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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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public

Department of the Treasury

Inter	nal Revenue	Service							inspection
A	For the 2	2013 calenda	r year, or tax year be	ginning 7/	01	, 2013, and endin	<b>g</b> 6/3		, 2014
В	Check if app	plicable C						D Employer Ide	entification Number
	Addres	s change P	rinceton Ball	et Societ	У			21-073	2575
	Name		.O. Box 250		-			E Telephone nu	umber
	Initial r	return N	ew Brunswick,	NJ 08903				(732)	249-1254
	Termin	nated						(.02)	
	$\vdash$	ded return						G Gross receipt	s\$ 3,819,364.
	$\vdash$	<u> </u>	Name and address of pri	ncinal officer			H(a) Is this	a group return for	
	Пурысс	, ,	·	•			,		
	Tay ayan		ame As C Abov X 501(c)(3)   501(c)		unaart na )	4947(a)(1) or 527	If 'No,'	subordinates inclu attach a list (see	instructions)
<u>'</u> J			<del></del>		insert no )	4947(a)(1) or 527			•
	Websit		.arballet.org	T	<b> </b>	[1		exemption number	
K			Corporation Trust	Association	Other -	L Year of format	ion 195	4 W State	of legal domicile NJ
Pa	rt I	<u>Summary</u>			<del>,,</del>	<u> </u>			
	<b>1</b> Bri	etly describe	the organization's n	nission or most	significant act	Princeto	<u>n_Ball</u>	<u>et_Socie</u> t	ty's mission is
93						<u>lscipline_of_</u>			
an	<u>d</u> a	ance_to_!	<u>New Jersey an</u>	<u>d beyond </u>	through a	<u>rtistic and eq</u>	<u>lucatio</u>	<u>nal prog</u>	<u>rams</u>
Governance	• 5		<b>, -</b>					50/-7-5-5	
Š			ng members of the g			ons or disposed of mo	ore than 2		
8			pendent voting mem					3	
Activities &			f individuals employe	-				5	
Ξ			f volunteers (estimat			. <b>v</b> , mic 2a)		6	
ç			business revenue fr	= :		12		7	
			ousiness taxable inco					7	
							P	rior Year	Current Year
	8 Co	ntributions a	nd grants (Part VIII,	line 1h)				662,228	
			e revenue (Part VIII,					2,641,486	
Revenue		_	ome (Part VIII, colun		4, and 7d)		_	8	
Revenue	l		(Part VIII, column (A			d 11e)		81,970	
	l		- add lines 8 through	• •			3	3,385,692	
			nilar amounts paid (F			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
•	l		o or for members (Pa						
	l	-	compensation, emp			n (A), lines 5-10)	1	,784,894	. 1,980,427.
es	ł		ndraising fees (Part	-		( ),	<u> </u>	., .01,031	1,300,12
Expenses			=						<del></del>
Expe			ng expenses (Part IX			138,129.			
			s (Part IX, column (A					.,398,299	
	<b>18</b> To	tal expenses	Add lines 13-17 (m	ust equal Part	IX, column (A)	, line 25)	3	3,183,193	3,647,386.
	<b>19</b> Re	venue less e	expenses Subtract li	ne 18 from line	12			202,499	. 72,465.
8 6					<b>I</b>	KECEIVE	Beginnii	ng of Current Ye	ar End of Year
Assets of Balance	<b>20</b> To	tal assets (P	art X, line 16)		i i	NECEIAE		,665,006	. 2,095,358.
A P	<b>21</b> To	tal liabilities	(Part X, line 26)		100	`		, 373, 476	. 1,720,782.
Net /	<b>22</b> Ne	et assets or fo	und balances Subtra	act line 21 from	line 20	6 JAN 122(	315	291,530	. 374,576.
Pa		Signature			1	-	12		.,,
				is return, including a	ccompanying sched	ules and statements Dahd to	the/Best of n	v knowledge and	helief it is true correct, and
com	plete Declar	ration of prepare	r (other than officer) is base	ed on all information	of which preparer h	as any knowledge.	ויייייייייייייייייייייייייייייייייייייי	Niowicage and	belief, it is true, correct, and
			hat I DAK I I IA	- N				-	
Sig	ın	Signature	of officer	3 N			Da	ate	
He	re	Vanes	ssa Logan	U			Exec	utive Dir	rector
			rint name and title		. 0	2	Linco	derve bir	
		Print/Type pre	parer's name	Rreparer's A	gpature	Date		Check If	PTIN
D-	:	1	•	Scot D.	Pannepa ker	m		self-employed	P00216902
Pa			Pannepacker, CPA		· Familehacker	, CFA		3en-employed	11 00210302
	eparer e Only	Firm's name	Lear & Panne					Firm's FIN ► 2	22 2047255
U3	Conny	Firm's address			<del></del>				22-2947255
	. H- 150	1	Princeton, N	<del> </del>		vet a pa		Phone no (6	09) 452-2200
			return with the prep						X Yes No
BA	A For Pa	aperwork Red	duction Act Notice,	see the separat	e instructions	TE	EA0113L 11	/08/13	Form <b>990</b> (2013

Pa	till Statement of Program Se	nice Accomplishments	21-0	132315	Page Z
Lai	<del></del>	response or note to any line in this Part III			X
1	Briefly describe the organization's miss		<del></del>		
		's mission is to bring the joy, bea	autv. artist	rv and	
		and contemporary dance to New Jerse			jh
	artistic and educational			. <b></b>	
2		cant program services during the year which were not listed	on the prior		
	Form 990 or 990-EZ?			Yes	X No
3	If 'Yes,' describe these new services or			П v.	[FF]
3	If 'Yes,' describe these changes on Sci	or make significant changes in how it conducts, any pr	ogram services?	Yes	X No
4		ervice accomplishments for each of its three largest pro-	nram services as i	measured by	/ AYNANSAS
	Section 501(c)(3) and 501(c)(4) organizat	ions and section 4947(a)(1) trusts are required to report the e, if any, for each program service reported	amount of grants ar	nd allocations	to
4 8	(Code ) (Expenses \$	1,954,561. including grants of \$	) (Revenue	\$ 2.1	89.204.)
	<del></del>		<del></del>		
				· <b></b>	
					<del></del>
				- <b>-</b>	- <i>-</i>
					- <b></b>
41	(Code ) (Expenses \$	959,718. including grants of \$	) (Revenue	\$ 4	67,722.)
	0 0 . 1 . 1 . 0				-1
					<b>-</b>
				- <b></b>	
					<b>-</b>
					<b>-</b>
	: (Code. ) (Expenses \$	156,768. including grants of \$	) (Revenue		55,393.)
41	See Schedule O	136, 766. Including grants of \$\psi\$	/(nevenue	Y1	.55,595.
	zee_zcuedate_o			<b></b>	
					<b></b>
	Other program convece (December )	Schodulo ()			
4 (	d Other program services (Describe in S (Expenses \$		venue \$		)
	e Total program service expenses ►	3,071,047.	70.100 ¥	<del></del>	
BAA		TEEA0102L 07/02/13		Fo	rm <b>990</b> (2013)

