

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury

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. Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2014, and ending For the 2014 calendar year, or tax year beginning June 1 May 31 20 15 D Employer identification number C Name of organization Staten Island Ballet Theater, Inc. Check if applicable Doing business as 13-3759761 Address change Number and street (or P.O. box if mail is not delivered to street address) 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  $\Box$ Final return/terminate Staten Island, NY 10306-1941 G Gross receipts \$ Amended return F Name and address of principal officer Ellen Tharp, Artistic Director H(a) is this a group return for subordinates? Yes Vo No Application pending H(b) Are all subordinates included? Yes No 3081 Richmond Road, Staten Island, NY 10306-1941 If "No," attach a list. (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status 501(c)(3) ☐ 501(c) ( Website: ▶ H(c) Group exemption number ▶ www.SIBallet.org Form of organization 📝 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile NY Part I Briefly describe the organization's mission or most significant activities: Mission is to develop and promote the art of ballet through instruction, performances and outreach programming for all ages and groups. Most services are free or subsidized. Governance Cultural audiences are enhanced; and youths are served to enrich learning & personal growth with goal of tolerance and diversity 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) . . . . . . 13 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 29 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 7b -0-Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 169,198 53,828 9 Program service revenue (Part VIII, line 2g) 319,695 346,886 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 55 55 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 9687 6748 Total revenue add lines & through 11 (must equal Part VIII, column (A), line 12) 12 498,635 407,517 Grants and similar amounts paid (Partix, column (A), lines 1-3) . . . . . 13 8385 5338 14 -0-15 213,034 209,210 Professional undraising fees (Part IX, column (A), line 11e) . . . 16a -0-Total fundraising-expenses (Part IX; column (D), line 25) ▶ Other expenses (Part 1) Lourn 12) Unes 1 a-11d, 11f-24e) 17 318,793 283,644 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 495,262 498,192 19 Revenue less expenses. Subtract line 18 from line 12 . . . 3373 -0-90,675 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 101,498 132,132 21 Total liabilities (Part X, line 26) . 184,297 214,895 22 Net assets or fund balances. Subtract line 21 from line 20 -0-82,799 -0-82,763 Part II 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 DIRECTOR Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check I if self-employed Preparer Firm's EIN ▶ Firm's name Use Only 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.

Cat. No. 11282Y



Form 990 (2014)

Page <b>2</b>
🗆
trappings. veral fully the ballet
es 🗸 No
es 🛮 No
neasured by is to others,
fully  fully  tists, I recovering nancially nd Seniors in free ts Intensive
king-class
)
) 
·
)

Part		Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		efly describe the organization's mission:
		anization promotes and develops the art of ballet and dance, providing conservatory training without any commercial trappings.
		programming ensures that families can afford the cultural enrichment for children. The organization also provides several fully ged professional ballet productions annually, all subsidized for the public in a community traditionally underserved in the ballet
		. Significant levels of free training and free tickets are also awarded to economically challenged homes and groups.
2		the organization undertake any significant program services during the year which were not listed on the
	•	r Form 990 or 990-EZ?
_		res," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program vices?
		/ices?
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
•		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the 1	total expenses, and revenue, if any, for each program service reported.
	_	
4a	(Cod	
		organization provides up to eight ballet productions annually, including the New York Choreographers Festival, and a fully
		ed 3-act Nutcracker using acclaimed guest artists and Broadway sets. The events engage New York's talent pool of artists,
	*****	ormers, musicians and theater crafts professionals, providing a vibrant venue for dance on Staten Island, which is still recovering n multi-billion-dollar losses in deadly Hurricane Sandy 3 years ago. Free tickets are given to other not-for-profits and financially
		llenged homes. Our dancing Over Walls program gives free, unlimited dance classes to youths in need. Our Children and Seniors
		ether (C.A.S.T.) program is an inter-generational program helping both youths and seniors explore their mutual realms in free
		cial performances. About one-quarter of our 225 students receive free or subsidized training. A summer Performing Arts Intensive
	prog	gram provides training in dance, literacy, music and drama. The organization is housed in a four-storey NYC Landmark building
		scued and rehabilitated into a dance conservatory in a long-term lease with NY City, for which the organization won a
		servation League award. The organization has created an active arts organization over the past 23 years, serving a working-class
	subu	urb of about 500,000 located on an island in New York Harbor, and reached from Manhattan only by ferry
4b	(Coc	de: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	,	
4c	(Coc	de: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	1000	de) (Expenses #
4d		er program services (Describe in Schedule O.)
4d 4e	(Exp	er program services (Describe in Schedule O.) penses \$ including grants of \$ ) (Revenue \$ ) all program service expenses \$ 269,126

