Forr	<b>"9</b>	90	Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		OMB No. 1545-0047				
			Do not enter social security numbers on this form as it m		Open to Public				
Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection				
AF	or th	e 2021 calend	ar year, or tax year beginning $ m JUL1$ , $2021$ and ending	<u>JUN 30, 2022</u>					
<b>B</b> C a	heck if pplicab	le: <b>C</b> Name o	forganization	D Employer identifie	cation number				
	Addre chang Name chang	BALL	ET HISPANICO OF NEW YORK, INC.	13-26857	FF				
	⊐Initial		usiness as						
	_returr Final returr	167	and street (or P.O. box if mail is not delivered to street address) Room/s WEST 89TH STREET	uite E Telephone number 212-362-	6710				
	termii ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code YORK , NY $10024$	G Gross receipts \$ H(a) Is this a group re	8,250,029. eturn				
	Appli tion pendi	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer:EDUARDO VILARO AS C ABOVE	for subordinates H(b) Are all subordinates in	? Yes X No				
ΙT	ax-ex	empt status:			list. See instructions				
			BALLETHISPANICO.ORG	H(c) Group exemption					
				'ear of formation: 1970 N					
	irt I	Summary							
-	1	Briefly describ	be the organization's mission or most significant activities: $egin{array}{c} {f BALLET} & {f H} \\ {f BALLET} & {f H} \end{array}$	ISPANICO OF N	EW YORK,				
Activities & Governance		INC. BR	INGS COMMUNITIES TOGETHER TO CELEBRAT	E AND EXPLORE	LATINO				
srna	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net asset							
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		20				
ڻ ح	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		20				
es 5	5		of individuals employed in calendar year 2021 (Part V, line 2a)		115				
ŢŢ	6	Total number	of volunteers (estimate if necessary)		50				
lcti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.				
-			business taxable income from Form 990-T, Part I, line 11		0.				
				Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)	19,227,727.	3,127,904.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	538,402.	2,409,272.				
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	613,226.	72,555.				
Ē	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,180.	193,904.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,551,535.	5,803,635.				
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	97,806.	375,850.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.				
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,130,115.	4,995,848.				
Expense	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.				
ę			ing expenses (Part IX, column (D), line 25) <b>658, 571.</b>						
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,478,707.	4,098,169.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,706,628.	9,469,867.				
	19		expenses. Subtract line 18 from line 12	15,844,907.	-3,666,232.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sets alan	20	Total assets (I	Part X, line 16)	30,174,280.	24,516,405.				
t As d B	21	Total liabilities	(Part X, line 26)	2,969,440.	2,798,083.				
Fun	22		fund balances. Subtract line 21 from line 20	27,204,840.	21,718,322.				
	irt II								
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	atements, 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 EDUARDO VILARO, ARTIST Type or print name and title	IC DIRECTOR & CEO		Date							
Paid	Print/Type preparer's name JENNIFER COATES	Preparer's signature	Date	Check PTIN if self-employed PO2247728							
Preparer	Firm's name 🕨 LUTZ AND CARR, C			Firm's EIN ▶ 13-1655065							
Use Only	Firm's address 551 FIFTH AVENUE	, SUITE 400									
	NEW YORK, NY 101	76		Phone no. 212 – 697 – 2299							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2021)							
C	EF COUEDITE O FOD ODCANTS	ANTON MICCION CHANEMI									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	1990 (2021) BALLET HISPANICO OF NEW YORK, INC. 13-2685755 Pa
_	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BALLET HISPANICO BRINGS COMMUNITIES TOGETHER TO CELEBRATE AND EXPLORE
	LATINO CULTURES THROUGH INNOVATIVE DANCE PRODUCTIONS, TRANSFORMATIVE
	DANCE TRAINING, AND COMMUNITY ENGAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4 -	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 4,337,910. including grants of \$ ) (Revenue \$ 1,162,45
4a	(Code:) (Expenses \$ 4,337,910. including grants of \$) (Revenue \$ 1,162,45
	THE COMPANY IS A GROUP OF HIGHLY TRAINED PROFESSIONALS WHO PERFORM TH
	WORKS OF LATINO CHOREOGRAPHERS FOR AUDIENCES AROUND THE WORLD. OUR
	REPERTORY EXPLORES THE DIVERSITY OF LATINO CULTURES AND BRINGS
	INNOVATIVE WAYS OF EXPERIENCING AND SHARING A CULTURAL DIALOGUE.
	REPRESENTING A MULTITUDE OF NATIONALITIES, OUR ARTISTS REFLECT THE
	EVER-CHANGING FACE OF OUR NATION.
4b	(Code: ) (Expenses \$ 2,447,609. including grants of \$ 375,850.) (Revenue \$ 971,26 THE SCHOOL OF DANCE:
	THE BALLET HISPANICO SCHOOL OF DANCE TRAINS ECLECTIC, VERSATILE DANCE
	WHO STAND OUT IN A COMPETITIVE PROFESSIONAL ENVIRONMENT FOR THEIR
	MASTERY OF THE CLASSICAL BALLET TRADITION, CONTEMPORARY TECHNIQUES, A
	SPANISH DANCE, ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF
	DANCE, THE SCHOOL EMPOWERS STUDENTS BY OFFERING A HOLISTIC APPROACH T MOVEMENT DISCOVERY, INCLUDING PRE-PROFESSIONAL TRAINING AND CLASSES F
	DANCE, THE SCHOOL EMPOWERS STUDENTS BY OFFERING A HOLISTIC APPROACH T
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	DANCE, THE SCHOOL EMPOWERS STUDENTS BY OFFERING A HOLISTIC APPROACH T MOVEMENT DISCOVERY, INCLUDING PRE-PROFESSIONAL TRAINING AND CLASSES F THE NOVICE DANCER. THE SCHOOL ALSO OFFERS ADULT CLASSES AND WORKSHOPS
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		- 23
0	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. –		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 13
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		· ·	<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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	Form 990 (2	2021)		BALLET	HISPANICO	C
ĺ	Part IV	Checl	klist of R	lequired Sc	hedules (continue	ed)

			Yes	N
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	x	
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	x	
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	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Dor	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 60	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>		<u> </u>
	<sup>12-09-21</sup> 5	Form		
60	307 759420 132685755 2021.05060 BALLET HISPANICO OF NEW YOR	13	268	5

- Form 990 (2021) Part V
- BALLET HISPANICO OF NEW YORK, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	115	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			37		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X		
b	If "Yes," enter the name of the foreign country							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	_		v		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b				
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a				6a		x		
h	any contributions that were not tax deductible as charitable contributions?			Ua				
D	were not tax deductible?		•	6b				
7	Organizations that may receive deductible contributions under section 170(c).			00				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w							
	to file Form 8282?		•	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ie					
				8				
9	Sponsoring organizations maintaining donor advised funds.							
a				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	40-	1					
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a		-				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	1					
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
0	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
	Did the summination we shall a summarize for independent on instance during the target of 0			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratior	n or					
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
16								
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
12000	If "Yes," complete Form 6069.			Form	1 <b>990</b>	(2021)		
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Form 990	(2021)
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### BALLET HISPANICO OF NEW YORK, INC.