	,		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	و "	*	
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <sup>9</sup> If 'Yes,' complete Schedule D, Part VI	11 a	Х	-
ŀ	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	11 b		Х
•	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	11 c		Х
•	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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	-	X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 :	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	X
	a 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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	Х	_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t	l	<u>L</u>
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Form 990 (2013) Princeton Ballet Society

Part IV \*Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a</i>	24a		Х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	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		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 so, complete Schedule L, Part II	26	х	
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		Х
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)			ا ا
:	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u> </u>	X
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
(	c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<del> </del>	X
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X_
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		ļ <u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	n <b>990</b>	(2013)

Form 990 (2013) Princeton Ballet Society 21-07325	575	F	Page <b>5</b>
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			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	L8		<del></del> -
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		;
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť		
(gambling) winnings to prize winners?	1 c		Х
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return  2 a 1.	<b>—</b>	ļ	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	ļ	ļ
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country		1	1
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		<del>                                     </del>	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<del></del>	<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		1	<del> </del>
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		<u> </u>
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	<del></del>	ļ
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 5	<u> </u>	
10 Section 501(c)(7) organizations. Enter		1	
a Initiation fees and capital contributions included on Part VIII, line 12		1	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		1	
11 Section 501(c)(12) organizations. Enter			
a 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 ).			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	
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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	1
Note. See the instructions for additional information the organization must report on Schedule O		1	
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  5 Story the amount of response on head	$\dashv$	]	
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?	14 8		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	141	-	+^
uni res, has it lieu a rotti 720 to report triese payments. Il 140, provide an explanation in Schedule C	141	<b>7</b> 1	1

Form 990 (2013) Princeton Ballet Society 21-0732575 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 h 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule 0 Х 12 c Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15 a a The organization's CEO, Executive Director, or top management official 15 b X **b** Other officers of key employees of the organization See Schedule O If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to See Schedule 0 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Society 7 Livingston Ave, 4th Floor, PO Box 250 New Brunswick NJ\_089 Form 990 (2013) TFFA0106L 07/02/13

## 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

- 1 a 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 in	or any rela	ted org	ganız	atio	n co	mpens	ated	d any current officer, di	rector, or trustee		
				(C	)						
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W-2/1099 MISC)	from the organization and related organizations	
(1) Marie Mascherin	11	ļ								_	
Chair	0	X	Щ	X				0.	0.	0.	
(2) Sharon Taylor	1	ļ	'							•	
Trustee	0	X						0.	0.	0.	
(3) Joan Barry McCormick	1	ļ								0	
Committee Chair	0	X		Х				0.	0.	0.	
_(4)_Peter_Gerry	11	٠,						_	0.	0.	
Trustee	1	X					-	0.	<u> </u>	<u>.</u>	
(5) John V. Phelan	\ <del>\</del>	X	l					0.	0.	0.	
Committee Chair (6) Melissa Marschner	1	<u> </u>	<u> </u>				┢	<u> </u>	<u> </u>	<u> </u>	
Trustee	<del>-</del>	x						0.	0.	0.	
(7) Jo-Ann Munoz	1	1	$\vdash$				-				
Secretary	1	x		Х			l	0.	0.	0.	
(8) Judy Zocchi	1		İ				1				
Trustee	0	T X						0.	0.	0.	
(9) Nancy MacMillan	1				l						
Trustee	7-0-	X						0.	0.	0.	
(10) Christine Chen	40										
Executive Dir.	0	X					<u> </u>	49,442.	0.	0.	
(11) Charles Metcalf	1										
Gov. Chair	0	X			<u> </u>			0.	0.	0.	
(12) Patrick Bradley	1_1_	1									
Vice Chair	0	X		X	<u> </u>			0.	0.	0.	
(13) Robin Moscato	1	1				1		_	_	_	
Treasurer	0	X	—	X		<u> </u>		0.	0.	0.	
(14) William Daley, MD	11	ļ								_	
Trustee	0	X	L	<u> </u>			<u> </u>	0.	0.	0.	

Page 8

Part VII   Section A. Officers, Directors, Trus	tees, I	Key	Em	ıplo	oye	es, a	anc	l Highest Com	pensated Emp	oyees	(contin	ued)
	(B)			((								
(A) Name and title	Average hours per	box	, unte	check ess pe	erson	than is both or/trus	າ an	(D) Reportable	(E) Reportable	Es	(F) timated	
	week	<del></del>	_				_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	comp	oensation	
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	( 2	( = 1022	and	nization related	
	related organiza - tions	ual tr	<u>a</u>		ploy	ee	`			orga	nization:	s
	below dotted	uste	2		8	pens						
	line)	"	8			ated						
(15)					-					-		
(16)		-										
(17)	<del> </del>		-		<u> </u>							
	<b>-</b>	<u> </u>										
(18)												
(19)												
(20)												
(21)											-	
(22)		-		-			-			!		
(23)												
(24)		1	$\vdash$	-	$\vdash$		┢			-		
		1	ļ_	-		<u> </u>	_					
(25)												
1 b Sub-total			-	-			<b>&gt;</b>	49,442.	0.			0.
c Total from continuation sheets to Part VII, Section	n A							0.	0.	ļ		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited t	o thosa l	lictod	aho	wa)	who	recei	hev	49,442.	0.	ensation	<u> </u>	0.
from the organization • 0	0 (11056)	iisteu	abo	(VC)	WIIO	16001	IVCU	more than \$100,00	of reportable comp	3011301101		
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or tru <i>individu</i>	ıstee <i>ıal</i>	, ke	y er	nplo	yee,	or h	nighest compensa	ited employee	3		X
4 For any individual listed on line 1a, is the sum of it the organization and related organizations greater	reportab than \$1	le co 150,0	mp	ensa If '	atior <i>Yes</i> '	and com	l oth	ner compensation te Schedule J for	from			.,
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accrue</li></ul>	comper	nsatio	on fi	rom	any	unre	elate	ed organization or	ındıvıdual	4		X
for services rendered to the organization? If 'Yes, Section B. Independent Contractors	' comple	ete S	che	dule	Jto	or su	ch p	person		5		X
Complete this table for your five highest compens compensation from the organization. Report compens.	ated ind	leper	nden	nt co	ntra	ctors r end	s tha	at received more to	than \$100,000 of	r		
(A) Name and business addre					<u>,</u>			(B Description	)		C) insatio	n
George Comfort + Sons, Inc. 200 Madison Ave	nue Ne	w Yo	ork,	, N	Y 10	016		Princeton Fac	cility			
2 Total number of independent contractors (including but		nited 1	to th	ose	lıste	d abo	ove)	who received more	e than			
\$100,000 of compensation from the organization	0	TEFA	0100		/11/1					Form	990 (	(2013)