Part	V Checklist of Required Schedules		132	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	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	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		<b>▼</b>
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		1
0	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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		1
e f	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
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		1
3	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		1
5	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
6	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
7	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
8	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		<b>√</b>
9	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		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		<b>▼</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued)

Part	Checklist of Required Schedules (continued)			-
	Dilling and the state of the discount of the state of the state of		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		<b>✓</b>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	200	<u> </u>	<del> </del>
.0	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>                                     </del>
•	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		1
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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
9 0	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	29		✓
	conservation contributions? If "Yes," complete Schedule M	30		✓_
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
4	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		✓
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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		
6	<b>Section 501(c)(3) organizations.</b> 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		✓
7	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		✓
8	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	<b>✓</b>	

Form 9	90 (2014)			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 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	1	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<del>  •</del>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	İ
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>	<u> </u>	<b>-</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ĺ	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	<u> </u>		
	account)?	<u>4a</u>		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶		ľ	}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<b>✓</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	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>✓</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	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		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	-	<b>✓</b>
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 7h		1
я''	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		<u> </u>
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>√</b>
10	Section 501(c)(7) organizations. Enter:			
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:			
a	Gross income from members or shareholders			
b	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.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. 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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	·	. 🗸
0000	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6 7a		√ √ √
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	00		
a b	The governing body?	8a 8b	<b>V</b>	1
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>✓</b>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed New York  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	<b>&gt;</b>	

Part VII	Compensation of Officers, Directors,	Trustees, K	ey Employees,	<b>Highest Compensate</b>	d Employees, an
	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 nor any related organization compensated any current officer, director, or trustee.

Check this box in heldrer the organization no	l any rolate	I	41112		C)	Ollipe	1100	liou uny curren	l omoon, on ooto	
(A)	(B)			Pos	ation			(D)	(E)	(F)
Name and Title	Average					e than o os both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	악균	lns	윺	Ϋ́ e	음등	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	함	iona		ğ	8 8		(W-2/1099-MISC)		organization and related
	line)	l st	tru		/ee	nper				organizations
		ĕ	stee			Highest compensated employee				
						-				
(1) Ellen Tharp	40					•				
Artistic Director, Founder, Director		✓		✓	_	ļ	_	6800		
(2) Linda Conniff	24									
Chief Operating Officer		<b>✓</b>		✓				20,000		
(3) Paul Tharp	20			١.						
Executive Director Director		1	-	✓	<u> </u>	<u> </u>		-0-		
(4) Janet Rubich	20			_						
Secretary-Treasurer, Director	ļ <u> </u>	1		✓			L.	-0-		
(5) Christine DiStassio	10									
Chair of Volunteers Committee		1			<u> </u>	L		-0-		
(6) Kia Goh-Chung	8	1						-0-		
(7) Eugene Sorensen	<del>                                     </del>	_ <del></del>			_		-	-0-		
Chair of Production Committee	12	✓			1	l	1	-0-		
(8) Roseann Sorensen	8							1		
		<b>✓</b>						-0-		
(9) Virginia Allen	8									
746	ļ	✓		_	_	<u> </u>		-0-		
(10) Danielle Demisay	8	1						-0-		
(11) Anne Mazzella	5									
(12)		✓				ļ	_	-0-		
(12) Nobuko Wilson	5	1						-0-		
(13) Courtney Ramos	5	<b>√</b>								
(14)		•			_			-0-		
			1	l						