Check if Schedule O contains a response or note to any line in this Part VI

X

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

12	Enter the number of voting members of the governing body at the end of the tax year	1a	20		Yes	N
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
2	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th			-		
Ū	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form S		E E E E E E E E E E E E E E E E E E E	4		$\uparrow$
5	Did the organization become aware during the year of a significant diversion of the organization's as		r	5		
6	Did the organization have members or stockholders?			6		+
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?		-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	Γ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
					Yes	_
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliate	÷S,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing tl	he form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approv		ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			46		
•.	taxable entity during the year?			16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initiative transfer and the organization to evaluate the organization of the		on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			101		
	exempt status with respect to such arrangements?		<u></u>	16b		L
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY , CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000 T (costi		o o o b i		0
8	for public inspection. Indicate how you made these available. Check all that apply.	Ind 990-1 (Section	3(5)(3)100 F(C)	s only	) avall	dD
		on Schedule C	))			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d fina	ncial	
3			r policy, and	u iiiidi	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oke and record	e 🕨			
.0	FREDRICK V. PANDIAN - 212-362-6710		· •			
	167 WEST 89TH STREET, NEW YORK, NY 10024					

Part VII	Co	mpensation of Offic	ers, Director	s, Trustees,	Key Employees,	Highest	Compensate	d
	Em	ployees, and Indep	endent Contr	actors				

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	e Position (do not check more than one			one	Reportable	Estimated			
	hours per	box	ox, unless per officer and a di			is bot	h an	compensation	compensation	amount of
	week					l		from	from related	other
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual 1	nstitutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) KATE B. LEAR	1.00									
CHAIR		X		X				0.	0.	0.
(2) MICHELLE CARUSO CABRERA	1.00									
PRESIDENT		X		X				0.	0.	0.
(3) JAMES F. MCCOY	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) CHARLES J. WORTMAN	1.00									
TREASURER		X		X				0.	0.	0.
(5) JOSE TOLOSA	1.00									
SECRETARY		X		X				0.	0.	0.
(6) JODY GOTTFRIED ARMHOLD	1.00									
HONORARY CHAIR		X						0.	0.	0.
(7) GHISLAINE CHAVEZ DE ARNAVAT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DAVID CHITEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CARMEN DIRIENZO (DIED 8/2021)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PERRY GRANOFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CAROLE JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DAVID PEREZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) RITA RODRIGUEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KATHRYN ROSS NASH (LEFT 8/2021)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROBERTO RUIZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) OLIVIER RUSTAT (LEFT 8/2021)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) RAFAEL TORO	1.00									
BOARD MEMBER		X						0.	0.	0.
122007 12 00 21										Form <b>990</b> (2021)

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Form 990 (2	2021)
Dort VII	

BALLET HISPANICO OF NEW YORK, INC.

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B)			•	C)	_		(D)	(E)			(F)	
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable			stimate	
	hours per week	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	ו		nount	
	(list any				1		É	from the	from related organizations	.		other	
	hours for	direct				_		organization	(W-2/1099-MIS			pensa om th	
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<i>°</i> /		anizat	
	organizations	trust	ial tru		yee	ompe		1099-NEC)	,		•	d relat	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizati	ions
	line)	Indiv	Insti	Officer	Key	High emp	Former						
(18) JOSEPH WAYLAND	1.00												•
BOARD MEMBER		X						0.		0.			0.
(19) MATTHEW FORD	1.00												
BOARD MEMBER	1	X						0.		0.			0.
(20) SERGIO TRUJILLO	1.00												•
BOARD MEMBER	1	X						0.		0.			0.
(21) MELISSA ALVAREZ DOWNING	1.00												•
BOARD MEMBER	1	X						0.		0.			0.
(22) AURI FENOUI	1.00												•
BOARD MEMBER	1	X						0.		0.			0.
(23) MARCOS TORRES	1.00												•
BOARD MEMBER		Х						0.		0.			0.
(24) FLORENCIA ARDISSONE (THRU 5/31/	1.00												•
BOARD MEMBER	10.00	X						0.		0.			0.
(25) EDUARDO NORFLEET-VILARO	40.00											~ ~	
CEO & ARTISTIC DIRECTOR	40.00			х				297,745.		0.	9	0,0	40.
(26) LORRAINE LAHUTA	40.00										1	0 F	70
CHIEF DEVELOPMENT OFFICER				Х			Ļ	206,506.		0.			78.
1b Subtotal								504,251.		0.			18.
c Total from continuation sheets to Part VI								332,057. 836,308.		0.			31.
d Total (add lines 1b and 1c)								-		-	14	5,4	49.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable	Э			F
compensation from the organization											,	Yes	5 No
										I		162	
<b>3</b> Did the organization list any <b>former</b> officer,	,							, , , ,	,		2		x
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-							-	ine organization		4	Х	
									dual far aanviaaa		4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		x
Section B. Independent Contractors		e J 1	01 50	JCH	pers	5011					5		
1 Complete this table for your five highest co	mpensated in	dene	ende	ent c	cont	racto	ors t	that received more than	\$100.000 of com	nens	ation f	irom	
the organization. Report compensation for										pene	200111	10111	
(A)								(B)			(0	2)	
Name and business	address	N	ONE	2				Description of s	ervices	С	ompe	nsatic	n
2 Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	above) who received m	ore than				
\$100,000 of compensation from the organiz		<del></del>			TO	U	~						
SEE PART VII, SECTION	N A CON	ĽΪ	NUZ	<b>Υ</b> Τ.	TOI	N S	5H]	EETS			Form	<b>990</b> (	(2021)
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Form 990 BALLET HI									13-268	5755
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	<b>(B)</b> Average hours per	(cl	neck	<b>(C</b> Pos all 1	ition		ly)	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) FREDRICK PANDIAN CHIEF FINANCIAL OFFICER	40.00			x				166,227.	0.	4,858
(28) JOSHUA PRESTON	40.00									
CHIEF OPERATING OFFICER	40.00			X				158,330.	0.	30,973
(29) TAMIA BLACKMAN-SANTANA CHIEF ENGAGEMENT & ADMINISTRATION OF	40.00			x				7,500.	0.	0
		<u> </u>								
		<u> </u>								
Fotal to Part VII, Section A, line 1c			<u></u>		<u></u>	<u></u>		332,057.		35,831