	Check if Schedule O contains a response or note to any	line in this Part VII	II		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above q Noncash contributions included in lines 1a-1f \$				
S S	h Total. Add lines 1a-1f	821,667.			
<u>E</u>	Business Code				
RVICE REVEN	2a School b Performance c Education/Outreach	2,189,204. 467,722. 155,393.	2,189,204. 467,722. 155,393.		
ROGRAM SE	e f All other program service revenue g Total. Add lines 2a-2f	2 012 210			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	2,812,319.			145.
	(i) Real (ii) Personal  6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
J	c Net income or (loss) from fundraising events	79,268.			-
	9a 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  b Less cost of goods sold  b				
	c Net income or (loss) from sales of inventory				ļ
	Miscellaneous Revenue  11a Miscellaneous Revenue  b Realized Gain	5,448. 1,004.	5,448. 1,004.		
	d All other revenue				<del> </del>
	e Total. Add lines 11a-11d	6,452.			
	12 Total revenue. See instructions	3,719,851.	2,818,771.	0.	145.

#### 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 (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 49,442 40,542 5,439 3,461. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0 0 7 Other salaries and wages 142.758 97,272. 1,590,452 1,350,422 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 113,398 10,782 7,329. Other employee benefits 131,509 Payroll taxes 177,294 18,890 12,840. 10 209,024 11 Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees q Other (If line 11g amt exceeds 10% of line 25, column 73,033 1.435. 179,548 254,016 (A) amount, list line 11g expenses on Schedule (1) 85,256. 129,741 11,123 Advertising and promotion 226,120. 6,368 11,073. 850 Office expenses 18,291. 13 14 Information technology Royalties 15 24,091 308,010 Occupancy 332,101 729. 38,913 36,223 1,961 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 9,567 Depreciation, depletion, and amortization 74,188 64,621 15,550 11,508 23 Insurance 4,042. Other expenses Itemize expenses not 24 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) 272,097 268,663 2,604 830 a Technical & Production \_ 196,955 164,965 30,295 695 b Other Operating Expenses 174,815 174,815 c Scholarships 35,854 35,854 d Bad Debt Expense <u>10,953</u> 565. 16,541 28,059 e All other expenses 3,647,386 3,071,047. 438,210. 138,129. 25 Total functional expenses. Add lines 1 through 24e 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 ► ☐ If following SOP 98-2 (ASC 958-720) Form 990 (2013) **Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 148,453. 114,202 Cash - non-interest-bearing 2 157,664. 2 107,552 Savings and temporary cash investments 87,467. 3 116,487. 3 Pledges and grants receivable, net 4 276,745. 10,666 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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 Notes and loans receivable, net 8 Inventories for sale or use 9 117,069. Prepaid expenses and deferred charges 50.578 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,280,<u>193</u> 10 b 1,231,750 10 c 1,207,058. **b** Less accumulated depreciation 1,073,135 11 11 Investments - publicly traded securities. 38,977 49,664. 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 11,176 9,580. 15 15 Other assets See Part IV, line 11 12,638 12,638. 16 2,095,358. Total assets. Add lines 1 through 15 (must equal line 34) 1,665,006 16 Accounts payable and accrued expenses 17 31,888. 17 52,316. Grants payable 18 18 19 Deferred revenue 762,589 19 1,137,212 20 20 Tax-exempt bond liabilities LIABILITIES 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 558,571 551,682 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 26 1,720,782. Total liabilities. Add lines 17 through 25 1,373,476 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 161,157. 27 Unrestricted net assets 158,661 28 28 Temporarily restricted net assets 35,000 65,000. 29 Permanently restricted net assets 97,869 29 148,419 P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 374,576. Total net assets or fund balances 291,530 34 34 Total liabilities and net assets/fund balances 1,665,006. 2,095,358.

BAA

Form **990** (2013)

Form	1 <b>990</b> (2013) Princeton Ballet Society	<u> 21-0732575</u>	P	'age 12
Par	t XI Reconciliation of Net Assets			
	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	3,719,	851.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,647,	386.
3	Revenue less expenses Subtract line 2 from line 1	3	72,	465.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	291,	530.
5	Net unrealized gains (losses) on investments	5	10,	581.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	374,	576.
Pai	形图 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 X Accrual Other		1	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		.	1
	in Schedule O		,	
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
ı	Were the organization's financial statements audited by an independent accountant?		2 b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	eparate		4
	basis, consolidated basis, or both	•		
	X Separate basis Consolidated basis Both consolidated and separate basis		نَمْ ـ الــــــــــــــــــــــــــــــــــ	'
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $O$		Í	
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3a X	:
l	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b X	
BAA			Form <b>99</b> 0	0 (2013)