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees		<u>nd F</u> C)	lighe	st C	ompensated E	mployees	continu	ed)		
	(A)	(B)	Position (do not check more than o		one	(D)	(E)			(F)				
	Name and title	Average hours per	ge box, un			rson	ıs both	an	Reportable compensation	Reportat compensatio			mated	
		week (list any hours for	<del></del>					<del>,                                    </del>	from the	related organizati			ther ensatio	on
		related organizations	Individual trustee or director	titutio	Officer	Key employee	jhest iploye	Former	organization (W-2/1099-MISC)	(W-2/1099-I		fro	m the	
		below dotted	al tru	onal t		ploye	Comp		1			and	refated	i
		line	stee	Institutional trustee		ō	Highest compensated employee					Organ	IIZALIOII	13
				•			<u>ē</u>	_						
(15)														
(16)													_	
(17)								_						
22														
(18)														
(19)								<u> </u>						
(13)											1			
(20)														
(21)							=	_	<u> </u>					
<u>12.11</u>														
(22)														
(23)			_					-						
120/														
(24)														
(25)				$\dashv$										
<u> </u>														
1b	Sub-total	_			•			<b>&gt;</b>	26,800					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		•	•		•	<b>&gt;</b>	26,800					
2	Total number of individuals (including but	not limited	to th				above	e) w	· · · · · · · · · · · · · · · · · · ·	ore than \$1	00,000	of		
	reportable compensation from the organi	zation ► <sub>-0</sub>	<u>.                                    </u>											- Al-
3	Did the organization list any former of	ficer, direct	tor, o	r trı	uste	e, I	key e	qme	loyee, or high	est compe	nsated		Yes	NO
	employee on line 1a? If "Yes," complete 8							٠.				3		1
4	For any individual listed on line 1a, is the organization and related organizations													
	individual		л ф 			. "			· · · ·	····		4		/
5	Did any person listed on line 1a receive o									ation or inc	lividual	ļ		
Soction	for services rendered to the organization?	If "Yes," c	omple	ete S	Sch	edu	ile J t	or s	uch person	• • •	• •	5		<b>✓</b>
1	on B. Independent Contractors  Complete this table for your five highest of	compensate	ed ind	epe	ende	ent o	contra	acto	ors that receive	d more tha	n \$100.	,000 of		
	compensation from the organization. Rep													ах
	year.								(D)					
_	(A) Name and business addi	ress							(B) Description of se	ervices	c	(C) Compens	ation	
none														
									<del></del>		·			
													<del></del> .	
2	Total number of independent contractor received more than \$100,000 of compens							the		ve) who				
				المح			-		-0-					

_	90 (201	4) Statement of Revenue	<del>-</del>				Page <b>9</b>
<u>_</u> ar	VIII	Check if Schedule O contains a re	enonea or nota ti	any line in this	Part VIII		
-		Official Confidence of Confidence and	sponse 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
nts (	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t					
S, C	С	Fundraising events 10	<del></del>				
ig Far	d	Related organizations 10	<del></del>	[		[	
ns, Sin	e	Government grants (contributions)	12,640				
utio ier.	f	All other contributions, gifts, grants, and similar amounts not included above				}	
를 함	_	and similar amounts not included above 11.  Noncash contributions included in lines 1a-1f: \$					
io a	g	Total. Add lines 1a-1f		53,828		ļ	
	- "	Total. Add lines 1a-11	Business Code	33,626			<u> </u>
Ju j	2a	Performances	711190	66,494			
æ	b	Instruction fees	044640	280,392			
j.	С						
Sen	d						
E	е						
Program Service Revenue	f	All other program service revenue.				<u> </u>	<u></u>
<u> </u>	g	Total. Add lines 2a-2f		346,806			T
	3	Investment income (including dividing other similar amounts)	denas, interest,				
	4	Income from investment of tax-exempt		55			
	5	Royalties	bond proceeds				<del> </del>
		(i) Real	(ii) Personal				
	6a	Gross rents	<del>                                     </del>				
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d				· ·—		<u> </u>
	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)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$ 960					
Re		of contributions reported on line 1c).					}
Je.		See Part IV, line 18	a 45,535				
₹		•	b 38,817				1
		Net income or (loss) from fundraising	events . 🕨	6718			6718
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	•	b				]
	C	Net income or (loss) from gaming ac				<u> </u>	-
1	ıua	Gross sales of inventory, less returns and allowances	1 1	ļ			
		· · · · · · · · · · · · · · · · · · ·		}	:		
		Less: cost of goods sold Net income or (loss) from sales of in:	ventory <b>&gt;</b>				
	<u>U</u>	Miscellaneous Revenue	Business Code				<del> </del>
Ì	11a	<del></del>	<b></b>	30			30
	b	Refund		30		<del></del>	30
	C					·	
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	6748			
- 1	12	Total revenue. See instructions	▶ [	407 517			1

