	Land								
b	Buildings								
C	Leasehold improvements		95,716				49,985		45,731
d	Equipment		12,884				6290		6594
е	Other		66,543				25,819		92,362
Total	Add lines 1a through 1e. (Column (d) r	must equal Form 9	90 Part	X column	(R) line 10/	~)]			144 687

Part VII	Investments – Other Securities. Complete if the organization answered "\	Ves" to Form 00	00 Part IV line	11h See Form (200 Part V line 12
	(a) Description of security or category		(b) Book value		od of valuation:
	(including name of security)			Cost or end-	of-year market value
(1) Financial					
, ,	neld equity interests				
(3) Other(A)					
(B)					
(C)				······································	
(D)					
(E)					
(F)					
(G)					· · · · · · · · · · · · · · · · · · ·
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)			<u> </u>	
Part VIII	Investments—Program Related. Complete if the organization answered "\	Ves" to Form 00	O Port IV line	11a Saa Farm (000 Port V line 12
	(a) Description of investment		b) Book value		od of valuation:
	tal beautiful of investment	,	D) DOOK VAIGE		of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			-		
(9)					
Total (Column	b) must equal Form 990, Part X, col. (B) line 13.) ▶				J = 1 + 1,5 +
Part IX	Other Assets.			· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered ")		00, Part IV, line	11d. See Form !	
	(a) Description	on			(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)		-	•		
(7)					
(8)					
(9)	4) 15 200 D-+ V 1 (D) I'-				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	<u> </u>	· · · · · •	
Fartx	Complete if the organization answered "\	Yes" to Form 99	0 Part IV line	11e or 11f See	Form 990 Part X
	line 25.		,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, om 550, i are 7,
1.	(a) Description of liability (b)) Book value	7	-	
(1) Federal in	ncome taxes] ,		
(2)]	,	· ·
(3)			_	•	• ,
(4)				i	a
(5) (6)		···	-		
(7)			-{		
(8)		·	†		
(9)			1 '	, ,	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		7	- "	
2. Liability for	uncertain tax positions. In Part XIII, provide the tex	t of the footnote to	the organization	s financial statemer	nts that reports the
organization'	s liability for uncertain tax positions under FIN 48 (A	SC 740). Check he	ere if the text of th	e footnote has beer	provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial Statem			Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	479,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a]	
b	Donated services and use of facilities	2b]	
C	State of the state	2c]	
d	· · · · · · · · · · · · · · · · · ·	2d			
е	· · · · · · · · · · · · · · · · · · ·			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a		1.	
to		4b]	
_C				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	479,655
Par	Reconciliation of Expenses per Audited Financial States			er Return.	ı
	Complete if the organization answered "Yes" to Form 990, I			1". 1	
1	Total expenses and losses per audited financial statements			1	412,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a		2a		1 1	
b		2b	 	4 `	
C		2c		1 1	
d		2d		<u> </u>	
e				2e	
3	Subtract line 2e from line 1	i . i	· · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	14-			
a		4a		-	
b		4b		+ 4-	
5	Add lines 4a and 4b			4c 5	440.407
	t XIII Supplemental Information.		<u> </u>	1.3	412,127
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part I	IV lines 1h and 2l	o Part V Ju	e 4: Part X line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Orga	nization leases a landmarked four-storey building from the City of New York on	renewable	10-year leases, w	ith the next	due in 2020.
The (organization is responsible for capital improvements, repairs and maintenance or	of 2 boilers	s, electric and plun	nbing, sewer	s, as well as
grou	nds. The organization coordinates with the City on the organization schedule of	capital in	vestment, leasehol	d improvem	ents,, and also
pays	gas utilities for the 110-year old landmark building. Amounts of spending vary	based on r	needs, such as rep	airs from Hu	irricane Sandy
dama	ge, which the organization pays.	*			
		-+			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Staten	Island Ballet Theater	Inc.						1						
Par	Excess Bene	fit Transaction						anizations only). a or 25b, or For		0-FZ	Part	V. line	40b	
1	(a) Name of disqualified		(b) Relationship b		disqualified		11.0 20	(c) Description					(d) Cor	rected?
(1)				-						-	-		Yes	No
(2)									 -			····		
(3)	······································							 						
(4)														
(5)										-				
(6)														
3	Enter the amount under section 4958 Enter the amount o	3							ring ti · ·	he ye ! !	ar > \$	5 5		
Part	Complete if th	/or From Interne organization eported an am	answered "Ye	s" on				38a or Form 99	90, Pa	rt IV,	line 2	6; or	f the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In c	lefault?	by bo	proved pard or nittee?		ntten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1) F	Paul Tharp	Officer	expenses	1		19	7,940	251,400		✓	1	<u> </u>	✓	
(2)														
(3)												L		
(4)				ļ					<u> </u>		<u> </u>	 		
(5)		<u> </u>		ļ					ļ	<u> </u>		<u> </u>		
<u>(6)</u>		 			+				 	ļ		 		
<u>(7)</u>		 		 	+				 	ļ		 		
(8) (9)									-	-	-	├		
10)		 		 -	1			 				 		
otal			L	ш			.▶ ;	251,400	 	L		i		
Part	Grants or Ass	sistance Bene ne organization	fiting Interest	ed Pe	rsons.									
(a)	Name of interested persor		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistanc	е	(e)	Purpo	se of a	ssistan	ce
(1)							ļ							
(2)					·····		ļ			<u> </u>				
(3)							ļ							
(4)										ļ <u>.</u>	· - · - · ·			
(5)														
(6)					<u> </u>		-			ļ				
(7) (8)														
(9)	<u> </u>													
10)		- 					ļ			 		-		