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Form	<u>99</u>	<u>)0 (</u> 2				AN	ICO OF N	EW YORK, I	NC.	13-2685	755 Page 9
Pa				even	ue						
			Check if Schedule O	conta	ains a respo	nse	or note to any lir		(5)		
								( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a						
and Other Similar Amounts		b	Membership dues		1b						
A <sup>m</sup>		с	Fundraising events				664,271.				
ilar		d	Related organizations		1d						
<u>i E</u>			Government grants (cont				541,300.				
er		f	All other contributions, gifts,								
5 E			similar amounts not included				1,922,333.				
pu			Noncash contributions included in				105,709.	3 1 2 7 0 0 4			
10		n	Total. Add lines 1a-1f				Business Code	3,127,904.			
	2	a	TUITION				611600	1,246,818.	1,246,818.		
Revenue	2	b	PERFORMANCES				711120	1,162,454.	1,162,454.		
nue		c						_,,	_,,		
eve		d				_					
		е				_					
:		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				►	2,409,272.			
	3		Investment income (inclue	•							
			other similar amounts)					126,172.			126,172.
	4		Income from investment of		-	-					
	5		Royalties	· · · · · · ·							
			<b>a</b> .		(i) Real	10	(ii) Personal				
	6	a	Gross rents	6a Ch	160,1	0.					
		b	Less: rental expenses Rental income or (loss)	6b 6c	160,1						
		с с	Net rental income or (loss)					160,112.			160,112.
	7		Gross amount from sales of	" <u> </u>	(i) Securiti		(ii) Other	,			,
	•	u	assets other than inventory	7a	2,202,3						
		b	Less: cost or other basis								
en			and sales expenses	7b	2,255,9	26.					
evenue		с	Gain or (loss)	7c	-53,6	17.					
			Net gain or (loss)				►	-53,617.			-53,617.
Other H	8		Gross income from fundraisi								
5			including \$								
			contributions reported on								
			Part IV, line 18			8a	190,468.				
			Less: direct expenses			8b	190,468.	0			
	•		Net income or (loss) from				<b>&gt;</b>	0.			
	9	а	Gross income from gamin								
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from								
	10		Gross sales of inventory,			, <u></u>					
			and allowances			10a	5,698.				
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			y	<b>&gt;</b>	5,698.	5,698.		
,							Business Code				
ē	11	а	MISCELLANEOUS				900099	28,094.			28,094.
enu		b									
Revenue		с									
			All other revenue								
			Total. Add lines 11a-11d					28,094.	0 11 1 0	-	
	12		Total revenue. See instructio	ons	<u></u>		▶	5,803,635.	2,414,970.	0.	260,761. Form <b>990</b> (2021)

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BALLET HISPANICO OF NEW YORK, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	375,850.	375,850.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	986,473.	549,875.	171,784.	264,814
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,142,781.	2,680,456.	306,926.	155,399
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,686.	29,205.	2,481.	
9	Other employee benefits	435,406.	349,832.	49,945.	35,629
10	Payroll taxes	399,502.	313,716.	46,165.	39,621
11	Fees for services (nonemployees):				
	Management	31,219.	14,563.	16,656.	
b	F	36,553.	32,898.	3,655.	
	Accounting	66,000.	66,000.	5,055.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,231.		18,231.	
g					
-	column (A), amount, list line 11g expenses on Sch O.)	629,856.	507,711.	122,145.	
12	Advertising and promotion	89,649.	70,500.	16,512.	2,637 15,312
13	Office expenses	201,572.	164,974.	21,286.	15,312
14	Information technology				
15	Royalties	EC1 00C	F00 01C	F2 010	
16	Occupancy	561,926. 744,078.	508,916. 742,179.	53,010. 593.	1 206
17	Travel	/44,0/0.	/42,1/9.	595.	1,306
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	80,634.	72,571.	8,063.	
20 21	Interest Payments to affiliates		, 2, 3, 20		
22	Depreciation, depletion, and amortization	387,682.	341,205.	27,521.	18,956
23	Insurance	68,972.	62,075.	6,897.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	948,174.	910,287.	20,844.	17,043
b	BANK/CC FEES & OTHER EX	175,353.	45,449.	52,661.	77,243
c d	INDIRECT BENEFIT EXP. BAD DEBT EXPENSE	30,611. 27,659.	27,659.		30,611
е	All other expenses				<u></u>
25	Total functional expenses. Add lines 1 through 24e	9,469,867.	7,865,921.	945,375.	658,571
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202 <sup>-</sup>

132010 12-09-21

15060307 759420 132685755

12 2021.05060 BALLET HISPANICO OF NEW YOR 13268571

Form **990** (2021)

15060307 759420 132685755

13 2021.05060 BALLET HISPANICO OF NEW YOR 13268571

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	17,531,830.	1	3,445,556.
	2	Savings and temporary cash investments	3,400.	2	5,793.
	3	Pledges and grants receivable, net	3,163,628.	3	2,205,404.
	4	Accounts receivable, net	76,304.	4	240,891.
	5	Loans and other receivables from any current or former officer, director,		•	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	114,498.	9	61,756.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,028,378.			
	b	Less: accumulated depreciation 10b 6,117,871.	8,081,266.	10c	7,910,507.
	11	Investments - publicly traded securities	1,078,077.	11	10,522,690.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	125,277.	15	123,808.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,174,280.	16	24,516,405.
	17	Accounts payable and accrued expenses	293,193.	17	298,571.
	18	Grants payable	166,000	18	210 004
	19	Deferred revenue	166,290.	19	210,904.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
pilia		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	22	controlled entity or family member of any of these persons	2,400,330.	22 23	2,180,450.
	23 24	Secured mortgages and notes payable to unrelated third parties	2,400,550.	23 24	2,100,430.
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	109,627.	25	108,158.
	26	Total liabilities. Add lines 17 through 25	2,969,440.	26	2,798,083.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions	20,948,108.	27	17,807,762.
Ва	28	Net assets with donor restrictions	6,256,732.	28	3,910,560.
pur		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
Ľ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sset	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ţ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	27,204,840.	32	21,718,322.
	33	Total liabilities and net assets/fund balances	30,174,280.	33	24,516,405.