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	Il other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon-		1 111 5 107		🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1938	1938		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3400	3400		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	26,800	6800	20,000	
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,273	118,973		3300
9	Other employee benefits	16,908	4933	11,975	
10	Payroll taxes	43,229		43,229	·
11	Fees for services (non-employees):				
a	Management				
b	Legal				- <del></del>
d	Accounting	1362		1362	
e	Professional fundraising services. See Part IV, line 17	·· <del>····</del>			<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
•	(A) amount, list line 11g expenses on Schedule O.)	19,590	16,020		3570
12	Advertising and promotion	31,219	18,139		13,080
13	Office expenses	51,466	33,620	14,078	3768
14	Information technology	15,211	940	14,151	120
15	Royalties	400	400		
16	Occupancy	65,574	24,958	25,817	14,799
17	Travel	8620	8230	210	14,799
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	t-		4400		
19 20	Conferences, conventions, and meetings	6600	1488	5112	
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization .	· · · - · · · · · · · · · · · · · · · ·			<del></del>
23	Insurance		<del></del>		<del></del>
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	Repay credit line, Ioan	54,000		54,000	
b	Choreography	18,020	18,020		
C	Costumes	7824	7824		
d	All other expanses and	1718	1718		
е 25	All other expenses 2040  Total functional expenses. Add lines 1 through 24e	2040	1725	315	
<u>25</u> 26	Joint costs. Complete this line only if the	498.192	269,126	190,249	38,817
ŁU	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
	** <u>*</u>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	56.823	1	46,554
	2	Savings and temporary cash investments	136		136
	3	Pledges and grants receivable, net	10,719	_	50,377
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L			
Assets	_	· _ · _ · _ · _ · _ · _ ·		6 7	
1SS	7 8	Notes and loans receivable, net		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	
		other basis. Complete Part VI of Schedule D 10a 32820			
	b	Less: accumulated depreciation 10b	32,820	10c	34,065
	11	Investments—publicly traded securities	02/020	11	
	12	Investments—other securities. See Part IV, line 11	1000	12	1000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,498	16	132,132
	17	Accounts payable and accrued expenses	18,997	17	17,495
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Liabilities		· · · · · · · · · · · · · · · · · · ·	165,300	22	197,400
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X		· [	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	184,297	26	214,895
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	-0-82,799	27	-0-82,763
Bal	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
6		complete lines 30 through 34.		_	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	-0-82,799	33	-0-82,763
	34	Total liabilities and net assets/fund balances	101,498	34	132,132

_	4	•
Page	1	4

Part	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)		4	07,517
2	Total expenses (must equal Part IX, column (A), line 25)		4	98,192
3	Revenue less expenses. Subtract line 2 from line 1		-0	90,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		-0	82,799
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		-0	·82,763
Part	The state of the s			<del>[</del>
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain it	_		
	Schedule O.	"		
0-		. 2	a 🗸	
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of		- <del>-</del>	+
	reviewed on a separate basis, consolidated basis, or both:	~		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	. 21	o	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	`	<b>*</b>	+
	separate basis, consolidated basis, or both:			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt		
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 🗸	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n		
	Schedule O.	- 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	n		
	the Single Audit Act and OMB Circular A-133?	·   3a	3	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e 🗍		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	31		<u> </u>
		F	orm <b>99</b>	0 (2014)

#### **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

► 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.

Name of the organization

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Staten Island Ballet Theater Inc. 13-3759761 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) ď that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (ні) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total **(b)** 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 5 The portion of total contributions by each person (other than a or publicly governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 7 Amounts from line 4 . . . . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . . % 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . % 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . 10%-facts-and-circumstances test-2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported П b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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.)

Cool	on A. Dublic Cupport	<del></del> ,		<del></del>		· <del>·</del>	
	on A. Public Support dar year (or fiscal year beginning in)	(-) 2010	(h) 2011	(a) 2012	(4) 2012	(0) 2014	/f) Total
Calen 1	Gifts, grants, contributions, and membership fees	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	received. (Do not include any "unusual grants.")	444.500	00 450	20.405	400 400	50.000	544.000
2	Gross receipts from admissions, merchandise	111,536	98,156	82,165	169,198	53,828	514,883
	sold or services performed, or facilities	ĺ					
	furnished in any activity that is related to the organization's tax-exempt purpose	202.465	222 100	220 470	240 005	246 006	1 402 424
3	Gross receipts from activities that are not an	283,165	322,199	229,479	319,695	346,886	1,492,424
J	unrelated trade or business under section 513	l	İ		1		
4	Tax revenues levied for the	<del></del>					
•	organization's benefit and either paid	ľ		Ì			
	to or expended on its behalf				]		
5	The value of services or facilities						<del></del>
-	furnished by a governmental unit to the				•		
	organization without charge		[	[	1		
6	Total. Add lines 1 through 5	394,701	429,355	302,644	498,580	407,517	2,023,797
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ļ		j	j	1	
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				ł		
	line 6.)	<u> </u>					2,023,797
	on B. Total Support	( ) 00/0	#1.0044 T	4 ) 0040	(0.0040	() 0044	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	394,701	429,355	302,644	498,580	407,517	2,023,797
10a	Gross income from interest, dividends, payments received on securities loans, rents.			į			
	royalties and income from similar sources .	[	[	5.5	5.5		275
b	Unrelated business taxable income (less	55	55	55	55	55	275
U	section 511 taxes) from businesses		ľ		1		
	acquired after June 30, 1975		ļ	J		]	
С	Add lines 10a and 10b	55	55	55	55	55	275
11	Net income from unrelated business	- 55				- 33	
• •	activities not included in line 10b, whether				ļ		
	or not the business is regularly carried on				į	1	
12	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets	1	ł	ľ			
	(Explain in Part VI.)					l	
13	Total support. (Add lines 9, 10c, 11,						· <del></del>
	and 12.)	394,756	420,410	302,699	498,635	407,572	2,024,072
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	🕨 🗆
	on C. Computation of Public Suppor					T .= T	<del></del>
15	Public support percentage for 2014 (line 8		•			15	99.99 %
16 Section	Public support percentage from 2013 Schoon D. Computation of Investment Inc			<del></del>	<del></del>	16	99.99 %
17	Investment income percentage for 2014 (I			line 12 colum	up (fl)	17	04 0/
18	Investment income percentage for 2014 (investment income percentage from 2013					18	.01 % .01 %
19a	331/3% support tests—2014. If the organi						
·va	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz		_	-		-	
~	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete F	an v	·)	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