#### 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.

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

OMB No 1545-0047

Open to Public Inspection

Name o	ame of the organization Employer identification number												
Pri	Princeton Ballet Society 21-0732575  Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions												
Part		Reason for Publi	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	ns <u>truc</u> t	ions.		
The o	rga			e it is (For lines 1 throu									
1		A church, convention	of churches or assoc	iation of churches desc	ribed in	section	170(b)(	(1)(A)(i).					
2	X	A school described in	section 170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	.)								
3		A hospital or a coope	rative hospital service	e organization describe	d in sec	tion 170	(b)(1)(A	χiii).					
4	П	A medical research o	rganization operated	in conjunction with a hi	ospital c	lescribe	d ın <b>sec</b>	tion 170	)(b)(1)(A	<b>)(iii)</b> Er	nter the hos	pital's	5
		name, city, and state			:								. <b>_</b>
5		170(b)(1)(A)(iv). (Cor	nplete Part II )	college or university owner	•	-	-		unit des	cribed in	section		
6	Ш			vernmental unit describ									
7		in section 170(b)(1)(A	<b>\)(vi).</b> (Complete Par				ental uni	t or from	the gen	eral publ	lic described	d	
8	Ш			<b>0(b)(1)(A)(vi).</b> (Complet									
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10			'	xclusively to test for pu		-							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a ∏Type I b	Type II c	Type III - Function	nally inte	grated	•	ı ∏ t	Type III -	– Non-fi	unctionally	ıntegr	ated
е													
f		If the organization rece check this box	eived a written determin	nation from the IRS that is	s a Туре	I, Type	II or Typ	e III sup	porting o	rganızatı	ion,		
g		Since August 17, 200	6, has the organization	on accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	57		
												Yes	No
		(i) A person who depends the gove	directly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	din (II) a	and (III)	11 g (i)		
		(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about the	e supported organizatio	on(s)						L	l	
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in ) listed in verning ment?	(v) Did yo the organ column ( supp	ization in '	organiz colun organize	s the ation in in (i) ed in the S ?	(vii) Amoun sup	t of mor	netary
					Yes	No	Yes	No	Yes	No			
							1	1			1		
<u>(A)</u>	_						<u></u>						
(B)													
(5)					<del> </del>		-	<del> </del>	<b> </b>			-	
(C)													
(D)	_	`											
(E)													
					<del> </del>	-					_		
Total						<u> </u>				<u> </u>			

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)

Sec	tion A. Public Support									
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013		(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')					. <u></u>				
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	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support					<u></u>				
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 2013		(f) Total		
7	Amounts from line 4									
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	<b>Total support.</b> Add lines 7 through 10	£		1 / 11 / 7	1					
12	Gross receipts from related activ	vities, etc (see ins	structions)				12			
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nırd, fourth, or fifth	tax year as a section	on 501(c)(3)		<b>▶</b> □		
	tion C. Computation of Pu						1			
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)	).	-	14	<u>%</u>		
	Public support percentage from		,			L	15			
16 :	a 33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	e box on line 13, a organization	and the line 14 is 3	33-1/3% or m	ore, ch	eck this box		
ı	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pu	did not check a be ablicly supported	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or n	nore, c	heck this box		
17 a	17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organiz	es' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	re. Explain ir ted organizat	Part l' ion	V how the ►		
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a						
					9.0	hadula A /Fo	rm aan	or 990.F7) 2013		

21-0732575

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)

Sect	ion A. Public Support	-								
	ar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total			
1	Gifts, grants, contributions and membership fees									
	received (Do not include any 'unusual grants ')	262 122	107 074	F40 047	567,128.	689,400.	2,255,672.			
	Gross receipts from admis-	262,123.	187,074.	549,947.	301,120.	009,400.	2,233,012.			
	sions, merchandise sold or									
	services performed, or facilities furnished in any activity that is									
	related to the organization's					0 010 010	12 725 010			
	tax-exempt purpose Gross receipts from activities	2,942,533.	2,914,169.	2,514,368.	2,542,521.	2,812,319.	13,725,910.			
3	that are not an unrelated trade									
	or business under section 513						0.			
	Tax revenues levied for the organization's benefit and									
	either paid to or expended on									
5	its behalf The value of services or					-	0.			
_	facilities furnished by a									
	governmental unit to the organization without charge						0.			
6	Total. Add lines 1 through 5	3,204,656.	3,101,243.	3,064,315.	3,109,649.	3,501,719.	15,981,582.			
	Amounts included on lines 1,	0,202,000								
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.			
h	Amounts included on lines 2	· · · ·	<u> </u>	0.	<u> </u>		<u> </u>			
	and 3 received from other than									
	disqualified persons that exceed the greater of \$5,000 or									
	1% of the amount on line 13					,	_ ر			
_	for the year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
-	Public support (Subtract line	0.	0.	U.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.			
•	7c from line 6)						15,981,582.			
Sec	tion B. Total Support						<u> </u>			
Calen	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total			
-	Amounts from line 6	3,204,656.	3,101,243.	3,064,315.	3,109,649.	3,501,719.	15,981,582.			
10 a	Gross income from interest, dividends, payments received									
	on securities loans, rents,					1				
	royalties and income from similar sources		3,012.	9,052.	843.	1,149.	14,056.			
b	Unrelated business taxable		3,012.	3,002.						
	income (less section 511 taxes) from businesses									
	acquired after June 30, 1975						0.			
-	Add lines 10a and 10b	0.	3,012.	9,052.	843.	1,149.	14,056.			
11	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
12	regularly carried on Other income Do not include				<del> </del>	-	0.			
14	gain or loss from the sale of									
	čapital assets (Explain in Part IV)	91,692.	22,988.	11,509.	16,158.	5,448.	147,795.			
13	Total Support. (Add Ins 9,10c, 11 and 12)		<del></del>	3,084,876.	3,126,650.	3,508,316.	16,143,433.			
14	First five years. If the Form 990	is for the organiz			or fifth tax year as	s a section 501(c)	(3) ▶ □			
	organization, check this box and		Zovoontono							
<u>Sec</u>	tion C. Computation of Put Public support percentage for 2	013 (line 8 colum	n (f) divided by li	ne 13. column (f)	)	15	99.00 %			
16	Public support percentage from			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	16	98.76 %			
	tion D. Computation of Inv			e		111	30170			
					umn (f))	17	0.09 %			
18	20 0 00 9									
	19 a 33.1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33.1/3%, and line 17									
	is not more than 33-1/3%, chec	k this box and <b>sto</b>	op here. The orga	nization qualifies	as a publicly supp	ported organization	on X			
t	33-1/3% support tests — 2012. I line 18 is not more than 33-1/39	If the organization	did not check a l	box on line 14 or	line 19a, and line	16 is more than to	33-1/3%, and ► ☐			
20	Private foundation. If the organ									
BAA			TEEA0403L			chedule A (Form 9				