BALLET HISPANICO OF NEW YORK, INC. 1

13-2685755 Page 11

Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

	BALLET HISPANICO OF NEW YORK, INC.	13 - 2	<u>685755</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			F 0.0		25
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,46		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,20		
5	Net unrealized gains (losses) on investments	5	-1,60	9,8	36.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-21	0,4	50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,71	8,3	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Гаша	000	(0001)

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	
--------------------------	--

Name	e of t	he organization							identification number			
				CO OF NEW YC					3-2685755			
Par	tl	Reason for Public	Charity Status.	(All organizations must o	complete t	his part.) S	ee instructior	ıs.				
The o	rgan	ization is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)						
<b>1</b>		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectic</b>	on 170(b)(1	l)(A)(i).					
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed 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	Х	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
<b>8</b>		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	e or			
г		university:										
<b>10</b> [		An organization that norma										
		activities related to its exen		•	. ,							
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
[		See section 509(a)(2). (Con										
11		An organization organized a	-	•	-							
<b>12</b>		An organization organized a		-				-				
		more publicly supported or							neck the box on			
•		lines 12a through 12d that							( diving			
а		J <b>Type I.</b> A supporting orga		-	•							
		the supported organization organization. You must o			a majonty				supporting			
b		<b>Type II.</b> A supporting org	-		tion with it	te support	ad organizativ	on(e) by be	wing			
D.	L	control or management o	-				-		-			
		organization(s). You mus			ane perse			ige the sup	ported			
с		Type III functionally inte	-		in connec	tion with	and functiona	llv integrat	ed with			
•		its supported organizatio						ing integrat				
d		Type III non-functionally		<i>·</i> · ·			-	rted organi	zation(s)			
-		that is not functionally int						•				
		requirement (see instruct			•		-					
е		Check this box if the orga	,	•				II, Type III				
		functionally integrated, or					JI / JI	<i>,</i> ,				
f	Ente	er the number of supported of										
g	Pro	vide the following informatior							-			
	(	<ol> <li>Name of supported</li> </ol>	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount or	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Total									1			

### Schedule A (Form 990) 2021

BALLET HISPANICO OF NEW YORK, INC.

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4523954.	4536879.	6901342.	19227727.	3127904.	38317806.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge $\dots$									
4	Total. Add lines 1 through 3	4523954.	4536879.	6901342.	19227727.	3127904.	38317806.			
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)						8477034.			
	Public support. Subtract line 5 from line 4.						29840772.			
	ction B. Total Support				1					
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020 19227727.	(e) 2021	(f) Total 38317806.			
	Amounts from line 4	4523954.	4536879.	6901342.	1922//2/.	312/904.	3831/800.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	260 060	260 507	160 000	174 062	206 201	1252042			
_	and income from similar sources	360,860.	269,597.	162,238.	174,963.	286,284.	1253942.			
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	26,836.	29,912.	47,622.	10,839.	28 001	143,303.			
	assets (Explain in Part VI.)	20,030.	29,912.	47,022.	10,039.		39715051.			
	Total support. Add lines 7 through 10	ata (asa inaturuati					,802,478.			
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tax			,002,170.			
10	organization, check this box and stor				-					
Se	ction C. Computation of Publ									
	Public support percentage for 2021 (		-	column (f))		14	75.14 %			
	Public support percentage from 2020					15	71.38 %			
	<b>33 1/3% support test - 2021.</b> If the c					nore, check this b				
	stop here. The organization qualifies	as a publicly supp	orted organization	1			► X			
b	stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes									
	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									
b	b 10% -facts-and-circumstances test - 2020. 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	he facts-and-circur	nstances test, che	ck this box and <b>s</b>	<b>top here.</b> Explain ir	n Part VI how the	·			
	organization meets the facts-and-circ						▶∐			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a					
						Schedule A	(Form 990) 2021			

132022 01-04-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	irst. second. third	fourth. or fifth tax	vear as a section	501(c)(3) organ	ization.
	check this box and stop here	-			•		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I			column (f))		15	9
16	Public support percentage from 2020					16	9
	tion D. Computation of Invest						,
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2021. If the						
.56	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, che	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	
20	<b>Private foundation.</b> If the organizatio						
		n did not check a		ס, טר ושט, טופטא נ	THE DUX ATTU SEE ITS		
.3202	23 01-04-22			17		Schedu	le A (Form 990) 202
) 6 (	307 759420 13268575	55 20'	21.05060		SPANTCO O	F NEW VO	DR 13268571
						,_,, _,	/

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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.)

132024 01-04-21

10b Schedule A (Form 990) 2021

15060307 759420 132685755

# Schedule A (Form 990) 2021 BALLET HISPANICO OF NEW YORK, INC. 13-2685755 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? 11b 11b c A 35% controlled entity of a person described on line 11a or 11b above?//f "Yes" to line 11a, 11b, or 11c, provide 11c 11c

### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	izations have the power to regularly appoint or elect at least a majority of the organization's officers, at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) upervised, or controlled the organization's activities. If the organization had more than one supported how the powers to appoint and/or remove officers, directors, or trustees were allocated among the ns and what conditions or restrictions, if any, applied to such powers during the tax year.	
	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		

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
~	bid the organization operate for the benefit of any supported organization other than the supported

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			

			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes

2

No

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# Schedule A (Form 990) 2021 BALLET HISPANICO OF NEW YORK, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.					
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
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 0.015 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 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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-functior	ally integrat	ted Type III supporting org	anization (see				

instructions).