	ille A (Form 990 or 990-EZ) 2014			Page J
Part	Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?	Г	res	No
11				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ĺ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		}	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ	}	l
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	[ . ]		ĺ
	the supported organization(s).	1		L
Secti	on D. All Type III Supporting Organizations		1	
	O'LIN	Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			İ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del>-</del>		
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
· a	The organization satisfied the Activities Test, Complete line 2 below.			7.
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
		او		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ı
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			ı
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			ı
	that these activities constituted substantially all of its activities.		Í	
h	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		]	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	-	20		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	—- <del> </del>	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7  Check here if the current year is the organization's first as a non-functional instructions).	y-int	egrated Type III support	ng organization (see

Part		3) Supporting Organi	zations (continued)	<del></del>
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets		<del></del>	<del></del>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	·	·· <del>····</del>	
	Total annual distributions. Add lines 1 through 6.		<del></del>	<del></del>
8	Distributions to attentive supported organizations to which	the organization is res	sponsive	
9	(provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Life 8 amount divided by Life 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			<u>.                                    </u>
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			<del></del>
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<del></del>
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			<del></del>
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			· · · · · · · · · · · · · · · · · · ·

chedule A (		age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
·		
·		

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Staten Island Ballet Theater Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 **Conservation Easements.** Part II 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 a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat 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 Total number of conservation easements . . . . 2a Total acreage restricted by conservation easements . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 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 ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 ☐ Yes ☐ No 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: (i) Revenue included in Form 990, Part VIII, line 1 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. \$ Assets included in Form 990, Part X . . . \$

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar As	ssets (continued)				
3	Using the organization's acquisition, a	accession, and of	ther reco	rds, chec	k any of the	e follov	ving that are a	significant use of its				
	collection items (check all that apply):											
а	☐ Public exhibition		d	🗌 Loan	or exchang	e prog	rams					
b	☐ Scholarly research		е	Othe	r							
Ç	☐ Preservation for future generations											
4	Provide a description of the organizat	ion's collections	and expla	ain how t	hey further	the org	janization's exe	mpt purpose in Part				
	XIII.											
5	During the year, did the organization											
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Part	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form											
	•	answered "Yes	" to For	п 990, г	art IV, line	9, or i	reported an an	nount on Form				
	990, Part X, line 21.  Is the organization an agent, trustee,		ar intern	andione fe	ar contribut	ione or	other accets n	ot				
18	included on Form 990, Part X?											
						• •		☐ Yes ☐ No				
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the ic	nowing to	able:		1 4	Amount				
_	Designing holonog					10	<del></del>					
ب د	Beginning balance					1d						
d	Additions during the year					1e		···				
e	Distributions during the year					1f		<del></del>				
f	Ending balance				ecroword			v2   Ves   No				
2a h	If "Yes," explain the arrangement in Pa											
	V Endowment Funds.	III AIII. OHECK HEI	e ii tile e.	Apiariatio	irrias been	provide	Jamir art Am .	• • • •				
r ar	Complete if the organization	answered "Yes	" to For	n 990 F	Part IV line	10						
	Complete ii the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four years back				
1a	Beginning of year balance		<u> </u>	<del></del>								
b	Contributions											
C	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
e	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance					Ì						
2	Provide the estimated percentage of the	ne current year er	nd balanc	e (line 1g	, column (a)	) held	as:					
а	Board designated or quasi-endowmen	it 🕨	%									
b	Permanent endowment >	%										
С	Temporarily restricted endowment ▶	<u></u> %										
	The percentages in lines 2a, 2b, and 2	c should equal 10										
<b>3</b> a	Are there endowment funds not in the	possession of the	ne organi	zation the	at are held a	and ad	ministered for th					
	organization by:							Yes No				
	(i) unrelated organizations						· · · · · ·	3a(i)				
	(ii) related organizations							3a(ii)				
b	If "Yes" to 3a(ii), are the related organiz							3b				
4	Describe in Part XIII the intended uses		on's endo	wment	ungs.			<del></del>				
Part	VI Land, Buildings, and Equip Complete if the organization		" to For	~ 000 E	ort IV line	110 (	Soo Form 000	Part V line 10				
	·	(a) Cost or of			or other basis		Accumulated	(d) Book value				
	Description of property	(a) Cost of of			ther)		epreciation	(d) DOOK Value				
1a	Land							· · · · · · · · · · · · · · · · · · ·				
b	Buildings											
c	Leasehold improvements		21,544	<del></del>				21,544				
d	Equipment		12,321					12,321				
e	Other		,									
	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part 2	K, columr	(B), line 10	c.)		34,065				