Schedule /	<b>A</b> (Form 990 or 990-l	EZ) 2013   🗜	Princeton	Ballet	Society		21-0732575	Page 4
Part IV	or 17b; and F (See instructi	I Informatio Part III, line 1	n. Provide 2. Also con	the expla	nations red s part for a	quired by Part II any additional in	, line 10; Part II, line 17a formation.	<u> </u>
		<b></b>		 	- <b></b>			 
	. – – – – – –		<b>-</b>					
							·	
	. <b></b>	<del></del> -						
<del>_</del>	· <b></b>	<b></b>						
	<del></del> -	<b></b>						
	<b></b>		<b></b>					
				<del></del>	<del>_</del>	· — — —	<b></b>	

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Pri	nceton Ballet Society		21-0732575
Par		or Advised Funds or Other Sim	
· =·	Complete if the organization ans	wered 'Yes' to Form 990, Part I	V, line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets organization's exclusive legal control?	neld in donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing that to tof the donor or donor advisor, or for	grant funds can be used only any other purpose conferring Yes No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, Part	V, line 7.
1	Purpose(s) of conservation easements held be	y the organization (check all that apply	·).
	Preservation of land for public use (e g ,		ervation of an historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
	Preservation of open space		
2	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
	Total number of conservation easements		2 a
	Total acreage restricted by conservation ease	ements	26
	Number of conservation easements on a cert		2 c
		· ·	
•	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/1//06, and not c	2 d
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished, or termi	nated by the organization during the
4	Number of states where property subject to cons		
5	Does the organization have a written policy r		ection, handling of violations,
6	Staff and volunteer hours devoted to monitoring,		asements during the year
7	Amount of expenses incurred in monitoring, insp	ecting and enforcing conservation easer	ents during the year
•	►\$	coming, and constantly conservation coordinates	
8	Does each conservation easement reported and section 170(h)(4)(B)(II)?	on line 2(d) above satisfy the requirem	ents of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repor include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue to the organization's financial stateme	and expense statement, and balance sheet, and nts that describes the organization's accounting for
Pai	Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical Treas swered 'Yes' to Form 990, Part	ures, or Other Similar Assets. IV, line 8
1:	a If the organization elected, as permitted und art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its final	neld for public exhibition, education, or res	n its revenue statement and balance sheet works of earch in furtherance of public service, provide, items
l	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its for public exhibition, education, or resear	revenue statement and balance sheet works of art, thin furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VII	I, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		►\$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar asses 116 (ASC 958) relating to these items	is for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, lir	ne 1	<b>►</b> \$
	<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2013 Prince				21-0/32		Page 2
Part III   Organizations Maintair	ning Collection	s of Art, Histo	rical Treasures, or	Other Similar Asse	ets (continu	ıed)
3 Using the organization's acquisition, items (check all that apply)	accession, and othe	er records, check ar	ny of the following that are	e a significant use of its c	:ollection	
a Public exhibition		<b>d</b> Loan d	or exchange programs	T.		
<b>b</b> Scholarly research		e 🗌 Other	<del></del> -			
c Preservation for future genera	tions					
4 Provide a description of the organiza Part XIII	tion's collections ar	id explain how they	further the organization's	exempt purpose in		
5 During the year, did the organizati to be sold to raise funds rather that	an to be maintaine	d as part of the o	rganization's collection?	<b>'</b>	Yes	No
Fart Wall Escrow and Custodial line 9, or reported an a	Arrangements mount on Forn	. Complete if t n 990, Part X,	he organization ans line 21.	swered 'Yes' to For	m 990, Pari	t IV, ———
1 a Is the organization an agent, trust on Form 990, Part X?				er assets not included [	Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII and co	mplete the followi	ng table		A	
D					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				11		
<ul><li>f Ending balance</li><li>2 a Did the organization include an an</li></ul>	acust on Form 99	Dart V June 212			Yes	No
<b>b</b> If 'Yes,' explain the arrangement i		•		ın Part XIII	[	
D- My E-1			amend Weet to For	cm 000 Dort IV/ Iva	2 10	
Part V = Endowment Funds. Co					(e) Four year	re back
1 a Beginning of year balance.	(a) Current year	(b) Prior year	(c) Two years back	(u) Three years back	(e) rour year	13 Dack
<b>b</b> Contributions					+	
<b>b</b> Continuations					+	
c Net investment earnings, gains, and losses					<u> </u>	
d Grants or scholarships					ļ	
Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the current year	ar end balance (lin	ne 1g, column (a)) held	as		
a Board designated or quasi-endowme	nt ►					
<b>b</b> Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
c Temporarily restricted endowment		<del></del> %				
The percentages in lines 2a, 2b, a	and 2c should equa	al 100%				
3 a Are there endowment funds not in thoroganization by	e possession of the	organization that a	are held and administered	for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related or	rganizations listed	as required on So	chedule R?		3b	
4 Describe in Part XIII the intended	-				<u></u>	
Part VI Land, Buildings, and E			······································			
Complete if the organia		d 'Yes' to Forn	n 990, Part IV, line	11a. See Form 990	ວ, Part X, Ir	ne 10.
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue .
1 a Land			56,100.	CARL ASSESSMENT	5€	5,100.
<b>b</b> Buildings			863,236.	259,253.	603	3,983.
c Leasehold improvements			745,001.	329,328.	415	6,673.
<b>d</b> Equipment			294,615.	280,665.	13	3,950.
e Other			321,241.	203,889.		7,352.
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X,		<b>•</b>		7,058.
ΒΔΔ	·	<del> </del>		Sched	ule <b>D</b> (Form 99	