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### BALLET HISPANICO OF NEW YORK, INC.

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e			
	(provide details in <b>Part VI</b> ). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				

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Part VI	Supplemental Info	rmation. Prov	/ide the explana	CO OF NEW	Part II, line 10:	Part II, line 17a	a or 17b; Part III. I	ine 12;
	Part IV, Section A, lines 1	1, 2, 3b, 3c, 4b,	4c, 5a, 6, 9a, 9b	, 9c, 11a, 11b, ar	nd 11c; Part IV	Section B, line	es 1 and 2; Part IV	<ol> <li>Section C.</li> </ol>
	line 1; Part IV, Section D, Section D, lines 5, 6, and	, lines 2 and 3; F 1 8: and Part V. :	Part IV, Section E Section F. lines 2	E, lines 1c, 2a, 2b 2, 5, and 6, Also c	, 3a, and 3b; P complete this p	art V, line 1; Pa art for anv add	rt V, Section B, lir itional information	ne 1e; Part \ n.
	(See instructions.)	, und i un v, v		-, 0, und 0. 7 100 C				
								<u>.</u>
	20						Cohodula A	(Eorm 000
2028 01-04-	<u>~</u>			22			Schedule A	(Form 990)
	759420 13268						NEW YOR	1 2 2 2 2

SCHEDULE C (Form 990)	n 990)					
· ,		anizations Exempt From Incon				
Department of the Treasury Internal Revenue Service						
If the organization and Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization and Section 501(c)(3) org Section 501(c)(3) org If the organization and Tax) (See separate inst Section 501(c)(4), (5) Name of organization	wered "Yes," on ganizations: Com r than section 50 ations: Complete wered "Yes," on ganizations that I ganizations that I wered "Yes," on tructions), then ), or (6) organizat	Form 990, Part IV, line 3, or Form 990, Part IV, line 3, or Form 990, Part IV, line 3, or Form 990, organizations: Complete Part I-A only. Form 990, Part IV, line 4, or Form 990, Part IV, line 4, or Form 990, Part IV, line 4, or Form 5768 (election unave NOT filed Form 5768 (elect	orm 990-EZ, Part V, lin omplete Part I-C. e Parts I-A and C below orm 990-EZ, Part VI, lin nder section 501(h)): C tion under section 501( ky Tax) (See separate	ne 46 (Political Campai . Do not complete Part I ine 47 (Lobbying Activi omplete Part II-A. Do no h)): Complete Part II-B. [ instructions) or Form 9 Er	H-B. <b>ties), then</b> t complete Part II-B. Do not complete Part II-A. <b>290-EZ, Part V, line 35c (Proxy</b> <b>mployer identification number</b> 13 – 2685755	
		ation's direct and indirect politic				
		ures			►\$	
<b>3</b> Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt und	ler section 501(c)	(3).		
1 Enter the amount o	of any excise tax	incurred by the organization und	der section 4955	•	►\$	
		incurred by organization manag				
		n 4955 tax, did it file Form 4720				
					Yes No	
b If "Yes," describe in Part I-C Completion		anization is exempt und	ler section 501(c)	except section 50	<u>)1(c)(3)</u>	
-		by the filing organization for se			► \$	
		ization's funds contributed to ot			Ψ	
exempt function ac	00		•	•	►\$	
3 Total exempt funct		. Add lines 1 and 2. Enter here a				
					►\$	
4 Did the filing organi	ization file <b>Form</b>	1120-POL for this year?			Yes No	
made payments. For contributions received	or each organiza ved that were pro	nployer identification number (El tion listed, enter the amount pai pomptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political org	zation's funds. Also ente anization, such as a sep	er the amount of political	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter	contributions received and	
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form §	990 or 990-EZ.		Schedule C (Form 990) 2021	

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			W YORK, INC		2685755 Page 2
Part II-A Complete if the organ	nization is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check 🕨 🛄 if the filing organization	n belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share o	of excess lobbying	expenditures).			
B Check ▶ if the filing organization	n checked box A a	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe ires" means amo	nditures unts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influen	ce public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influen	ice a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines					
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (b	) is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0				
j If there is an amount other than zero of	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea	ar?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations that		501(h) election do not rate instructions for li		of the five columns I	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(t	)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?		X			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisements?		X			
<b>d</b> Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		66	5,000.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i			66	5,000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	on 501(c)	(5), or se	ection		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Part III-B Complete if the organization is exempt under section 501(c)(4), sect			ection		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
expenditure next year?		4			
<ul> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	I-A, lines 1	and 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B LINE 1- LOBBYING ACTIVITIES:			,		

### WORKED TO SECURE FUNDING FROM NEW YORK STATE SOURCES FOR BALLET

### HISPANICO'S PROGRAMS.

Schedule C (Form 990) 2021

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SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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



Name of the organization

BALLET HISPANICO OF NEW YORK, INC. Employer identification number 13-2685755

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
з,	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised funds
i	are the organization's property, subject to the organization's e	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can h	be used only
	for charitable purposes and not for the benefit of the donor or	<sup>r</sup> donor advisor, or for any other purpos	se conferring
Parl			), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
	Number of states where property subject to conservation eas	•	_
5	Does the organization have a written policy regarding the peri-		
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	onservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	vation easements during the year
	\$		
	Does each conservation easement reported on line 2(d) above		
i	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	ise statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Parl	III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	ו furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these it	iems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement an	nd balance sheet works of
D.	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public service,
i	provide the following amounts relating to these items:		
;	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		🕨 🖇
	(i) Revenue included on Form 990, Part VIII, line 1		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
2	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>	asures, or other similar assets for finance	• \$
2	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS</li> </ul>	asures, or other similar assets for finances SC 958 relating to these items:	cial gain, provide
2 a	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS</li> <li>Revenue included on Form 990, Part VIII, line 1</li> </ul>	asures, or other similar assets for finand SC 958 relating to these items:	▶ \$ cial gain, provide 
2 a b	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS</li> </ul>	asures, or other similar assets for finand SC 958 relating to these items:	▶ \$ cial gain, provide 