Part VII	Complete if the organization		m 990 Part IV line	e 11h. See Form	990 Part X line 12
	(a) Description of security or cate	egory	(b) Book value	(c) Me	thod of valuation:
	(including name of security	)		Cost or end	l-of-year market value
(1) Financial					
•	neld equity interests				
(3) Other			<del></del>	<del> </del>	
(B)					
(C)					
(D)					<del>_</del>
(E)				<del> </del>	
(F)					
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12	<b>)</b>			
Part VIII	Investments—Program Rela		000 D 1 N/ 1'	44 - 0 - 5	000 D-+1/ I'm - 40
	Complete if the organization a				
	(a) Description of investmen		(b) Book value	, , ,	thod of valuation. I-of-year market value
(1)					
(2)				<u> </u>	<del> </del>
(3)			<u> </u>		
(4)					<del></del>
(5)					
(6)					
(7)					
(8)		<del></del>	<u> </u>	<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 13.	<b>•</b>			
Part IX	Other Assets.			<u> </u>	
	Complete if the organization a	answered "Yes" to For	m 990. Part IV. line	e 11d. See Form	990. Part X. line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)				<del> </del>	
(6)		- <u> </u>			
(7)					
(8)					
(9)	4) 45 000 5 11	45)			
	mn (b) must equal Form 990, Part >	K, col. (B) line 15.)	<del></del>	<i>.</i> <b>&gt;</b>	<u> </u>
Part X	Other Liabilities.	1001 11 1	000 D + 11/4 II	44 446 0	E 000 D 1V
	Complete if the organization a	answered "Yes" to For	n 990, Part IV, line	? 11e or 11t. See	Form 990, Part X,
1.	line 25.	(h) Dook volue			
(1) Federal in	(a) Description of liability	(b) Book value			
(2)	Come taxes				
(3)					
(4)					
(5)					
(6)		<del></del>	<del></del>		
(7)		<del></del>			
(8)			<del> </del>		
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>			
	uncertain tax positions. In Part XIII, p		ote to the organization	's financial stateme	nts 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

Schedu	le D (Form 990) 2014			Page <b>4</b>
Part			Retur	n.
	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	4 }	
b	Donated services and use of facilities	2b	4 1	
C	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII.)		4	
е	Add lines 2a through 2d		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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1	
b	Other (Describe in Part XIII.)		┥. Ⅰ	
	Add lines 4a and 4b		4c	
5 Dost	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5   27 Bet	
Part	· · · · · · · · · · · · · · · · · · ·		er Heti	urn.
	Complete if the organization answered "Yes" to Form 990,		1 4 1	<del></del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.0-1	1 1	
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	_2d	┥╻ ┃	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>↓</b>	
b	Other (Describe in Part XIII.)		4 . 1	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	<del></del>
	XIII Supplemental Information.	145 187 2 47 160		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	norman	On.
Notes t	o Schedule D		·	
Part VI	Land, Buildings and Equipment			
Organi	zation leases a landmarked four-storey building (5,000 sq. ft.) from the City of	New York on renewable 5- to	10-year	terms, with the next
	2000 The conscious is accommitted for Oscilation Hereiteld.			
aue in	2020. The organization is responsible for: Capital and leasehold improvement	s; all repairs, upkeep for 2 b	oilers, e	lectric and
n lumah i	ng customer course and grounds. All cush work is according to divisit various	-it.,ti	I	11
biniinii	ng systems; sewers, and grounds. All such work is coordinated with various	city agencies. Organization a	iso pays	s all gas utilities for
tha 102	year old building. Amounts of costs your board on poods such as repairs		Camalas als	
116 102	-year-old building. Amounts of costs vary, based on needs, such as repairs a	no recovery from Hurricane :	sanuy u	amage, which the
	estion maid with the response available			
organiz	ation paid with no recourse available.			
				***************************************

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

Department of the Treasury

Internal Revenue Service

(9) (10) **Transactions With Interested Persons** 

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Employer identification number

OMB No. 1545-0047

Open To Pu Inspection

Name of the	organization								Employ	er ider	ntıficat	ion nu	mber		
Staten Islai	nd Ballet Theater	· Inc									13-	37597	61		
Part I	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, l	and 50 line 25	1(c)(29) o a or 25b,	rganıza or For	ations m 990	only) D-EZ,	Part	V, line	40b.	
1 (a) Name of disqualified person		person	(b) Relationship between disqualified person and			(c) De	scription	of tran	eactio	—— n		(d) Cor	rected?		
		person		organiz	ation			(0) 00	SCHPUOL		isactio	''		Yes	No
(1)															
(2)					_		ļ								
(3)							ļ								<u> </u>
_(4)	· · · · · · · · · · · · · · · · · · ·						-								
(5)							<u> </u>		<del></del>					لـــــا	ļ
(6)	<del></del>										_			L	
	er the amount der section 4958		by the organ	nizatio	on manag	gers or als	equaliti	ea perso	ns au	ing ti	те уе				
	er the amount o		· · · · · ·				· ·		• • •	•		•	<u> </u>		
3 Ent	er the amount o	n tax, ii any, on	i line 2, above,	rennic	oursea by	rine organ	izatioi	٠	• • •	•	• •	•	P		
Part II	Loans to and	/or From Inter	rected Person												
rait		ne organization			Form 99	0-EZ. Part	V. line	38a or F	orm 99	0. Pa	rt IV.	line 2	6: or i	f the	
		eported an am								-,	,		,		
		1	T	T			.			I		T			
(a) Name o	finterested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Origir principal an		(f) Balanc	e due	(g) In d	efault?		proved pard or	,	ntten ment?
					nization?								nittee?		
				To	From	1				Yes	No	Yes	No	Yes	No
(1) Paul	Tharp	Officer/Dir.	Expenses	1		25	0,400	1	97,400		<b>√</b>	1		1	
(2)					1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
(3)	<del>"-</del>									-					
(4)								_							
(5)															
(6)															
(8)															
(9)				ļ											
(10)				<u> </u>										<u> </u>	
Total .		<u> </u>					<u>.                                    </u>	<u> 1</u>	97,400						
Part III		sistance Bener				O David IV I	ine 07								
	Complete if th	e organization	answered Ye	s on	Form 99	u, Part IV, I	me 27	<u> </u>							
(a) Name	of interested persor		ship between inter- and the organization		(c) Amount	of assistance	(	d) Type of a	ssistance	e	(e)	Purpo	ose of a	ssistan	ce
(1)															
(2)															
(3)															
(4)															
(5)	· · · · · ·			]											
(6)															
(7)															
(0)		I					I								

Part IV	<b>Business Transactions Invo</b>	lving Interested Persons.	<del></del>	· · · · · · · · · · · · · · · · · · ·	Page
	Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 28a, 2	8b, or 28c.	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?
				·	Yes No
(1)					<del>  -</del>
(3)					
(4)					
(5)					
(2) (3) (4) (5) (6) (7)					
(8) (9)					
(10)					
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).	<del></del>
				7	
David Thorn	, the unpaid Executive Director an	nd a on foundar of the organiza	stion provided a line	of cradit of up to \$190,000 for the	
1.001.111015	, the dipaid Executive Director an	id a co-lourider of the organize	ation, provided a line	or credit of up to \$100,000 for the	
organizatio	on to cover emergency costs and u	unexpected deficits due to the	devastation of Hurri	cane Sandy three years ago that	caused
numerous	deaths and wrecked the local econ	nomy, leaving behind losses a	nd damages in exces	ss of \$1 billion.	
Even now	three years later, the local econom	ny is still attempting to recover	, causing an apparer	ntly permanent setback to the arts	s community
The line of	credit, guaranteed and secured by	y Paul Tharp through Santando	er Bank, NA, is intere	st-free to the organization, and is	payable
on demand	l with reasonable notice to the Boa	ard of Directors. The credit line	and its terms were	was approved unanimously by th	e Board
of Director	s. The original amount was increa	sed to \$250,400 at the start of	FY 2015, and reduced	d by \$53,000 at the end of the yea	ır to \$197,400
through se	rvicing the credit-line.				
There is no	expectation of default, due to the	liberal terms in servicing the	credit-line as well as	continuing forbearance during th	ne economic
recovery lo	ocally.				
					<b></b>
			*		
		······································			
	······································				