Complete if the organization answered 'Yes' to Form	990, Part IV, line 11e or	11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		1
(6)		
(7)		
(8)		
(9)		
(10)		,
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	·	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot	e to the organization's financi	al statements that reports the 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) 2013 Princeton Ballet Society		-07325	5/5 Page 4
Part XI . Reconciliation of Revenue per Audited Financial Staten		turn.	_
Complete if the organization answered 'Yes' to Form 990	), Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	3,829,947.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains on investments	2a 10,582.	!	
<b>b</b> Donated services and use of facilities	2 b	1 1	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII) See Part XIII	2d 99,514.		
e Add lines 2a through 2d		2 e	110,096.
3 Subtract line 2e from line 1		3	3,719,851.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		}	
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
<b>b</b> Other (Describe in Part XIII )	4 b	1	
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,719,851.
Part XII Reconciliation of Expenses per Audited Financial State	•	Return.	•
Complete if the organization answered 'Yes' to Form 990	J, Part IV, line 12a.		2 746 000
1 Total expenses and losses per audited financial statements		1	3,746,900.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	4	
<b>b</b> Prior year adjustments	2 b	1.1	
c Other losses	2c	. :	
d Other (Describe in Part XIII) See Part XIII	2d 99,514.		
e Add lines 2a through 2d		2 e	99,514.
3 Subtract line 2e from line 1	1 1	3	3,647,386.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	<b>↓</b>	
b Other (Describe in Part XIII ) c Add lines 4a and 4b	4 b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	3,647,386.
Part XIII Supplemental Information.		1	3,047,300.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also  Part V, Line 4 - Intended Uses Of Endowment Fund	nd 4, Part IV, lines 1b and 2b, Par complete this part to provide any	t V, , addition	al information
Fund was established for scholarships	~		
	~		
BAA		Schedule	<b>D</b> (Form 990) 2013

#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Open to Public Inspection

Employer identification number

	nceton Ballet Society 21-0732575	_		
Par	tl		·	
		r	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, oth governing instrument, or in a resolution of its governing body?	er 1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Part II	3	x	-
	Statements are made in brochures and printed advertisements			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	X	
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	41	X	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	40		
•	Copies of all material used by the organization or on its behalf to solicit contributions?	4 0	1 X	
	If you answered 'No' to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
á	Students' rights or privileges?	5 a	a .	X
1	Admissions policies?	51	5	х
(	Employment of faculty or administrative staff?	5 (		X
(	Scholarships or other financial assistance?	5 (	d	X
•	Educational policies?	5 (	e	X
1	Use of facilities?	51	f	Х
9	Athletic programs?	5 (	g	X
ı	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II	51	h	X
_		-		- ;,
	a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?	6		X
	If you answered 'Yes' to either line 6a or line 6b, explain on Part II		-	+^
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If			
	'No.' explain on Part II	7	ΙX	1

Schedule E (Form 990 or 990-EZ) 2013 Princeton Ballet Society	21-0732575	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, applicable. Also complete this part to provide any other additional inform	lines 3, 4d, 5h, 6b, and 7, as	
applicable. Also complete this part to provide any other additional inform	ation (see instructions).	
<del></del>		
		<b>-</b> -
		<b>-</b>
<del></del>		
		<b>-</b>
<b>~</b>		
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		_ <b></b> _
		<del>-</del> -

TEEA3402L 07/11/13

Schedule **E** (Form 990 or 990-EZ) 2013

BAA

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization				<u> </u>	En	nployer identifica	ation number
Princeton Ballet Society					2	1-073257	5
Part I Fundraising Activities. Comp	lete if the orga quired to comp	nization a lete this p	nswered '\ art	res' to Form 990, Part	IV, line 17		
1 Indicate whether the organization				owing activities Check	all that ap	ply	
a X Mail solicitations			е	X Solicitation of non-	-governmer	nt grants	
<b>b</b> X Internet and email solicitations	5		f	X Solicitation of gove	ernment gra	ants	
c Phone solicitations				X Special fundraising			
d X In-person solicitations			9	<u></u> -,			
———			مانينان ما الم	naludina afficara directo	va truatana	or kov	
2a Did the organization have a written o employees listed in Form 990, Par	t VII) or entity	in connect	naividuai (i tion with p	rofessional fundraising	services?	or key	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities	s (fundraise				indraiser is to	be
(i) Name and address of individual	(ii) Activity	(m) Did	fundraiser	(iv) Gross receipts	(v) Amo	unt paid to	(vi) Amount paid to
or entity (fundraiser)			dy or control ributions?		(or retained	ained by) er listed in imn <b>(i)</b>	(or retained by) organization
		Yes	No		0010	(1)	
1							
2							
3							
4							
5							
6				· · · · · · · · · · · · · · · · · · ·			
7		-					
8							
9							
10							
Total	<del></del>	<del> </del>					0.
3 List all states in which the organization	on is reaistered	or licensed	to solicit c	ontributions or has been	notified it i	s exempt from	
or licensing	3						v
	<b></b>		. <b></b> _				
	<b></b>	<b>_</b>					
			- <b></b>				

Sche	dule	<b>G</b> (Form 990 or 990-EZ) 2013 Princet	on Ballet Soci	ety	21-073	
Par	t	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gre	event contributions	iswered 'Yes' to Foi and gross income	rm 990, Part IV, Iir on Form 990-EZ,	ie 18, or reported lines 1 and 6b.
R		<u> </u>	(a) Event #1 Annual Gala (event type)	(b) Event #2  Nutcracker Per (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	104,342.	61,299.	13,140.	178,781.
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	104,342.	61,299.	13,140.	178,781.
	4	Cash prizes				
	5	Noncash prizes				
D R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	57,770.	34,633.	6,495.	98,898.
3	10	,			•	98,898.
Par	11   <del> </del>	Net income summary Subtract line 10 fr <b>Gaming.</b> Complete if the organization		s' to Form 990. Par	t IV. line 19. or rec	79,883.
_	1	\$15,000 on Form 990-EZ, line 6a.				
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
_	2	Cash prizes				
DIRECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)		•	
_	8	Net gaming income summary Subtract I	ine 7 from line 1, colun	nn (d)	<b>•</b>	
9	Ent	er the state(s) in which the organization o	perates gaming activitie	es		
i	a Is t	he organization licensed to operate gamin	g activities in each of th			Yes No
		re any of the organization's gaming licensities,' explain		or terminated during the		Yes No
	_ <b>_</b> _					
BAA	١.		TEEA3702L (	06/26/13	Schedule <b>G</b> (Form	m 990 or 990-EZ) 2013

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2013 Princeton Ballet Society	21-073	2575	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	)	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
	The organization's facility	13 a		%
	an outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds		
	Name •			
	Address •			
ı	a Does the organization have a contact with a third party from whom the organization receives gaming reverse of if 'Yes,' enter the amount of gaming revenue received by the organization and of gaming revenue retained by the third party \$		Yes	No
	Name ►	<b></b>		
	Address •			i
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			_ <b></b> _
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
;	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	e	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ► \$	ın the	_	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	columns any addi	(III) and tional	(v),
		<del></del>		
		·	<del></del>	
				· · · · · · · · · · · · · · · · · · ·