		HISPANICO (			-			13-26			age <b>2</b>
Par	t III Organizations Maintaining C								<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	X Scholarly research	e	└── Othe	er							
С	X Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	):							
									Amount		
	Beginning balance										
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escre	ow or cu	ustodial acco	ount liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	-									
		(a) Current year	(b) Prior	year	(c) Two yea	rs back (				-	
1a	Beginning of year balance	7,481,852.	1,40	5,952.	1,41	0,072.	1,3	88,679.	1,	382,	064.
b	Contributions		6,00	0,000.							
с	Net investment earnings, gains, and losses	-1,068,415.	7	5,900.	4	7,176.		70,536.		91,	354.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				- 5	1,296.	-	49,143.		-46,	419.
f	Administrative expenses										
	End of year balance	6,413,437.	7,48	1,852.	1,40	5,952.	1,4	10,072.	1,	388,	679.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, co	olumn (a	a)) held as:						
а	Board designated or quasi-endowment	80.1200	%								
	Permanent endowment > 19.8800	%	_								
с	Term endowment  .0000 g	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that are	e held a	nd administe	ered for th	ne organiz	zation			
	by:	Ũ					Ũ		Г	Yes	No
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								· · · ·		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the									I	
_	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		), Part IV, lin	e 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or of			or other		cumulate	ed	(d) Book	c value	 -
		basis (investr		basis			reciation		(4) 2001	( value	-
19	Land				· /	76					
				9.71	5,751.	3.5	546,2	35.	6,169	9.5	16.
	Buildings Leasehold improvements				5,498.		63,8		1,651		
					7,129.		207,8			9,3	
	Equipment				.,	2			0.	.,	_ / •
-	Other		X column /	2) lino 1	00)				7,910	) 5	07.
Total	Aud miles ta through te. (Column (a) must e	γυαι Γυππ 990, Ραπ	л, соштт (E	y, iirie I							
								Schedule	rorm) ש	i aan)	2021

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<b>(a)</b> Descri		on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
1) Financ	cial derivatives			
	ly held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	II Investments - Program Related.			
	Complete if the organization answered "Yes" ( (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f voor markat value
	(a) Description of investment	(b) BOOK Value	(c) Method of Valdation. Cost of end-o	n-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
. /	(b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX				
	Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	-			
	(a) L	Jeschplion		(b) Book value
(1)	(a) L	Description		(b) Book value
(1)	(a) (	Jeschption		(b) Book value
(2)	(a) (	Jeschption		(b) Book value
(2) (3)	(a) (	Description		(b) Book value
(2) (3) (4)	(a) [	Description		(b) Book value
(2) (3) (4) (5)	(a) (			(b) Book value
(2) (3) (4) (5) (6)	(a) (			(b) Book value
(2) (3) (4) (5) (6) (7)	(a) (			(b) Book value
(2) (3) (4) (5) (6) (7) (8)	(a) [			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	(a) t umn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b>			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	lumn (b) must equal Form 990, Part X, col. (B) line	9 15.)	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	<i>lumn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" of	9 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo Part X Part X	<i>lumn (b) must equal Form 990, Part X, col. (B) line</i> <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability	9 <i>15.)</i> on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo Part X Part X	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coh Part X 1. (1) Fe (2) D]	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X (1) Fe (2) D1 (3)	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X (1) (Col. Part X (2) (2) (2) (3) (4)	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X (1) (Col. Part X (2) (2) (2) (3) (4) (5)	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	■ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo Part X Part X (1) Fe (2) D1 (3) (4) (5) (6)	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	■ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coh Part X Part X 1. (1) Fe (2) D1 (3) (3) (4) (5) (6) (7)	lumn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b> Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	9 <i>15.)</i> on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	

BALLET HISPANICO OF NEW YORK, INC.

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 BALLET HISPANICO OF NEW	YORK,	INC.	13-	2685755 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements W	/ith Revenue per F	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,965,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,609,836.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,609,836.
3	Subtract line 2e from line 1			3	5,574,954.
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			
b	Other (Describe in Part XIII.)	4b	210,450.		
С	Add lines 4a and 4b			4c	228,681.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5,803,635.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Nith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	9,451,636.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,451,636.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,231.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	18,231.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	9,469,867.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART III, LINE 4:

BAL	LET	HISE	PANICO	AND	THE	CENTER	OF	PUERTO	RICAN	STUDIE	ES AI	HUN	ITEF	R COLLEGE
ARE	IN	THE	PROCES	SS OF	CA	TALOGIN	3, I	DIGITIZI	NG, A	ND ARCH	IIVIN	IG TH	IE C	COLLECTIVE
EFF	ORTS	OF	FOUNDE	ER TI	NA I	RAMIREZ	ANI	) BALLET	HISP2	ANICO,	FOR	USE	IN	SCHOLARLY
RES	EARC	H Al	ND PRES	SERVA	TIO	N FOR FU	JTUF	RE GENEF	RATION	s.				

PART V, LINE 4:

THE INCOME FROM THE FUND IS USED AS SCHOLARSHIP SUPPORT FOR BALLET

HISPANICO DANCE STUDENTS, BASED ON MERIT AND/OR NEED.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

### REVERSAL OF PRIOR YEAR CONTRIBUTION

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Schedule D (Form 990) 2021

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SCHEDULE G						ing or Gaming			OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		, or if the	2021
Department of the Treasury Internal Revenue Service		•	ch to Form 990 rm990 for instr			0-EZ. the latest informat	ion.		Open to Public Inspection
Name of the organizatio		HISPANICO	OF NEW Y	ORK	, I	NC.		Employer id 13-268	entification number 5755
	complete this par		anization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-I	Z filers are not
Indicate whether th     a Mail solicitat     b Internet and     c Phone solici     d In-person so     2 a Did the organization	ne organization rais tions l email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through a or oral agreement wi art VII) or entity in c viduals or entities (fu	e Solicitat f Solicitat g Special th any individual ponnection with p	tion of tion of fundra (inclue profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) Acti	vity	(iii) fundr have c or con contribu	ustoay trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				-
									-
3 List all states in wh		n is registered or lic			<b>b</b> utions	s or has been notified	d it is	exempt from	registration
or licensing.									
LHA For Paperwork R	eduction Act Not	ice, see the Instruc	tions for Form	990 or	990-1	EZ.		Schedu	le G (Form 990) 2021

BALLET HISPANICO OF NEW YORK, INC.