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)	·					
(2)						<u> </u>
(3)	···					
(5)						
(6)	——————————————————————————————————————					
(7)						
(8)						
(9) (10)					_	
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
Paul Tharp	, Executive Director, and a co-fou	nder of the organization, provi	ided a line of credit o	of up to \$180,000 in 2012 for the o	rganizatio	on
to cover en	nergency costs and unexpected d	leficits due to devastation of H	urricane Sandy in la	te 2012, causing several deaths a	nd wreck	ing
the local ed	conomy, leaving in excess of \$1 b	illion in damages and losses.	The local economy is	s still recovering, causing a serior	us impac	t on
arts in the	community. The line of credit, gua	aranteed and secured by Paul I	harp through Santar	der Bank, was provided interest-	ree	
to the orga	nization, and is repayable on dem	nand with notice to the Broad o	of Directors. There is	no expectation of default, due to	liberal	
terms in re	payment scheduling and continui	ng forbearance during the eco	nomic setback to th	e local economy.		
The line of	credit has increased to \$251,400,	fully documented in banking a	and financial records	detailing all sources of funds an	d deposi	ts.
Several em	ergenecy loans made by the direc	ctor to the organization in FY 2	014 ended May 31, 2	2014, to cover expeses and building	g repairs	s,
had been u	nintentionally omitted from Quick	sbooks data entry in a bookkee	eper's apparent over	sight. The omissions were discov	ered	
in audit rev	iews received by the organization	n earlier in 2016, about one yea	er after the filing of F	Y 2014 made in April 2015 when t	he	
organizatio	n was without auditor representa	tion due to circumstances des	cribed previously in	Schedule O reports in 2013, 2014	and 201	5
	_					
			·			
	·	***************************************			***	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number 13-3759761

Island						13-3759761
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance, and the grants or assistance.	and Assistance substantiate the amore	unt of the grants or	assistance, the g	rantees' eligibility f	or the grants or assistance	X
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monitoring	the use of grant fu	nds in the United	States.		· · · · · · · · · · · · · · · · · · ·
Part II Grants and Other Assistance to Government	Governments and	Organizations	in the United S	tates. Complete i	f the organization answ	ts and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
(a) Name and address of organization (b) EIN (c) IRC se	nat received more to	nan \$5,000. Part	(e) Amount of non-	(f) Method of valuation	nore than \$5,000. Part II can be duplicated if additional space is needed. ction (d) Amount of cash (e) Amount of non- (i) Method of valuation (g) Description of	(h) Purpose of grant
	ıf applicable	grant	cash assistance	(cook, riviv, appraisal, other)	non-cash assistance	or assistance
(1)						
(2)						
(3)	!					
(4)						
(5)						
(9)	_					
				=.		
ω						
(8)						
(6)						
(10)						
(11)						
(12)						
2 Enter total number of section 501(c)(3) and government or	government organiza	rganizations listed in the line 1 table	ine 1 table			_
3 Enter total number of other organizations listed in the line	isted in the line 1 table					A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Fo	Schedule I (Form 990) (2013)	Pa A
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	1
	Part III can be duplicated if additional space is needed.	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educat	1 Educational Grant	1	6405			
8						
က						
4						**************************************
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.

developing ballet arts skills. The Staten Island Ballet supported the grant as one of the numerous components of the Staten Island Ballet's diversity mission in place its founding in 1993. Michael Mao Dance Company, based at City Center, Manhattan, created a training program for young dancers of minority groups - Hispanic, African-American et al. - to assist them in

Schedule I (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection **Employer identification number**

