

Form 990-EZ

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

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A For the 2020 calendar year, or tax year beginning		JULY 1	, 2020, and ending	JUNE 30	, 2021	
B Check if applicable:		C Name of organization		D Employer identification number		
<input type="checkbox"/> Address change		STATE BALLET OF RHODE ISLAND		05-602001i		
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number		
<input type="checkbox"/> Initial return		PO BOX 155		401-334-2560		
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number		
<input type="checkbox"/> Amended return		LINCOLN, RHODE ISLAND 02865-0155		03		
<input type="checkbox"/> Application pending						
G Accounting Method:		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
I Website:		► WWW.STATEBALLET.COM				
J Tax-exempt status (check only one) —		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization:		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		UNINCORPORATED ASSOCIATION		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.				► \$		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►						
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>						
Revenue	1	Contributions, gifts, grants, and similar amounts received		1 59,750		
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3 7,630		
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory		5a	5c	
	b	Less: cost or other basis and sales expenses		5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)				
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a		
b	Gross income from fundraising events (not including \$ 28,793 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b			
c	Less: direct expenses from gaming and fundraising events		6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	28,793		
7a	Gross sales of inventory, less returns and allowances		7a			
b	Less: cost of goods sold		7b			
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
8	Other revenue (describe in Schedule O)		8	14,473		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	110,646		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	3,430	
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12		
	13	Professional fees and other payments to independent contractors		13	5,125	
	14	Occupancy, rent, utilities, and maintenance		14	71,371	
	15	Printing, publications, postage, and shipping		15	240	
	16	Other expenses (describe in Schedule O)		16	16,888	
	17	Total expenses. Add lines 10 through 16		17	97,054	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	13,592	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	19,119	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	32,711	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	19,119	22 32,711
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	19,119	25 32,711
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,119	27 32,711

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28	THE STATE BALLET OF RHODE ISLAND IS PROVIDING EDUCATION AND ENTERTAINMENT TO THE PUBLIC AND PARTICIPANTS OF CLASSICAL BALLET, EXPOSING THEM TO THE AWARENESS, APPRECIATION AND EXPERIENCE TO FURTHER THE ARTS IN RHODE ISLAND. IT IS A TRAINING GROUND AND SHOWCASE FOR		
29	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
30			
31	OTHER PROGRAM SERVICES (DESCRIBE IN SCHEDULE O)		
32	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		✓
34		✓
35a		✓
35b		
35c		
36	✓	?
37a		
37b		
38a		✓
38b		
39		
39a		
39b		
40a		
40b	✓	?
40c		
40d		
40e	✓	
41	List the states with which a copy of this return is filed ► <u>NONE</u>	
42a	The organization's books are in care of ► <u>ANA MARSDEN FOX</u> Telephone no. ► <u>401-525-1207</u> Located at ► <u>55 SHERMAN AVE, LINCOLN RHODE ISLAND</u> ZIP + 4 ► <u>02865-0155</u>	
42b	Yes	✓
42c	Yes	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u> <input type="checkbox"/>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44b	Yes	✓
44c	Yes	✓
44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	
45h	Yes	✓

	Yes	No
46		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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 Here Signature of officer *Ana Marsden Fox* Date *10/20/2021*
 Type or print name and title *Ana Marsden Fox President* Date *10/20/2021*

Paid Preparer Use Only	Print/Type preparer's name RICHARD GARLAND	Preparer's signature <i>Richard Garland</i>	Date 10/20/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN PO 00816864
	Firm's name ► RICHARD GARLAND		Firm's EIN ►		
	Firm's address ► 69 MEADOWCREST DRIVE, CUMBERLAND, RHODE ISLAND 02864		Phone no.	401-334-0283	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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 497(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

STATE BALLET OF RHODE ISLAND

Employer identification number

05-6020011

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Part I 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 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.
 - 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.
 - 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.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.
 - e 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?	(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,450	25,339	32,644	30,673	67,380	176,486
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,450	25,339	32,644	30,673	67,380	176,486
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						176,486

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	20,450	25,339	32,644	30,673	67,380	176,486
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59,038	64,131	66,950	45,571	43,266	278,956
11 Total support. Add lines 7 through 10						455,442
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	.387 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	.299 %
16a 33½% support test—2020. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 organization ► <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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 supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part VI

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

THE STATE BALLET OF RHODE ISLAND IS A MEMBERSHIP BASED ORGANIZATION WITH MEMBERSHIP FEE'S AND DUE'S

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SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

STATE BALLET OF RHODE ISLAND

Employer identification number

05-6020011

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 TAKE IT OUTSIDE (event type)	(b) Event #2 SPRING SHOW (event type)	(c) Other events FUNDRAISERS (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	\$2,240	\$11,165	\$9,952	\$23,357
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	\$2,240	\$11,165	\$9952	\$23,357
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	\$43,718	\$26,094		\$69,812
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	\$1,350	\$2,561		\$3,911
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► \$73,723
	11 Net income summary. Subtract line 10 from line 3, column (d)				► (\$50,366)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
STATE BALLET OF RHODE ISLAND

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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2020

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Employer identification number
05-6020016

990 EZ PART 1 LINE 8 = \$4,150 ADVERTISING

990 EZ PART 1 LINE 8 = \$10,323 MISC (THEATRE REIMBURSMENT FROM 2019 - COVID 19 CANCELLATIONS)

990 EZ PART 1 LINE 10 = \$ 3,430 SCHOLARSHIPS

990 EZ PART 1 LINE 16 = \$3,300 INSURANCE

990 EZ PART 1 LINE 16 = \$ 5,925 SPECIAL EVENTS/CONCESSIONS

990 EZ PART 1 LINE 16 = \$ 1,431 ADVERTISING

990 EZ PART 1 LINE 16 = \$6,232 OFFICE EXPENSE