13-2685755 Page 2

t II 🛛
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**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	(b) Event #2 NOCHES	(c) Other events NONE	(d) Total events (add col. (a) through
			VIRTUAL GALA (event type)	(event type)	(total number)	col. <b>(c)</b> )
anue			()	(	(	
Revenue	1	Gross receipts	854,739.			854,739.
	2	Less: Contributions	664,271.			664,271.
	3	Gross income (line 1 minus line 2)	190,468.			190,468.
	4	Cash prizes				
es	5	Noncash prizes				
zpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	190,468.			190,468.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	190,468.
		Net income summary. Subtract line 10 from li				0.
Pa	irt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		( ) Dull take (instant		
ne			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		
Re						
	1	Gross revenue				
~	2	Cash prizes				
sec	-	odon ph200				
Direct Expenses	3	Noncash prizes				
Direc.	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	E ad					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		statos?		Yes No
		No," explain:				
~						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
13208	32 10	D-21-21			Sche	dule G (Form 990) 2021
						- •

Schedule G (Form 990	) 2021	BALLET	HISPANICO	OF	NEW	YORK,	INC.	13-2	6857	55 Page 3
<b>11</b> Does the organiz		aming activities	with nonmembers?						Ye	s 🗌 No
12 Is the organization										
									└── Ye	s 📖 No
13 Indicate the perc									ا مدا	0.4
a The organization										<u>%</u> %
<ul><li>b An outside facility</li><li>14 Enter the name a</li></ul>									130	70
			or op all oc all o or gaine		9	9. op o o ai o i				
Name 🕨										
Address 🕨										
15a Does the organiz	ation have a con	tract with a thir	d party from whom	the or	ganizatio	on receives	gaming reve	nue?	Ye	s 🗌 No
<b>b</b> If "Yes," enter the	e amount of gam	ning revenue rec	ceived by the organi	zation	► \$		and	the amount		
			· \$		_					
<b>c</b> If "Yes," enter na	me and address	of the third par	ty:							
Name 🕨										
Address 🕨										
16 Gaming manager										
	inomation.									
Name 🕨										
Gaming manager	compensation	▶ \$								
Description of se	rvices provided	►								
Director/o	fficer	Employee	e 🗌 I	ndepe	endent co	ontractor				
17 Mandatory distrib		r atata law ta m	aka abaritabla diatri	bution	o from t	ha aamina r	araaada ta			
<ul> <li>a Is the organization</li> <li>retain the state g</li> </ul>			ake chantable distri						🗌 Ye	s 🗌 No
<b>b</b> Enter the amount										
organization's ow							-			
			ide the explanation		-			ii) and (v); and Pa	rt III, lines	9, 9b, 10b,
15b, 15c	, 16, and 17b, as	s applicable. Als	so provide any addi	ional i	informati	on. See inst	tructions.			
132083 10-21-21					30			Schedu	ile G (Fo	m 990) 2021
	122605	- 7	2021 0500	0 5	38			Schedu	ile G (Foi	m 990) 202

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nedule G (Form 990) art IV Suppleme	ntal Informatic	רשבים <b>n</b> (contin	HISPANICO	Or	ᅚᄮ뚀ᄴ	IOKK,	THC.	13-2685755 <sub>Ра</sub>
			1000)					

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SCHEDUL (Form 990		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.												
Department of Internal Rever	f the Treasury nue Service		Go to www.ir	•	m 990. In the latest inform	nation.		Open to Public Inspection						
Name of th	he organization BALLET H	ISPANICO O	F NEW YORK,	INC.				Employer identification number 13-2685755						
Part I	General Information on Grants	and Assistance												
	s the organization maintain records ria used to award the grants or ass		e amount of the grants					ction X Yes No						
2 Des	cribe in Part IV the organization's p													
Part II	Grants and Other Assistance to recipient that received more than					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any						
1 (a) №	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
3 Ente	er total number of section 501(c)(3) er total number of other organizatio r <b>Paperwork Reduction Act Notic</b>	ns listed in the line	1 table					Schedule I (Form 990) 2021						

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

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERIT-BASED SCHOLARSHIPS	76	0.	336,288.	FMV	SCHOLARSHIP FOR TUITION
NEED-BASED SCHOLARSHIPS	61	0.	39,562.	FMV	SCHOLARSHIP FOR TUITION
Part IV Supplemental Information. Provide the information	required in Part L lin	e 2 <sup>.</sup> Part III. column	(b): and any other a	ditional information	
PART I, LINE 2:					
FAMILIES THAT APPLY FOR FINANCIA	L AID ARE	REQUIRED I	O PRESENT	TAX AND	
SUPPORTING DOCUMENTATION THAT SH	OW THEY QU	ALIFY FOR	NEED-BASED	ASSISTANCE.	
ONCE AN APPLICATION HAS BEEN SUB	MITTED TO	THE SCHOOL	OF DANCE	OFFICE WITH A	
V4/W2 OR NECESSARY LETTER OF EMP	LOYMENT, T	HE SCHOLAR	SHIP COMMI	TTEE REVIEWS	
THE FILE AND AWARDS A PERCENTAGE	OF FUNDIN	G THAT IS	PRE-AUTHOR	IZED BY THE	

FINANCE DEPARTMENT BASED ON TOTAL INCOME PER YEAR AND DEPENDENTS OF THAT

INCOME. THE FAMILY IS THEN NOTIFIED OF THEIR AWARD AMOUNT AND GIVEN A

DEADLINE TO ACCEPT. ONCE ACCEPTED, THE AWARD IS RECORDED IN THE SCHOOL

Schedule I (Form 990) BAL	LET HISPANIC on	CO OF NEW YO	RK, INC.	13-2685755 Page 2
SCHOLARSHIP LEDGER AND	APPLIED TO	THE ACCOUNT	THROUGH OUR	BURSAR. AWARDS
ARE PROCESSED FOR FULL	YEARS OF ST	TUDY AND NOT	PER SEMESTE	R. ALL MERIT
AWARDS ARE GIVEN BY TH	E DIRECTORS	BASED ON AR	TISTIC PROMI	SE AND POTENTIAL.
132291				Schedule I (Form 990)
04-01-21		42		