## SCHEDULE 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.

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
Notes Form 990	
Part VI Section A.Governance, Management and Disclosure	
Line 1 a. All members of the Board of Directors have equal voting rights of one vote each as per By-La	ws establishing voting class.
Line 1 b. The governing board discusses, reviews and confers with the Executive Committee on operation	tional and other functional issues.
Line 2. The unpaid Executive Director Paul Tharp is the spouse of Artistic Director Ellen Tharp, who is	the daughter of Janet Rubich, also
a director and the unpaid Secretary-Treasurer. The Tharps and Mrs. Rubich are co-founding Trustees of	of the Staten Island Ballet and are
obligated in By-Laws to fulfill the organization's fiduciary responsibility.	
Line 8 b. Each Board committee can meet at will on its area of interest, and discuss issues with the full	Board or any member well before
any agenda actions or public announcements are taken by the Board.	
Part VI Section B. Policies	
Line 11 b. Board's finance committee and management discuss all aspects of Form 990, including proc	ress of audits and reviews by
independent accounting CPA professionals. Preliminary drafts are reviewed, and work papers are com	piled as data become available and
reconciled.	
Line 12 c. The Board and each of its various committees discuss issues at each regular meeting, and/o	r special meeting. Information and
issues are reviewed within the context of the organization's mission and under the purview of written g	overnance policies, e.g., conflicts,
ethics, whistleblower protection, compliance and community standards. All material records are stored	l electronically on an external 3T hard
drive; paper records dating back to 1993 are stored and used as needed for reviews, copies and alternative	ative access.
Line 15a., Line 15 b. Compensation for officers and others is determined by peer reviews, discussions	or any other relevant information.
Compensation levels of officers and directors are minimal due to organization's small size. Artists and	other professionals engaged by the
organization are paid industry scale and upwards.	
Part VI. Section C. Disclosure	
Line 19. The organization publicly posts in its statements and materials that its records are available or	request from the organization, as
well as through free, third-party websites that monitor charities. All policies are also referenced in arch	ived public materials.

_			
P	ลด	А	

Name of the organization	Employer identification number					
Staten Island Ballet Theater Inc.	13-3759761					
Part XI, Reconciliation of Net Assets						
Line 8. Prior Period Adjustments. As of filing date April 18, 2016, the Board's finance committee is still awa	niting results of an auditor's review					
in progress to determine if any prior period adjustments are needed, for which an amended report would be forthcoming immediately. The						
progress of the review is discussed in the following Part XII. Financial Statements and Reporting.						
Part XII. Financial Statements and Reporting, Line 2a. Line 2 b., Line 2.c., and Line 3.b						
Financial statements have been compiled by management and the Board's finance committee with th	e oversight our new auditor-of-					
record, Loralyn Hazem, CPA, Arlia & Associates, 10 Jefferson Blvd, Staten Island, NY 10312. Ms. Hazem wa	as engaged in the past year to					
provide auditing services following the abrupt departure of our previous auditor of the prior five years. Our	r previous auditor declined - on the					
eve of a 2014 filing deadline - to go forward with the project unless we increased our \$5000 fee to more that	n \$9000, despite his engagement					
etter for a \$5000 fee and our payment made in advance. The auditor was unwilling to negotiate his higher	fee demand, and held onto our					
books and records until we released him from his responsibilities in the engagement letter, at which time h	ne would allow us to retreive our					
documents and refund our previous payment. We agreed to release him. The events are demonstrated in a	series of emails with the auditor.					
After a thorough search for a new auditing firm, the Board engaged Arlia & Associates, which has been rev	riewing our two most recent					
iscal years, which had been impacted by the prior auditor's abdication. Subsequently, we learned anecdot	ally in industry reports that some					
accountants were increasing fees substantially to compensate for potential loss of audit fee income result	ing from New York State's					
Nonprofit Revitalization Act in 2014. Among reforms, the act eased audit burdens of nonprofits under \$500	,000 revenue, allowing use of CPA					
ndependent Reviews which normally have lower fees than more the involved CPA audits, while also assur	ing full disclosure and equal merit.					
ndeed, our organization's utmost priority is to continue its compliance in all its reporting requirements. The	ne organization anticipates the					
urgent delivery of its CPA reviews in coming weeks for properly amending this report in a timely and satis	factory manner.					
ines 2a., 2b., 2c., and 3b. were answered as "yes" because auditor reviews of records for two fiscal were	already in progress in 2015.					