## SCHEDULE L '(Form 990 or 990-EZ)

(9) (10)

#### **Transactions With Interested Persons**

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

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

2013

Open to Bublic

OMB No 1545-0047

	of the Treasury venue Service	► Into	rmation about	Schedu	ile L (F0 www.irs	rm 990 s.gov/fo	or <del>99</del> 0-EZ) at orm990.	na its instru	ctions	15			Inspe	ction	ic
Name of the	e organization								Em	ployer ic	entifica	tion nu	mber		
Princ	eton Balle	t Society							21	-073	3257	5			
Part I	Excess Be	enefit Trans	actions (sec	tion 5	01(c)(3	3) and	section 50	1(c)(4) or	ganiza	ations	only	·).			
	Complete if the	ne organization a	answered 'Yes'	on Form	990, Par	rt IV, lın	e 25a or 25b,	or Form 990-	ĔZ, Par	t V, lin	e 40b´	•			
1	(a) Name of disqua	alified person	(b) R		between o		d	(c) D	escription	of trans	action	-		(d) Cor	rected?
'				person a	nd organiza	ation	}							Yes	No
(1)	<u> </u>							· · · · ·							
(2)															
(3)	-														
(4)		·		_					-						
(5)		<u></u>													
(6)															
sec 3 En	ter the amount of tion 4958 ter the amount of	of tax, if any, o	n line 2, above	, reimbi	ursed by			ns during th	e year	under 	►\$ ►\$				
Part II	Complete if to organization	the organization reported an am	Interested answered 'Yes ount on Form 9	on For 190, Part	m 990-E t X, line	5, 6, or	22.	<u> </u>		<del></del>					
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	` fror	an to or n the ization?		e) Original cipal amount	(f) Balance	due	(g) In (	default?	by bo	proved ard or uttee?	(i) W agree	ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1) Na	ancy MacMi.	llan Worki	ng Cap Lo	oan											L
(2)		Trustee	W/C	Х			200,000.				Х	Х		Х	
(3)					_										
(4)						İ		_					L		
(5)						İ							<u> </u>		
(6)						ļ			<u>-</u>	<u> </u>			ļ		
(7)					<u></u>								ļ		
(8)					<u> </u>					<u> </u>			<u> </u>		<u> </u>
(9)	<u>-</u>										ļ		<u> </u>		
(10)		<u> </u>	L	<u> </u>		<u> </u>					<u> </u>		<u> </u>	<u> </u>	<u>L</u> .,
Total							<u>►\$</u>	<del></del>		<u> </u>		L		<u> </u>	
Part III		Assistance the organization	Benefiting answered 'Yes	Interes	<b>sted Po</b> rm 990, I	erson: Part IV,	s. line 27.								
	(a) Name of intere	ested person	(b) Relationship	p between I the organ	interested	person	(c) Amount o	f assistance	<b>(d)</b> Ty	pe of As	sistance	(e)	Purpos	e of ass	istance
(1)															
(2)															
(3)															
(4)															
(5)															
(6)			<u> </u>										_		
(7)						-						1	-		
(8)															

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

Schedule L (Form 990 or 990-EZ) 2013

	AN Polisi	ns. /, line 28a, 28b, or 28c.		(6) (1)
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever
				Yes
· · · · · · · · · · · · · · · · · · ·				<del></del>
				<u> </u>
Supplemental Information Provide additional information for				
				. <b></b> -
				<b>-</b>
				<b></b>
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#### SCHÈDULE O (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. Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

2013

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 21-0732575 Princeton Ballet Society Form 990, Part III, Line 4a - Program Service Accomplishments Princeton Ballet School has gained a national reputation for its excellent dance training since its founding in 1954 by Audrée Estey. Princeton Ballet School currently enrolls approximately 1,200 students annually from age three through adult at studios in Cranbury, New Brunswick, and Princeton. All ballet classes are offered with live piano accompaniment. Many of Princeton Ballet School's faculty members have performed professionally; others have attained graduate degrees in dance education and have won awards for their teaching. Students from the school have gone on to dance in professional ballet and contemporary dance companies in the US and abroad. Graduates have danced with such diverse organizations as the American Ballet Theatre, New York City Ballet, Paul Taylor Dance Company, Miami City Ballet, STREB, Momix, Complexions, Mark Morris Dance Company, Twyla Tharp Dance, Hubbard Street Dance Chicago, Pittsburgh Ballet Theatre, New York Theatre Ballet, Oregon Ballet Theatre, Ballet Met Columbus, and American Repertory Ballet. Form 990, Part III, Line 4b - Program Service Accomplishments American Repertory Ballet, Princeton Ballet Society's professional company, is a classical and contemporary ballet company committed to presenting ballets from the 19th and 20th century alongside new and existing works by choreographers from today. The company performs at major venues throughout New Jersey and beyond for approximately 30,000 patrons annually. The company's rich history of repertory includes established masterpieces by distinguished American choreographers such as George Balanchine, Gerald Arpino, Alvin Ailey, Paul Taylor and Twyla Tharp; cutting edge works by choreographers such as Val Caniparoli, Kirk Peterson, Dominique Dumais, Harrison McEldowney, Amy Seiwert, Susan Shields and Melissa Barak; and former Artistic Directors Dermot Burke, Marjorie Mussman, Septime Webre and Graham Lustig. ARB has been designated a "Major Arts Institution" by the New Jersey State