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SC	1	OMB No. 1	1545-00	47				
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	l		
•		Compensated Employees		ZU		i		
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	e of the organizatio		Employer id			mber		
_		BALLET HISPANICO OF NEW YORK, INC.	13-2	68575	5			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o							
	Travel for com							
	Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)							
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant IX Compensation survey or study						
	X Form 990 of o	ther organizations	ommittee					
_								
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
_	organization or a re					x		
a L		e payment or change-of-control payment?				X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?		40		- 23		
	In res to any or in							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
-	contingent on the r							
а				5a		X		
b		ation?				Х		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		X		
b		ation?				X		
	If "Yes" on line 6a	or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37		
_		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	) 2021		

132111 11-02-21

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(	<b>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDUARDO NORFLEET-VILARO (i	i)	297,745.	0.	0.	51,183.	38,857.	387,785.	0.
CEO & ARTISTIC DIRECTOR (i		0.	0.	0.	0.	0.	0.	0.
(2) LORRAINE LAHUTA (i	i)	206,506.	0.	0.	5,989.	13,589.	226,084.	0.
CHIEF DEVELOPMENT OFFICER (i		0.	0.	0.	0.	0.	0.	0.
(3) FREDRICK PANDIAN (i	i)	166,227.	0.	0.	4,765.	93.	171,085.	0.
CHIEF FINANCIAL OFFICER (i		0.	0.	0.	0.	0.	0.	0.
(4) JOSHUA PRESTON (i	i)	158,330.	0.	0.	4,731.	26,242.	189,303.	0.
CHIEF OPERATING OFFICER (i		0.	0.	0.	0.	0.	0.	0.
(i	i)							
(i	i)							
(i	i) 🗋							
(i	i)							
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(i	i)							

Page 3

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

ſ 

Employer identification number 13-2685755

Department of the Treasury	
Internal Revenue Service	

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

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

Name of the organization

BALLET HISPANICO OF NEW YORK, INC.

Pa	rt I Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	ïs		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	7	105,709.						
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► ()									
26	Other ()									
27	Other ► ()									
28	Other 🕨 ( )									
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29						
							Yes	No		
30a	During the year, did the organization receive by									
	must hold for at least three years from the date							37		
	exempt purposes for the entire holding period?	·····				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31										
32a	Does the organization hire or use third parties of		-					37		
	contributions?					32a		X		
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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chedule N	l (Form 990) 2021		HISPANICO						2685755	Pa
Part II	Supplemental	t I. column (b).	<b>on.</b> Provide the info , the number of con mation.	ormatic tributic	on requir ons, the r	ed by Part I number of it	, lines 30b, 32b ems received, c	, and 33, and wh or a combination	ether the organi of both. Also co	zation mplete
32142 11-17-	21							S	chedule M (Fori	n 990)
						47				
60307	759420 13	2685755	5 2021	.050			HISPANI	CO OF NEW	v YOR 132	268

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-2685755

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

CULTURES THROUGH INNOVATIVE PRODUCTIONS, TRANSFORMATIVE DANCE TRAINING,

AND COMMUNITY ENGAGEMENT. THE ORGANIZATION PROVIDES A YEAR-ROUND

BALLET HISPANICO OF NEW YORK, INC.

PROGRAM OF EXTRA-CURRICULAR AND PRE-PROFESSIONAL DANCE TRAINING AT ITS

STUDIOS AS WELL AS EXTENDED DANCE EDUCATION RESIDENCIES IN PUBLIC

SCHOOLS AND COMMUNITY CENTERS THROUGHOUT THE NEW YORK CITY AREA. THE

PROFESSIONAL DANCE COMPANY PERFORMS NATIONALLY AND INTERNATIONALLY WITH

A REPERTORY OF WORKS CHOREOGRAPHED BY ESTABLISHED AND EMERGING ARTISTS

OF LATINO DESCENT.

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

FROM SPAIN AND LATIN AMERICA, INTERACTIVE PERFORMANCES BY OUR TEACHING

ARTISTS, AND OUR BALLET HISPNICO REPERTORY EXCERPTS IN OUR PERFORMANCES

FOR YOUNG PEOPLE (PYP). THE CONTRAST OF DANCE STYLES AND GENRES WITHIN

OUR CAP PROGRAM WILL ALLOW THE STUDENTS TO WIDEN THEIR PERSPECTIVES OF

DANCE AND CULTURE WHILE CELEBRATING THE RICH DIVERSITY IN OUR

COMMUNITY'S HERITAGE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ARNHOLD CENTER & OTHER COMMUNITY ENGAGEMENTS.

EXPENSES \$ 299,210. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,725.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS FIRST REVIEWED BY THE CFO, FOLLOWED BY THE EXECUTIVE DIRECTOR.

PRIOR TO PRESENTATION TO THE AUDIT COMMITTEE. THEREAFTER, THE REPORT IS

PRESENTED TO THE AUDIT COMMITTEE FOR APPROVAL PRIOR TO SUBMITTING TO THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Page <b>2</b>										
Name of the organization	BALLET	HISPANICO	OF	NEW	YORK,	INC.	Employer identification number 13-2685755			
DEPARTMENT OF	TREASU	RY.								

DURING END OF YEAR BOARD MEETINGS, CONFLICT OF INTEREST POLICIES ARE SIGNED

BY THE OFFICERS AND DIRECTORS AND ARE MONITORED THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 12C:

FOR THE YEAR ENDED JUNE 30, 2022, THE SALARIES FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES WERE ESTABLISHED BY REFERENCING A PUBLIC SURVEY OF SALARIES FOR NON-PROFIT CULTURAL INSTITUTIONS. THE SALARIES WERE INCORPORATED INTO THE FY22 BUDGET AND APPROVED FIRST BY THE AUDIT AND PLANNING COMMITTEE, AND UPON THEIR RECOMMENDATION, BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

BALLET HISPANICO INCLUDES A STATEMENT IN PROGRAMS DISTRIBUTED AT PERFORMANCES, IN ALL FUNDRAISING MATERIALS, ON ITS WEBSITE, AND IN OTHER DOCUMENTS WHERE APPLICABLE, THAT ITS FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY WRITING TO THE NYS OFFICE OF THE ATTORNEY GENERAL CHARITIES BUREAU, OR TO BALLET HISPANICO.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVERSAL OF PRIOR YEAR CONTRIBUTIONS

-210,450.

PART XII LINE 2C

THE PROCESSES OF THE AUDIT COMMITTEE HAVE NOT CHANGED SINCE LAST YEAR.

132212 11-11-21