Staten Island Ballet Theater Inc.	13-3759761
[A.] NOTES for Form 990 specific item comments, and additional [B.] NOTES to describe changes on 6	pages in amended version herein.
[A.] Part IV Line 1a. The organization's auditor for the prior 5 years resigned abruptly in 2014 despite h	is pre-paid engagement. That left our
auditor reports unfinished for both FY13 and FY 14, as earlier reported by the organization. Following	multiple interviews of CPAs, the Board
of Directors engaged a new auditor in 2015, Arlia & Assiociates, 10 Jefferson Blvd, S.I., NY 10312, to co	onduct reviews of FY13 and FY14 which
were made available on May 15, 2016. Our 990 reports for both years, as reported earlier, were filed on	time stipulating pending completion
of auditor reports. The completed auditor report for FY2014 is submitted herein in an amended return f	iled on this date May 19, 2016.
Despite our reasonable, best efforts, our financial reports and data were mired 1-1/2 years in an audito	or's abandonment of a contract.
Part VI Section B Line 12 a - 14	
The Board and its finance committee review a draft Form 990 at the organization's office in special median	etings. At these discussions,
members discuss the finances in the context of its mission and our written governance polices, e.g. , o	conficits, ethics, whistlet blower,
discrimination. All material records are stored electronically on external 3T hard drives; paper copies a	are used as needed for internal reports
and reliable access for public and regulatory queries.	
	•
Part VI Section C Line 19	
The organization regularly posts notices on its website and in publicity material, as well as in other pul	blic reports, that its records are
available on demand, and also through free, third-parry websites that monitor charities, where are reco	ords are in repository via public record
archives.	
Part VI Section A Line 2 Paul Tharp, the unpaid executive director, is spouse of Artistic Director Eller	n Tharp, who is the daughter of
a co-founder Janet Rubich, an unpaid board member and volunteer. The Tharps and Mrs. Rubich were	among 6 original co-founders of the
organization in 1993 to serve the public in the spirit of civic responsibility, without personal financial g	ain as per all annual IRS reports.
Part X Lines 2a 2c.	
By reference see the above note Part VI Section B Line 12 a - 14	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Staten Island Ballet Theater Inc.	Employer identification number 13-3759761
[B.] NOTES on changes in Amended Form 990 for FY 2014, ended May 31, and changes in Schedule A, Sch	nedule D, Schedule L, Schedule O
Revisions are primarily a result of the absence of auditor support for 1 1/2 years to remedy a prior auditor	s abdication of a signed contract.
Form 990: Several revisions, all due to audit lapses and bookkeeper error, appear on 6 pages, reflecting up	odated reconciled information.
Part I: Line 8 (Part VIII, line 1h) Contributions: Revised to \$157,091 from \$169,198 due to reclassification	of a loan incorrectly reported
as "revenue" instead a liability; hence, changes were made in related Revenue fields, e.g. Line 12 (Part VIII	,Colum (A), line 12)
Part I, Expenses: Lines 13, 15, 17, 18, 19 (related to Part IX, column (A), Lines 1 - 25); the amount in Lin	e13 was incorrectly reported due to
aggrated duplicate expenses, resulting in amended revisions in other expense fields, e.g., Line 15, Line 17	Line 18 was impacted by the
duplicated expenses due to inadvertent errors by a temp bookkeeper, which were discovered in subseque	nt reconciliations of Quickbooks
and banking data following new auditor's review, as well as the repair to incomplete Quickbooks file event	ually recovered from prior auditor.
Part 1, Assets/Fund Balances: Line 20 (Part X line 16) incorrectly recorded total assets due to an incorr	ect classification of approximately
\$113,731 in leasehold improvements as an "expense" instead of an asset, thus reflecting an inadvetent bu	t significant distortion of Part X
Balance Sheet.	
Part III, Line 4a: Expenses and Revenue were revised to reflect corrected fields where they appear thro	ughout the amended report.
Part IV, Checklist of Required Schedule: Line 12a, amended from "No" to "Yes" reflecting submission of	of an auditor's review.
Part IX, Statement of Functional Expenses:Several minor revisions made to reclassify entries made ina	dvertently in data entry.errors
The Board's Finance Committee, upon auditor consultation and reconciliation of amenial data entry errors	, believes the amendeded revisions
were non-material in nature.	•••••
Part XI, Reconciliation of Net Assets: Expenses and Revenue were revised to reflect corrected fields v	where they appear throughout the
amended report.	
Part XII, Financial Statements and Reporting: Line 2a;amended from "No" to "Yes" reflecting submission of	f an auditor's review.
Schedule A, Part III, Support Schedule of Orgnizations in Section 509 (a)(2): Section A and Section B; Expe	nses and Revenue were revised to
reflect corrected fields where they appear throughout the amended report.	
Schedule L, Transactions With Interested Persons: Loan by director amended, showing omitted QB data er	ntries; balance \$251,400 vs. 193,882
Schedule D, Supplemental Financial Information, Part VI : Due to prior incorrect classification of approxim	ately \$113,731 in leasehold
improvements as an "expense" instead of an asset, as well as the inadvertent placement of other expense	es in incorrect Schedule D fields,
all fields in Schedule D were amended to reflect correct and accurate entries.	Schedule O (Form 990 or 990-EZ) (2013)