Princeton Ballet Society	21-0732575
Form 990, Part III, Line 4b - Program Service Accomplishments	
Council on the Arts consistently for the past two decades, an	nd has repeatedly been
awarded a Citation of Excellence by the Council. ARB was vote	ed People's Choice for
Best Dance Company in 2008, 2011, and 2012.	
Form 990, Part III, Line 4c - Program Service Accomplishments	
ARB's Access and Enrichment initiatives range from the long-r	running and acclaimed
DANCE POWER program to the popular On Pointe series. Establis	shed in 1984, DANCE
POWER is a partnership between American Repertory Ballet (ARE	3) and the New Brunswick
Board of Education. ARB places DANCE POWER Teaching Artists i	into each third grade
physical education class for a 20-week residency, providing of	dance to every third
grade student in the New Brunswick Public School District A	Also through the DANCE
POWER Program, American Repertory Ballet awards 32 scholarshi	ips to DANCE POWER
graduates each year to study year-round at ARB's affiliated I	Princeton Ballet School.
There are currently over forty DANCE POWER Scholars studying	at Princeton Ballet
School as part of this program. DANCE POWER remains the long	gest running
arts/community partnership in New Jersey. The second grade Di	ANCE POWER program was
piloted at Livingston Elementary School in 2012, and was expand	anded to include 16
classrooms across the New Brunswick School District in Januar	ry 2013. The curriculum
challenges students to create movement based on a text with	the aim of having
positive effect on students' speaking, writing, literacy, and	d_fluency_skills
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Finance Committee reviews Form 990 and recommends revision	ons, if needed, prior to
its filing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	Conflicts
Conflict of Interest Policy is provided to every new trustee	upon arrival. The
policy is then re-presented to each trustee annually and an	affirmation of th
trustee's compliance must be signed, dated, and delivered to	the Organization's

Schedule <b>0</b> (Form 990 or 990-EZ) 2013  Name of the organization	Page 2
Princeton Ballet Society	21-0732575
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Confli	cts (continued)
administrative officers. Upon receipt, that signed and dated a	affirmation is retained
in the administrative offices. The policy requires each truste	ee to raise the issue
whenever s/he believes it needs to be raised. This topic arise	es infrequently during
board committee meetings. Whenever the topic is raised, it is	documented in the
minutes.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
Compensation of officers and key employees is reviewed by the	Board Chair (in
writing). The review process includes the consultation with the	ne Board Personnel
Committee.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	<b></b>
The Organization retains the documents in officers for access	, in response to any
request.	<b></b>
	. <b> </b>

2013 ·	2013 Schedule A, Part IV - Supplemental Information					Page 5	
Client 10-1053 Princeton Ballet Society						21-073257	
12/17/14			<u> </u>			03 29PM	
Part III, Line 12 - Otl	her Income						
Nature and Source	ce	2013	2012	2011	2010	2009	
	\$ Total \$	5,448. \$ 5,448. \$	16,158. \$ 16,158. \$	11,509. \$ 11,509. \$	22,988. \$ 22,988. \$	91,692. 91,692.	
	10cu1 <u>+</u>	<u> </u>	<u> </u>				

2013· Se	chedule D, Part XIII - Supplemental In	formation	Page 5	
Client 10-1053	Princeton Ballet Society			
2/17/14			21-0732575 03 29PN	
Schedule D, Part XI, L Other Revenue Includ	ine 2d ed In F/S But Not Included On Form 990			
Special Event Exp	enses	Total \$	99,514. 99,514.	
Schedule D, Part XII, I Other Expenses And	Line 2d Losses Per Audited F/S			
Special Event Exp	enses	Total <u>\$</u>	99,514. 99,514.	
	•			

# (Rity January 2014)

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

File a separate application for each return.

OMB No 1545 1709

Department of th Internal Revenue	e Treasury Service	Treasury ervice ►Information about Form 8868 and its instructions is at www.irs.gov/form8868.					
If you are	are filing for an Automatic 3-Month Extension, complete only Part I and check this box					<u>▶ [X]</u>	
If you are	e filing for an	Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on page 2 of thi	s form)	1	ت ا
Do not comp	olete Part II un	less you have already been granted	l an automa	atic 3-month extention on a previously fi	led For	m 8868	
corporation r request an ex Associated V	required to file dension of time Vith Certain Po	Form 990-T), or an additional (not to file any of the forms listed in Part I	automatic) or Part II w ist be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele ith the exception of Form 8870, Information to the IRS in paper format (see instructing Charities & Nonprofits.)	ctronic: Return	ally file Fo for Transfe	rm 8868 to ers
Part I	Automatic	3-Month Extension of Time.	Only sub	mit original (no copies needed).			
A corporation	n required to f	ile Form 990-T and requesting an a	utomatic 6-	month extension - check this box and o	comple	te Part I o	nly ► _
All other corporate tax r		uding 1120-C filers), partnerships, l	REMICs, ar	nd trusts must use Form 7004 to request Enter filer's identif		_	
	Name of exempt	organization or other filer, see instructions			Employ	er identificatio	n number (EIN) or
Type or							
print	Princeto	n Ballet Society			21-0732575		
File by the	Number, street,	and room or suite number. If a P.O. box, see in:	structions		Social s	security number	er (SSN)
due date for filing your	P.O. Box	250					
return See	City, town or pos	t office, state, and ZIP code. For a foreign addr	ess, see instru	ctions			
instructions	New Brun	swick, NJ 08903					
Enter the Re	eturn code for	the return that this application is fo	r (file a sep	parate application for each return)			01
Application Is For		Return Code	Application Is For			Return Code	
Form 990 or I	Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-Bl	L		02	Form 1041-A			08
Form 4720 (II	ndıvıdual)		03	Form 4720 (other than individual)	4720 (other than individual)		09
Form 990-PF 04 Form 5227			Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust) 05 Form			Form 6069			11	
Form 990-T	(trust other th	an above)	06	Form 8870			12
Telephon  If the org  If this is check the exter  I reque until  The ex	ganization doe for a Group R ils box nsion is for est an automatic 2/15 ctension is for calendar year	If it is for part of the group, c 3-month (6 months for a corporation, 20 15, to file the exempt orga- the organization's return for r 20 or	Fax No siness in th digit Group heck this b required to inization re	e United States, check this box Exemption Number (GEN)  ox  and attach a list with the na  file Form 990-T) extension of time turn for the organization named above			▶ ☐ nole group, all members
2 If the t	_	inning $7/01$ , $20$ $13$ ed in line 1 is for less than 12 monting period		_	nal retu	rn	
3 a If this nonref	application is fundable credit	for Forms 990-BL, 990-PF, 990-T, 4 s See instructions	720, or 606	59, enter the tentative tax, less any	3 a	\$	0.
<b>b</b> If this tax par	application is yments made	for Forms 990-PF, 990-T, 4720, or 0 Include any prior year overpaymen	5069, enter it allowed a	any refundable credits and estimated as a credit	3 b	\$	0.
c Baland EFTPS	<b>ce due.</b> Subtra S (Electronic F	ct line 3b from line 3a Include you ederal Tax Payment System) See	r payment i	with this form, if required, by using	3 c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions