Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN C Name of organization D Employer identification number Check if applicable Address change THE RICHMOND BALLET **-***9848 Name RICHMOND BALLET Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 407 E. CANAL STREET 8043440906 11,070,030. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended RICHMOND, VA 23219 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MA CONG Yes X No for subordinates? 23219 407 E. CANAL ST., RICHMOND, VA H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.RICHMONDBALLET.COM H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 1968 M State of legal domicile: VA Association Other Part I Summary Briefly describe the organization's mission or most significant activities: RICHMOND BALLET AWAKENS Activities & Governance AND UNITES HUMAN SPIRITS THROUGH THE POWER OF DANCE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 161 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 140 6 47,115. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,772,741. 3,446,781. Contributions and grants (Part VIII, line 1h) 3,678,541. 4,315,995. Program service revenue (Part VIII, line 2g) -204,416.275,620. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -42,319.-10,731. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,204,547. 8,027,665. 280,916. 277,322. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 4,081,170. 4,529,331. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Sign	Signature of office	er							Date			
_	MICHELLE	MULLER,	CFO									
	Type or print nam	e and title										
	Print/Type prepar	er's name		Prepare	r's signature)		Date		Check	PTIN	
Paid	OLIVIA A	. HUTTON	, CPA	OLIV	TA A.	HUTTON,	CP	10/18	/24	it self-employed	P0096468	8
Preparer	Firm's name	YOUNT, H	YDE & B	ARBOUR	, P.C.	1			Firm's	EIN **-	***9263	
Use Only	Firm's address	P.O. BOX	2560									
	1	WINCHEST	ER, VA	22604-	1760				Phone	no.540-	662-3417	'
May the II	RS discuss this re	eturn with the pr	eparer shown	above? See	instruction	ns					X Yes	No

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Part II Signature Block

1,903,851.

6,265,937.

Beginning of Current Year

10,853,342.

-61,390.

667,498.

185,844.

2,534,766. 7,341,419.

End of Year

14,066,266.

2,646,125

11,420,141

686,246.

THE RICHMOND BALLET **-***9848 <u> Page</u> **2** Form 990 (2023) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THROUGH ALL OF ITS PROGRAMS, RICHMOND BALLET STRIVES TO EXPAND ACCESS TO DANCE FOR THE BENEFIT OF THE ENTIRE COMMUNITY. AT THE HEART OF THE ORGANIZATION'S MISSION, TO AWAKEN, UPLIFT, AND UNITE HUMAN SPIRITS, IS THE CONVICTION THAT THE APPETITE AND NEED FOR ARTS EXPERIENCES IS BOTH Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 revenue, if any, for each program service reported. 4,211,478. including grants of \$) (Expenses \$) (Revenue \$ 4a PROFESSIONAL COMPANY PERFORMANCES - RICHMOND BALLET IS ONE OF VIRGINIA'S FINEST ART AND DANCE EDUCATION INSTITUTIONS AND HAS GAINED NATIONAL AND INTERNATIONAL ACCLAIM AS A PREMIER DANCE ORGANIZATION. NEARLY 40,000 PEOPLE IN AND AROUND THE RICHMOND, VA AREA JOINED RICHMOND BALLET FOR THREE REPERTORY PRODUCTIONS AS WELL AS FULL LENGTH PRODUCTIONS OF "CARMINA BURANA" AND "THRIVE", "THE NUTCRACKER", "DRACULA." RICHMOND BALLET ALSO COMPLETED TOURS AND LECTURE DEMONSTRATIONS AT VARIOUS SCHOOLS AND LOCALITIES THROUGHOUT THE COMMONWEALTH OF VIRGINIA, INCLUDING VIRGINIA BEACH, REACHING ALMOST 25,000 STUDENTS AND OVER 4,000 COMMUNITY PATRONS. 1,482,988. including grants of \$ 274,158.) (Revenue \$ **1,393,713.**) 4h) (Expenses \$ DANCE SCHOOL - THE SCHOOL OF RICHMOND BALLET OFFERS TRAINING IN A WIDE VARIETY OF DANCE FORMS, INCLUDING BALLET, MODERN, THEATER DANCE, AND CHARACTER. WITH NO AUDITION REQUIREMENT, ADMISSION TO THE SCHOOL IS INCLUSIVE. DANCE CLASSES ARE PROVIDED TO OVER 1,000 STUDENTS, AGES 4 7 DAYS A WEEK. THE SCHOOL ALSO PROVIDES ADVANCED TRAINING FOR QUALIFIED STUDENTS WHO PERFORM WITH THE BALLET'S PROFESSIONAL DANCE COMPANY. ABOUT \$275,000 GIVEN IN FINANCIAL AID AND SCHOLARSHIPS HELPED OVER 100 STUDENTS PARTICIPATE IN DANCE CLASSES THIS YEAR. 464,357 including grants of \$ 137,530.) (Revenue \$ MINDS IN MOTION (MIM) - MIM IS RICHMOND BALLET'S PRIMARY COMMUNITY ENGAGEMENT PROGRAM, REACHING ABOUT 1,000 CHILDREN FROM A RANGE OF SOCIOECONOMIC BACKGROUNDS. THIS IN-SCHOOL PROGRAM FEATURES AN ENGAGING, MOVEMENT-BASED CURRICULUM TAUGHT BY PROFESSIONAL TEACHING ARTISTS AND MUSICIANS IN SCHOOLS THROUGHOUT VIRGINIA. MIM STRIVES TO NURTURE SELF-CONFIDENCE IN STUDENTS AND ENDEAVORS TO CULTIVATE COMMUNICATION AND TEAMWORK SKILLS. TEACHING ARTISTS FOLLOW A CURRICULUM THAT GUIDES STUDENTS TOWARD MASTERY OF COMPLEX MOVEMENT, TIMING, AND CHOREOGRAPHY. THROUGH THE EXPERIENCE OF SUCCESSFUL GROUP LEARNING, STUDENTS PERCEIVE AND MODEL THE VALUE AND BENEFITS OF TEAMWORK AND RESPECTFUL COMMUNICATION. THE PROGRAM CONCLUDES WITH AN ORIGINAL PRODUCTION PRESENTED FOR A LIVE AUDIENCE, THEMED THIS YEAR AROUND EXPLORING THE

4d Other program services (Describe on Schedule O.)

3,164. including grants of \$

6,161,987. Total program service expenses

3,164.) (Revenue \$

Form 990 (2023) THE RICHMOND BALLET 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		X
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1 37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D	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	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	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			
	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		
	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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Α_
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u>''</u>		T
.5	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? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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
_	·		~~~	_

Form 990 (2023) THE RICHMOND BALLET
Part IV Checklist of Required Schedules (continued)

	(Someway)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? 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? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
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? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		<u>X</u>
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? If "Yes," complete			
	Schedule N, Part II	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		. ·	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· u				
	Check if Schedule O contains a response or note to any line in this Part V			N-
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the Harrist of Forms W 24 monded of mine 14. Enter 6 minet applicable			
С		1c	Х	
	(gambling) winnings to prize winners?	l IC	41	

332004 12-21-23

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Form 990	(2023) TH	E RICHMOND	BALLE'I'	**-***9848	Pa	age 5
Part V	Statements Regar	ding 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 161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	•		
a	Did the angular temperature and the state of	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	<i>_</i> -		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MICHELLE MULLER - 804-344-0906

Form **990** (2023)

407 E CANAL ST, RICHMOND,

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

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

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 fieldler the organization in		Jiya	IIIZa			ipei	isatt			(E)
(A)	(B))) Posi	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	e 0 r	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	m per		1099-NEC)	10001120,	and related
	below	idual	In stit utio nal tru stee	-	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) STONER WINSLETT	40.00									
ARTISTIC DIRECTOR		Х		Х				146,035.	0.	5,535.
(2) BRETT BONDA	40.00						1			
FORMER MANAGING DIRECTOR		Х		Х				112,885.	0.	10,365.
(3) MA CONG	40.00									
ASSOC. ARTISTIC DIRECTOR						X		116,053.	0.	5,123.
(4) MICHELLE MULLER	40.00									
CHIEF FINANCIAL OFFICER				X				84,658.	0.	4,647.
(5) MARGARET CLINARD	5.00							_	_	_
PRESIDENT	11	X		Х				0.	0.	0.
(6) SELINA RAINEY	2.00							_		_
VICE PRES. & PRES ELECT		Х		Х				0.	0.	0.
(7) TIFFANY B. ARMSTRONG	2.00									
TREASURER	,	Х		Х				0.	0.	0.
(8) GAYE MONTGOMERY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) KATHLEEN MACCIO HOLMAN	5.00			.,						
CHAIRMAN (10) WWW. DD DD DW WW. DD	2 00	Х		Х				0.	0.	0.
(10) HUNTER APPLEWHITE	2.00	.,								
TRUSTEE	2 00	Х						0.	0.	0.
(11) DAVID BERAN	2.00								•	_
TRUSTEE	2 00	Х						0.	0.	0.
(12) DANIEL BRYANT	2.00	3,7						_	0	
TRUSTEE (12) KATHARIAN DANIA	2 00	Х						0.	0.	0.
(13) KATHERINE DUVAL	2.00	37						_	0	
TRUSTEE GEODGIADIG	2 00	Х						0.	0.	0.
(14) MAGGIE GEORGIADIS	2.00	v						0.	0.	_
TRUSTEE (15) BYAN CLASCON	2.00	Х						0.	0.	0.
(15) RYAN GLASGOW TRUSTEE	2.00	Х						0.	0.	0.
(16) PHILIP GOODPASTURE	2.00	Λ						0.	0.	· ·
TRUSTEE	4.00	Х						0.	0.	0.
(17) KATHRYN GRAY	2.00	^	\vdash					· ·	0.	
TRUSTEE	2.00	Х						0.	0.	0.
332007 12-21-23	1			l			1	1 0•	J •	Form 990 (2023)

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101111 330 (2020)			_							c = c
Part VII Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ndividual trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	Institutional trustee			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tr		Key employee	d wo		1099-NEC)		and related
	below	vidua	itutio	Ser	em pl	nest (Former			organizations
	line)	ib di	Inst	Officer	Key	Highest compensated employee	P			
(18) KEVIN GREMER	2.00									
TRUSTEE		Х						0.	0.	0.
(19) CHRISTIAN KENNEDY	2.00									
TRUSTEE		Х						0.	0.	0.
(20) J. ROBERT MOONEY	2.00									
TRUSTEE		Х						0.	0.	0.
(21) KWADWO OWUSU-AKYAW, M.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(22) CAROLYN PORT, M.D.	2.00								7	
TRUSTEE		Х						0.	0.	0.
(23) DAPHNE MAXWELL REID	2.00									
TRUSTEE		Х						0.	0.	0.
(24) MRS. RICHARD S. REYNOLDS III	2.00									
TRUSTEE		Х						0.	0.	0.
(25) LIBBY ROBERTSON	2.00					'				
TRUSTEE		Х						0.	0.	0.
(26) LIZ TOMS	2.00						1			
TRUSTEE		X						0.	0.	0.
1b Subtotal								459,631.	0.	25,670.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)					····			459,631.	0.	25,670.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RICHMOND SYMPHONY, 612 E. GRACE 401, RICHMOND, VA 23219	LIVE ORCHESTRA	253,677.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 THE RICH	IMOND BAI	<u> LE</u>	T						**_**	9848
	rustees, Key Er	nplc	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) KRISTIN VOSMIK TRUSTEE	2.00	x						0.	0.	0
(28) BARBARA WRIGHT TRUSTEE	2.00	х						0.	0.	0 .
(29) MAYA ERHARDT	40.00								•	
EXECUTIVE DIRECTOR		<u> </u>		х				0.	0.	0 .
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		-								
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Form 990 (2023) THE RIC
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Check if Conteduc C Contains a response	or riote to driy iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
49.40	_	_	Endowsky discount in the latest terms and the latest terms are the latest terms and the latest terms are the lates					300010113 0 12 0 14
nts	1		Federated campaigns 1a					
S S			Membership dues 1b	202 526				
ts, An			Fundraising events 1c	303,536.				
ig ig			Related organizations 1d	50,092.				
ns, jin			Government grants (contributions) 1e	120,864.				
er S		f	All other contributions, gifts, grants, and					
혈兼			similar amounts not included above 1f	2,972,289.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f 1g	241,970.				
<u>2 g</u>		h	Total. Add lines 1a-1f		3,446,781.			
				Business Code				
ė	2	а	PRODUCTION AND TOURS	711120	2,784,752.	2,737,637.	47,115.	
e Ķ		b	SCHOOL TUITION	611600	1,393,713.	1,393,713.		
S		С	MINDS IN MOTION	611600	137,530.	137,530.		
am eve		d				. (7)		
Program Service Revenue		е				10		
P.		f	All other program service revenue					
		g	Total. Add lines 2a-2f		4,315,995.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		218,901.			218,901.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 10,434.					
		b	Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 10,434.					
			Net rental income or (loss)		10,434.			10,434.
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,963,347.					
		b	Less: cost or other basis					
ē			and sales expenses	2,133.				
her Revenue		С	Gain or (loss) 7c 58,852.	-2,133.				
Şe.			Net gain or (loss)		56,719.			56,719.
e			Gross income from fundraising events (not					
퉏	_		including \$ 303 536. of					
			contributions reported on line 1c). See					
			Part IV, line 18	55,110.				
		b	Less: direct expenses 8b	135,737.				
			Net income or (loss) from fundraising events	,	-80,627.			-80,627.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		<u> </u>		Business Code				
ns	11	2	MISCELLANEOUS	711120	59,462.			59,462.
Miscellaneous Revenue	• •	a b			-5,252.			,
ila Ven								
Sce		Q C	All other revenue					
Ξ					59,462.			
		e	Total revenue See instructions		8,027,665.	4,268,880.	47,115.	264,889.
	12		Total revenue. See instructions		0,027,005.		1 1,113.	204,009.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,164. 3,164. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 274,158. 274,158. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 515,164. 237,578. 208,602. 68,984. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,479,725. 2,985,179. 254,327. 240,219. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 30,687.250,670. 14,521. 205, 462 Other employee benefits 9 283,772. 226,395. 38,685. 18,692. 10 Payroll taxes Fees for services (nonemployees): Management 1,015 768. 247. Legal 21,647. 21,647. Accounting Lobbying Professional fundraising services. See Part IV, line 17 35,361 35,361. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 15,892 9,609. 2,948. 3,335. column (A), amount, list line 11g expenses on Sch O.) 206,808. 206,808. 12 Advertising and promotion 67,549. 21,272. 41,084. 5,193. Office expenses 13 58,011. 6,527. 46,082. 5,402. Information technology 14 45,957. 45,957. 15 Royalties 6,968. 25,963. 521,921. 488,990. 16 Occupancy 132,203. 128,417. 2,786. 1,000. 17 Payments of travel or entertainment expen 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 253,497. 240,822. 5,070. 7,605. Depreciation, depletion, and amortization 22 43,713. 34,760. 8,510. 443. 23 Other expenses. Itemize expenses not covered 24 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 O.) 761,988. 761,988. OTHER PRODUCTION EXPENS BUSINESS LICENSES AND A 167,415. 165,702. 1,713. 122,340. 122,340. **EDUCATION EXPENSES** 61,605. 61,605. d FUNDRAISING COSTS 17,844. 2,886. 14,670. 288. e All other expenses 7,341,419. 6,161,987. 745,564. 433,868. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Par	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	673,429.	1	559,612.
	2	Savings and temporary cash investments	672,267.	2	1,892,725.
	3	Pledges and grants receivable, net	467,318.	3	510,106.
	4	Accounts receivable, net		4	35,369.
	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 disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	46,545.	8	25,214.
ğ	9	Prepaid expenses and deferred charges	1 126 061	9	154,666.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,205,084			
	b	Less: accumulated depreciation 10b 1,954,131		10c	2,250,953. 6,673,019.
	11	Investments - publicly traded securities	6,920,404.	11	6,673,019.
	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	72,912.	15	1,964,602.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,853,342.	16	14,066,266.
	17	Accounts payable and accrued expenses	191,028.	17	205,920.
	18	Grants payable	'	18	
	19	Deferred revenue	403,369.	19	451,856.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	F2 404		1 000 040
		of Schedule D	73,101.		1,988,349.
	26	Total liabilities. Add lines 17 through 25	667,498.	26	2,646,125.
,,		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	7 160 400		7 740 227
lar	27	Net assets without donor restrictions		27	7,749,337.
Ä	28	Net assets with donor restrictions	3,017,345.	28	3,670,804.
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
F F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ţ	31	Retained earnings, endowment, accumulated income, or other funds		31	11 400 141
Š	32	Total net assets or fund balances	10,185,844.	32	11,420,141.
	33	Total liabilities and net assets/fund balances	10,853,342.	33	14,066,266.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,02'</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	<u>,34</u> 2		
3	Revenue less expenses. Subtract line 2 from line 1	3			5,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	<u>,18!</u>		
5	Net unrealized gains (losses) on investments	5		548	3,0	<u>51.</u>
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	,420	0,1	41.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 Schedule	О.				
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	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	Separate basis X 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	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 Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	, , , , , , , , , , , , , , , , , , , ,			Form	990	(2023)
					,)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

-*9848 THE RICHMOND BALLET Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

360	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 (Gifts, grants, contributions, and						
-	membership fees received. (Do not						
i	nclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
i	zation's benefit and either paid to						
(or expended on its behalf						
3	The value of services or facilities						
1	furnished by a governmental unit to						
1	the organization without charge						
4	Fotal. Add lines 1 through 3						
	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				10		
	amount shown on line 11,				11		
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support)		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010	(5) 2020	(0) 232 1	(a) 2022	(6) 2020	(i) rotar
	Gross income from interest,						
	dividends, payments received on			- U			
	securities loans, rents, royalties,		+, (
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	ousiness is regularly carried on	•					
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	A (a single unation				40	
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th	, •		•		. , . ,	
Saci	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage				
				1 (6)			0/
	Public support percentage for 2023 (li					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		-				
	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	IS DOX
	and stop here. The organization quali	•					
	10% -facts-and-circumstances test						
	and if the organization meets the facts				· ·	VI how the organiz	ration
	meets the facts-and-circumstances te	· ·	•				Ш
	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu			•	•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

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.)

Sec	ction A. Public Support	elow, please comp	nete i art ii.j						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	(2) 2010	(~) =0=0	(5) 2021	(4) 2022	(5) 2020	(i) rotal		
	membership fees received. (Do not include any "unusual grants.")	3707531.	4258475.	4646343.	2722342.	3396689.	18731380.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3682183.	1610706.	2866342.	3651477.	4268840.	16079548.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge				40				
6	Total. Add lines 1 through 5	7389714.	5869181.	7512685.	6373819.	7665529.	34810928.		
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	234,520.	170,579.	156,760.	304,239.	426,501.	1292599.		
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						0.		
c	Add lines 7a and 7b	234,520.	170,579.	156,760.	304,239.	426,501.			
	Public support. (Subtract line 7c from line 6.)						33518329.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6	7389714.	5869181.	7512685.	6373819.	7665529.	34810928.		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	121,720.	67,333.	69,184.	154,487.	229,335.	642,059.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10,							
	Add lines 10a and 10b	121,720.	67,333.	69,184.	154,487.	229,335.	642,059.		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			2,906.	27,064.	47,115.	77,085.		
12	Other income. Do not include gain or loss from the sale of capital		8,998.	33,101.	48,969.	59,462.			
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	7511434.	5945512.	7617876.			35680602.		
	First 5 years. If the Form 990 is for th						•		
	check this box and stop here	· ·		•		. , . , .			
Sec	ction C. Computation of Publi								
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	93.94 %		
	Public support percentage from 2022		•			16	95.26 %		
	ction D. Computation of Inves						1 00		
	Investment income percentage for 20					17	1.80 %		
	Investment income percentage from 2					18	1.64 %		
19a	33 1/3% support tests - 2023. If the						V		
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	line 18 is not more than 33 1/3%, che		-	•		-			

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 disqualified 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401		
10b	- 000	2002

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion l	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organ	nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sact	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Jeci	.1011	o. Type if Supporting Organizations		V	N.
4	Moro	a majority of the examplation's directors or trustoes during the tay year also a majority at the directors		Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI now control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			I
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b	H	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 institute Test. Annual lines 2s and 2h helevi	struction		Na
		ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined these activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		ne 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.

	dule A (Form 990) 2023 THE RICHMOND BALLET	• • • • • •		• • • • • • • • • • • • • • • • • • •
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete	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):			
<u>a</u>	Average monthly value of securities	1a	10	
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

THE RICHMOND BALLET

Employer identification number **-***9848

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
_	Total counts on at an dieform	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advis	and funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	2 1
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	a certified historic structure
	Preservation of open space		•
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
			2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation eas	portant is located	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	3,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	· ·	·
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
_	the following amounts required to be reported under FASB A		. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	IMOND BALLI		easures, or	Other	Simila	r Assets	contir		age ∠
3	garmaarana mammag e s							(COITUI	iuea)	
3										
_	collection items (check all that apply). d Loan or exchange program									
b	Scholarly research	е	Other							
C 4	Preservation for future generations	laatiana and avalain	have thave from the are	ba araani-atia	n'a avam	nt nuvna	oo in Dort	VIII		
4 5	Provide a description of the organization's col During the year, did the organization solicit or						se in Part	AIII.		
3	to be sold to raise funds rather than to be mai		•	•	ai a			Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part		to ii tilo organizatio	in answered 1	00 0111	om 000,	r are rv, m	10 0, 01		
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for contribution	ns or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	3	i	3					Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided in P	art XIII					
Par	t V Endowment Funds Complete if t	he organization ans	wered "Yes" on Fo							
		(a) Current year	(b) Prior year	(c) Two year		d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	3,669,679.	3,281,182	2,916	,842.	2,3	01,816.	1	,645,	977.
b	Contributions	50,000.	76,782	784	,000.	1	25,000.		751,	219.
С	Net investment earnings, gains, and losses	436,020.	311,715	-419	,660.	541,783.			-67,	297.
d	Grants or scholarships						5,164.		2,	350.
е	Other expenditures for facilities		. 6							
	and programs						46,593.		25,	733.
f	Administrative expenses									
g	End of year balance	4,155,699.	3,669,679		,182.	2,9	16,842.	2	,301,	816.
2	Provide the estimated percentage of the curre		line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	42.0000	%							
b	Permanent endowment 44.0000	%								
С	Term endowment 14.0000 %									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	and administer	ed for the	;		ſ	· ·	
	organization by:	•							Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
_	If "Yes" on line 3a(ii), are the related organizati			·				3b		
Dar	Describe in Part XIII the intended uses of the c		wment funds.							
Fai	Complete if the organization answered) Dart IV line 11a	Soo Form 000	Dart V li	no 10				
			i i	Ť				(-I) D	1	_
	Description of property	(a) Cost or o basis (investn	, , ,	st or other s (other)		cumulate reciation	ed	(d) Boo	k value	e
1a	Land									
b	Buildings									
С	Leasehold improvements			32,308.		2,2	07.	13	0,1	01.
d	Equipment		4,0	72,776.	1,9	51,9	24.	2,12	0,8!	52.
е	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, line 10c, columi	n (B))				2,25	υ , 9!	53.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE RICHMON	ND BALLET	**_*	**9848	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	I1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	year market v	alue
1) Financial derivatives				
2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.	<u> </u>			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	vear market v	alue
(1)	(0)	0	,	
(2)		10		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	1,69	-		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990. Part X. line 15.		
) Description		(b) Book va	ulue
(1) RIGHT OF USE ASSETS	,,		1,964,	
(2)				
(3)				
(4)				
(5)				
(6)	•			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	a/ /D))		1,964,	602
Part X Other Liabilities	OI. (B))		<u> </u>	002.
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 25		
(a) Description of liability	0111 01111 000, 1 01111, 11110	10 01 1111 000 1 01111 000, 1 4112, 11110 201	(b) Book va	lue
(1) Federal income taxes			(D) Dook va	
(2) LEASE LIABILITIES			1,988,	349
``			1,300,	, 349.
(3)				
(4) (5)				
(5)				
IOI		ı		

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

1,988,349.

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
	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			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı				
	Net unrealized gains (losses) on investments	2a					
	Donated services and use of facilities	2b		_			
С	Recoveries of prior year grants	2c		_			
d	Other (Describe in Part XIII.)	2d					
_	Add lines 2a through 2d			2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ء ا	I				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)	4b		10			
	Add lines 4a and 4b			4c			
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statemen				<u> </u>		
1 011	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		=xpoooo po		•		
1	Total expenses and losses per audited financial statements			1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
	Donated services and use of facilities	2a	100				
	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d)	2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b			4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5			
	t XIII Supplemental Information						
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			4; Part >	K, line 2; Part XI,		
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal in	formation.				
D 3 D	OT V TIME O						
PAR	T X, LINE 2:						
7.00	NOTINITADO EOD INICEDIDADA MAY DOCUMENTONO "MANACE	13.61313		mita	ח און השו		
ACC	COUNTING FOR UNCERTAIN TAX POSITIONS "MANAGE	MEN	IT EVALUATED	THE	BALLETS		
m z v	DOCUMENTO AND CONCLUDED MUAM MUE DALLEM UA	ъ п	יא עביאן אים וואוכים	- גשמי	ראז האי		
TAX	POSITIONS AND CONCLUDED THAT THE BALLET HA	ני עג	AKEN NO UNCE	KTA.	IN TAX		
DOG	SITIONS THAT REQUIRE ADJUSTMENT TO THE CONSC	т тг	מתפה פדאמאכז	77 (๛๛๛๛๛๛๛๛		
FUS	CONSCIENT OF THAM COUCH SATURED THAT COUST	'ПТТ	DATED FINANCI	AL S	O TATEMENTS		
ΨО	COMPLY WITH THE PROVISIONS OF THIS GUIDANCE	. T	TTH FEW EXCE	דיים:	NS THE		
10	COMIDI WITH THE TROVIDIONS OF THIS GOIDANCE	1 • V	VIIII PEW EXCE	11 11(JND, III		
RΔT	LET IS NO LONGER SUBJECT TO INCOME TAX EXAM	TNZ	יייע אין אין איייע.	2 TT 9	2		
DAL	DET 15 NO DONGER SODUECT TO INCOME TAX EXAM	1 1 1 1 1 7	TIONS BI III	1 0 . 1	•		
133	ERAL, STATE OR LOCAL TAX AUTHORITIES ENDING	. RE	EFORE 2020."				
<u>- 111</u>	DIALL, DIALL OK LOCAL IAA AOINOKIIILD LADING		11 OKL 2020 :				
PAR	T V, LINE 4						
	•						
THE	ENDOWMENT IS CURRENTLY MADE UP OF THE STON	ΙER	WINSLETT SCH	IOLAI	RSHIP		
FUN	D, THE GENERAL ENDOWMENT FUND, AND THE BOAR	D I	DESIGNATED EN	IDOWI	MENT. THE		
SCH	OLARSHIP FUND IS PERMENANTLY RESTRICTED FOR	TH	IE SUPPORT OF	тнт	3		

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)
SCHOLARSHIP OF RICHMOND BALLET, "MINDS IN MOTION" AND OTHER OUTREACH
PROGRAMS. THE GENERAL FUND IS ALSO PERMENANTLY RESTRICTED TO AID IN THE
LONG-TERM FINANCIAL WELL-BEING OF THE BALLET. THE BOARD DESIGNATED FUND
IS UNRESTRICTED WITH ITS PURPOSE TO BE DETERMINED. 4% OF THE BALANCE
AVERAGED OVER A 3 YEAR PERIOD IS DISTRIBUTED ANNUALLY FOR SCHOLARSHIPS AND
GENERAL OPERATING (PROVIDED CUMULATIVE EARNINGS EXCEED THE 4%).
• 6
.101

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

THE RIC	HMOND BALLET			**-***9	ntification number
Part I Fundraising Activities	- Complete if the organization ans	swered "Yes" or	n Form 990, Part IV, line		
required to complete this par					
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations 	e Solid		overnment grants nment grants		
d In-person solicitations	3	g			
2 a Did the organization have a written of	or oral agreement with any individ	ual (including of	ficers, directors, trustee	es, or	
key employees listed in Form 990, P				Yes	☐ No
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the		rsuant to agreer	ments under which the	fundraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	from activity	(v) Amount paid (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
			79		
		5			
	···C				
	, V				
) O'				
Total					
List all states in which the organization or licensing.			or has been notified it	is exempt from re	gistration

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

Schedule G (Form 990) 2023

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
Revenue			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
			GALA	(event type)	(total number)	col. (c))					
			(event type)	(event type)	(total number)						
	1	Gross receipts	358,646.			358,646.					
	2	Less: Contributions	303,536.			303,536.					
	3	Gross income (line 1 minus line 2)	55,110.			55,110.					
	4	Cash prizes	0.								
v	5	Noncash prizes	25,316.			25,316.					
beuse	6	Rent/facility costs	6,625.			6,625.					
Direct Expenses	7	Food and beverages	47,956.		40	47,956.					
⊡	8	Entertainment	0.								
	9	Other direct expenses	55,840.	6		55,840.					
	10	Direct expense summary. Add lines 4 through	9 in column (d)			135,737.					
_		Net income summary. Subtract line 10 from li				-80,627.					
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than						
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add					
ЭП			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
Revenue						.,					
ď	1	Gross revenue									
"	2	Cash prizes									
Direct Expenses		Noncash prizes									
rect Ex		Rent/facility costs									
Ö	5	Other direct expenses									
		Volunteer labor	Yes %	Yes %	Yes % No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)								
		Net gaming income summary. Subtract line 7									
		, , , , , , , , , , , , , , , , , , , ,	,			•					
		ter the state(s) in which the organization condu									
		the organization licensed to conduct gaming ac				Yes No					
b	If " —	No," explain:									
		ere any of the organization's gaming licenses re			year?	Yes No					
i.		Yes," explain:									
	_										

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE RICHMOND BALLET	<u> </u>	040	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	□ No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	163	140
b	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	art III. lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ····	,	,,
	, , , , , , , , , , , , , , , , , , ,	-		

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

THE RICHMO)ND BALLE'	${f T}$					**-***9848
Part I General Information on Grants an							
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selection	
criteria used to award the grants or assist	ance?						N
2 Describe in Part IV the organization's prod	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D recipient that received more than \$5					ganization answered "	Yes" on Form 990, Part 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				70,	7		
			A CO				
		(1)	5				
		110,					
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	-	-	l ne line 1 table				

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

Schedule I (Form 990) 2023 THE RECIMOND BE	70051				- 3040	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 assist	ance
SCHOLARSHIP/FINANCIAL AID TO DANCE STUDENTS	120	274,158.	0.			
				.01		
			cò	7/0		
			30			
		Oil)			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.		
PART I, LINE 2:		J				
PARENTS OF STUDENTS SUBMIT FINANCI	AL AID AP	PLICATIONS	SINCLUDING	TAX RETURNS		
TO THE BUSINESS MANAGER FOR THE SC	HOOL OF R	ICHMOND BA	ALLET. THE	BUSINESS		
MANAGER CONSULTS WITH A FINANCIAL	AID COMMI	TTEE AND A	AID IS GRAN	TED BASED ON		
FUNDS AVAILABLE AND FINANCIAL NEED	OF THE A	PPLICANT.	MERIT SCHO	LARSHIPS ARE		
AWARDED TO TALENTED STUDENTS AT TH	E DISCRET	ION OF THE	E SCHOOL DI	RECTOR.		
AWARDS ARE NOT PAID DIRECTLY TO PA						

OWED.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Internal Revenue Service Name of the organization

Department of the Treasury

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

OMB No. 1545-0047

Open to Public Inspection

THE RICHMOND BALLET Part I Questions Regarding Compensation

Employer identification number **-***9848

			V	NI.
			Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a 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 compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) STONER WINSLETT	(i)	146,035.	0.	0.	0.	5,535.	151,570.	0.	
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)				5				
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)			1.60					
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)		* ()						
	(i)		110						
	(ii)								
	(i)	•							
	(ii)								
	(i)		<i>J</i>						
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							l	

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.
PART I, LINE 4A:
BRETT BONDA, MANAGING DIRECTOR THROUGH APRIL 2024, RECEIVED \$59,789 IN
SEVERANCE.
. 6
\'\C

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	THE RICHMOND	BALLE'	T			**_	***9	848	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(c Method of c oncash contrib	letermin	•	S
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	18	206,612.	FAII	R VALUE			
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		+ Ca						
17	Real estate - Other			/					
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies		V						
21	Taxidermy	→ C	•						
22	Historical artifacts	111	/						
23	Scientific specimens								
24	Archeological artifacts		0.4	20.064	~				
25	Other (GALA AUCTION IT)	Х	24	32,864.	SALI	ES COMPA	ARAB.	LE 1	PRO
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					
	5							Yes	No
30a	During the year, did the organization receive by		• • • • •			nat it			
	must hold for at least 3 years from the date of						00-		v
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.	valiav that "a	auires the review	of any populandard contribut	ione?		0.4		Х
31	Does the organization have a gift acceptance p	-	•	•	10118?		31		Λ
₃∠a	Does the organization hire or use third parties of		_	•			20-		Х
L	contributions?						32a		Λ
	If "Yes," describe in Part II.	oluma (a) fa:	r a type of propert	for which column (a) is about	kod				
33	If the organization didn't report an amount in co	oluttiti (C) f0i	a type of property	nor which column (a) is ched	keu,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE RICHMOND BALLET

Employer identification number **-***9848

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

DEDICATED TO THE EVOLUTION OF BALLET AS A VERSATILE LANGUAGE OF

MOVEMENT THAT CROSSES NATIONAL AND CULTURAL BOUNDARIES, WE SEEK TO DRAW

AN EVER BROADER RANGE OF ARTISTS, STUDENTS, AND AUDIENCES TO EXPERIENCE

THE MAGIC OF DANCE THROUGH INSPIRING PERFORMANCES, OUTSTANDING

TRAINING, AND MEANINGFUL COMMUNITY ENGAGEMENT.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, UNIVERSAL AND ETERNAL. ENGAGEMENT WITH THE ARTS CREATES EXPERIENCES THAT UNITE PEOPLE OF DIVERSE BACKGROUNDS. RICHMOND BALLET PATHWAYS THROUGH BARRIERS IN IDENTIFYING AND CARVING TO THESE EXPERIENCES FOR ALL MEMBERS OF THE COMMUNITY.

PART III, LINE 4C PROGRAM SERVICE ACCOMPLISHMENTS: EXTRAORDINARY RESOURCES OF THE CHESAPEAKE BAY, THE RELATIONSHIPS AND AND HOW WE CAN HELP PROTECT AND PRESERVE ECOSYSTEMS THAT EXIST IN APPROXIMATELY 50% OF PARTICIPANTS ATTEND A TITLE I SCHOOL OR A TUITION-FREE INDEPENDENT SCHOOL PRIMARILY SERVING LOW-INCOME STUDENTS. SINCE ITS INCEPTION, MIM REMAINS THE ONLY PROGRAM OF ITS KIND IN THE COMMONWEALTH OF VIRGINIA. OVER 700 STUDENTS FROM FIFTEEN PARTICIPATING SCHOOLS IN THE RICHMOND AREA CELEBRATED THEIR DANCE ACHIEVEMENTS IN A CULMINATING PERFORMANCE WITH OVER 3,500 PEERS, FAMILIES AND COMMUNITY MEMBERS IN THE AUDIENCE. THROUGH ITS RESIDENCY PROGRAM, REACHED ANOTHER 125 STUDENTS AND 400 COMMUNITY MEMBERS IN PORTSMOUTH VIRGINIA.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

THE RICHMOND BALLET

Employer identification number **-***9848

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

DONTATION TO RBBC.

EXPENSES \$ 3,164. INCLUDING GRANTS OF \$ 3,164. REVENUE \$ 0.

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

BEFORE FILING, THE 990 IS CIRCULATED VIA EMAIL TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW. PAPER COPIES ARE ALSO AVAILABLE UPON REQUEST.

THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE FINAL REVIEW.

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

THE BALLET DISTRIBUTES A CONFLICT OF INTEREST FORM TO ALL MEMBERS OF THE
BOARD OF TRUSTEES AT THEIR ANNUAL MEETING. THE FORM IS COMPLETED BY EACH
TRUSTEE STATING ANY CONFLICTS AND RETURNED TO THE BALLET IN A TIMELY
MANNER. FOR EACH INTEREST DISCLOSED TO THE PRESIDENT, HE/SHE WILL DETERMINE
WHETHER TO: 1) TAKE NO ACTION 2) ASSURE FULL DISCLOSURE TO THE BOARD OF
TRUSTEES AND OTHER INDIVIDUALS COVERED BY THE POLICY 3) ASK THE PERSON TO
RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE
ORGANIZATION OR 4) ASK THE PERSON TO RESIGN HIS/HER POSITION OR, IF THE
PERSON REFUSES TO RESIGN, THEY ARE SUBJECT TO REMOVAL.

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

THE HEAD OF HUMAN RESOURCES FORWARDS ALL APPROPRIATE DOCUMENTATION TO THE

PRESIDENT OF THE BOARD OF TRUSTEES TO REVIEW ANY INCREASES IN COMPENSATION

FOR THE ARTISTIC DIRECTOR AND THE MANAGING/EXECUTIVE DIRECTOR. IN TURN, THE

ARTISTIC DIRECTOR AND MANAGING/EXECUTIVE DIRECTOR ARE RESPONSIBLE FOR

APPROVING ALL OTHER KEY EMPLOYEES' SALARIES.

Name of the organization THE RICHMOND BALLET	Employer identification number **-***9848
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINA	ANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	•
	<u> </u>
(C)	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** **-***9848 THE RICHMOND BALLET Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling entity
or disregarded entity		foreign country)			Office
			· (/)		
		Co			
		. 69			
		70			

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	II.	g) 512(b)(13) rolled tity?
	NO			501(c)(3))		Yes	No
RICHMOND BALLET BUILDING CORPORATION -							
26-3887749, 407 E. CANAL STREET, RICHMOND,							
VA 23219	HOLDS PROPERTY	VIRGINIA	501(C)2				X
	1						

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate	Code V-UBI	General o	Percentage ownership
or related organization		(state or foreign	Gillity	excluded from tax under	lilcome	assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
]										
	1					ł					
					5						
	1										
	1										
	1			+ 60							
	1										
-	1	l					<u> </u>	<u> </u>			<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(i contr	b)(13) rolled tity?
	country)		,				Yes	No
	(b) Primary activity	Primary activity Legal domicile (state or	Primary activity Legal domicile (state or foreign Direct controlling	Primary activity Legal domicile (state or foreign foreign foreign for truet) Legal domicile (state or foreign for truet) Direct controlling entity (C corp, S corp, or truet)	Primary activity Legal domicile (state or foreign foreign) Direct controlling entity (C corp, S corp, or trust) Share of total income	Primary activity Legal domicile (state or foreign foreign) Direct controlling entity (C corp, S corp, or trust) Share of total income end-of-year assets	Primary activity Legal domicile (state or foreign) Direct controlling entity (C corp, S corp, or trust) Share of total income end-of-year ownership	Primary activity Legal domicile (state or foreign) Legal domicile (state or foreign) Direct controlling entity (C corp, S corp, or trust) Type of entity (Share of total income end-of-year assets Percentage 512(total controlling ownership)

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Giπ, grant, or capital contribution to related organization(s)				10		
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)			.,	1f		X
g Sale of assets to related organization(s)				1 g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				4:		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related organ				11		X
m Performance of services or membership or fundraising solicitations by related organ	ization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
Sharing of paid employees with related organization(s)	_ ~ ~					X
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses						X
r Other transfer of cash or property to related organization(s)	1			1r		Х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered i	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
(1) RICHMOND BALLET BUILDING CORPORATION	С	50,092.	FAIR VALUE			
(2) RICHMOND BALLET BUILDING CORPORATION	N	0.	VALUE NOT DETERMINED			
(3) RICHMOND BALLET BUILDING CORPORATION	В	3,164.	FAIR VALUE			
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispropor tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?		end-of-year	allocations	of Schedule K-1	partner?	ownership
		Country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
					1 X					
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		. (* *				+		++	
		4.4								
		101.								
		W					+	+	++	
							+		++	
								1	+	

332165 09-28-23 Schedule R (Form 990) 2023

Name: THE RICHMOND BALLET FEIN: **-**9848

	e and Entity: PLA	AYBILL AD SALES	POST-2017 NOI Section 382 Carryover	FED	DETAIL C	ARRYOVER SCH	IEDULE				
Ye Ori nat	ar Original gi- Carryover ed Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for							
	2,174.	2,174.	2,174.								
A 20 B C D F G H											
D E											
F											
Н											
I J							SU				
K L											
M							6				
N O P						. (
P Q											
Q R S T											
T					•	6					
U V											
W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Det	ail S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Тур	ail S Used for De C										
A B											
A B C D E F G				~							
E											
F G				70							
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Q R S T											
U V											
w											

312571 04-01-23

Form	990-T	E	Exempt Organization Business Inc		eturn	OMB No. 1545-0047
		_	(and proxy tax under section 60		2024	2023
		For ca	lendar year 2023 or other tax year beginning $\ \underline{JUL} \ 1$, $\ 2023$, ar $\ $ Go to www.irs.gov/Form990T for instructions and the			2023
Departm Internal	nent of the Treasury Revenue Service		Do not enter SSN numbers on this form as it may be made public if y)1(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see in	structions.)	D Em	ployer identification number
B Exe	mpt under section	Print	THE RICHMOND BALLET		,	*-***9848
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.			oup exemption number e instructions)
	408(e) 220(e)	Туре	407 E. CANAL STREET		(50	o mod dodonoj
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal co	de	F	Check box if
	()	СВо		4,066,266.		an amended return.
G CI	neck organization		X 501(c) corporation 501(c) trust 401(a) tru		State	college/university
			6417(d)(1)(A) Applicable entity			
H CI	neck if filing only to	o claim	Credit from Form 8941 Refund shown on For	m 2439 Elective	e payment amo	ount from Form 3800
l C	neck if a 501(c)(3)	organiz	zation filing a consolidated return with a 501(c)(2) titleholding c	orporation		
			ed Schedules A (Form 990-T)			1
			e corporation a subsidiary in an affiliated group or a parent-sul	bsidiary controlled gro	up?	Yes X No
			d identifying number of the parent corporation		904	344-0906
Par	ne books are in car		MICHELLE MULLER d Business Taxable Income	Telephone numb	er 804-	344-0906
			ess taxable income computed from all unrelated trades or bus	inacca (aca inatu latia	ons) 1	0.
1 2					2	0.
3					3	
4			s (see instructions for limitation rules)		4	0.
5			s taxable income before net operating losses. Subtract line 4 fi			
6			ting loss. See instructions			
7	Total of unrelated	d busin	ess taxable income before specific deduction and section 199			
	Subtract line 6 from					
8			erally \$1,000, but see instructions for exceptions)			1,000.
9			eduction. See instructions		<u>9</u>	1 222
10			· · ·			1,000.
11 Part			kable income. Subtract line 10 from line 7. If line 10 is greater	than line 7, enter zero) 11	0.
						0.
1 2			as corporations. Multiply Part I, line 11 by 21% (0.21)rates. See instructions for tax computation. Income tax on th		1	0.
2			Tax rate schedule or Schedule D (Form 1041)		2	
3	Proxy tax. See in					
4	-		instructions			_
5						
6			acility income. See instructions			
7	Total. Add lines	3 throu	gh 6 to line 1 or 2, whichever applies			0.
Part				T. I		
1a			orations attach Form 1118; trusts attach Form 1116)		_	
b	Other credits (see		ictions) . Attach Form 3800 (see instructions)			
d			imum tax (attach Form 8801 or 8827)			
e	Total credits. Ac				1e	
2			art II, line 7			0.
- За	Amount due from			1 . 1		
b	Amount due from					
С	Amount due from	Form				
d	Amount due from	Form	8866	3d		
е	Other amounts d	•	,			
f			l lines 3a through 3e		3f	0.
4			nd 3f (see instructions).			
			x amount here		I	0.
5	Current net 965 t	ax liab	ility paid from Form 965-A, Part II, column (k)		5	0.

m 000.T (2023)

Port			nte / · ·							Page 2
Part		Tax and Payme		19. 14. 19.						
6 a	•	0,		redited to the current	•	6a				
b				ck if section 643(g) e	Г	<u></u>	1 000			
	applie					6b	1,080	4		
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d				at source (see instruc						
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g				n 3800						
h :								_		
'								_		
, J								7	1	080.
7								8		000.
8 9				eck if Form 2220 is at lines 4, 5, and 8, ente						
10				al of lines 4, 5, and 8,		vracid		10	1	080.
11				ited to 2024 estimate		1,080.			<u> </u>	0.
Part				n Activities and						<u> </u>
1				did the organization h				,	Ye	s No
				other) in a foreign co		-				
	FinCE	EN Form 114, Repor	t of Foreign Bank a	nd Financial Account	s. If "Yes," enter t	he name of the f	oreign country			
	here		-			-1)				Х
2	Durin	g the tax year, did the	he organization rece	eive a distribution fro	m, or was it the gr	antor of, or trans	sferor to, a			
	foreig	ın trust?								X
				organization may have						
3	Enter	the amount of tax-e	exempt interest rece	eived or accrued duri	ng the tax year		\$			
4	Enter	available pre-2018	NOL carryovers her	re \$	Do no	t include any po	st-2017 NOL ca	arryover		
	show	n on Schedule A (Fo	orm 990-T). Don't re	educe the NOL carryo	ver shown here by	y any deduction	reported on Pa	rt I, line	6.	
5				ess Activity Code and						
	the ar	mounts shown belo	w by any NOL claim	ned on any Schedule	A, Part II, line 17 f	for the tax year.	See instructions	3.		
			Business Activity (Code)		post-2017 NOL	_ carryo	ver	
						\$				
				• C •		\$				
				110		\$				
	_					\$				_
6 a		rved for future use								+
Part		<u>rved for future use</u> Supplemental I	nformation							
				>						
Provide	any a	dditional information	n. See instructions.							
	Ur	nder penalties of perjury, I	declare that I have examin	ed this return, including acco	ompanying schedules an	nd statements, and to t	the best of my knowle	edge and b	elief, it is true,	
Sign	cc	orrect, and complete. Decla	aration of preparer (other th	nan taxpayer) is based on all	information of which pre	eparer has any knowle	Ŭ.			
Here					CFO			-	3 discuss this retu r shown below (se	
	S	ignature of officer		Date	Title)? X Yes	No
	'	Print/Type preparer's	s name	Preparer's signature	9	Date	Check	if PTII	V	
Paid		OLIVIA A.		, · ·	HUTTON,		self-employed			
Prepa	arer	CPA	•	CPA	-	10/18/24		P	0096468	8
Use C			OUNT, HYDE	& BARBOUR	, P.C.		Firm's EIN	*	*-***92	63
	···· y		P.O. BOX							
		Firm's address	WINCHESTE	R, VA 22604	1-1760		Phone no.	540-	662-341	
_									Form 990 -	T (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	ne of the organization THE RICHMOND BALLET	B Employer identification number **-***9848			
C Un	related business activity code (see instructions) 71112	0		D Sequence: 1	L of 1
E Des	scribe the unrelated trade or business PLAYBILL AD	SALE	S		
Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a (Gross receipts or sales				
b L	ess returns and allowances c Balance	1c			
2 (Cost of goods sold (Part III, line 8)	2			
3 0	Gross profit. Subtract line 2 from line 1c	3			
4a C	Capital gain net income (attach Schedule D (Form 1041 or Form				
1	120)). See instructions	4a			
b N	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c C	Capital loss deduction for trusts	4c			
5 Ir	ncome (loss) from a partnership or an S corporation (attach				
s	tatement)	5			
	Rent income (Part IV)	6			
	Inrelated debt-financed income (Part V)	7			
	nterest, annuities, royalties, and rents from a controlled				
С	organization (Part VI)	8			
	nvestment income of section 501(c)(7), (9), or (17)				
С	organizations (Part VII)	9			
	exploited exempt activity income (Part VIII)	10			
1 1 A	Advertising income (Part IX)	11	47,115.	37,623.	9,492
	Other income (see instructions; attach statement)	12			
	otal. Combine lines 3 through 12	13	47,115.	37,623.	9,492
Part	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come			is must be
Part 1 C	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come		1	s must be
Part 1 0 2 8	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come		1 2	s must be
Part 1 0 2 9 3 F	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	come		1 2	s must be
Part 1 0 2 9 3 F	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come		1 2 3 4	ns must be
1 C 2 S 3 F 4 E 5 In	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Sad debts Interest (attach statement). See instructions	come		1 2 3 4 5	ns must be
1 0 2 S 3 F 4 E 5 Ir 6 T	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Sad debts Interest (attach statement). See instructions Taxes and licenses	come		1 2 3 4 5	ns must be
1 C 2 S 3 F 4 E 5 Ir 6 T 7 D	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions	come	7	1 2 3 4 5 6	is must be
Part 1 0 2 9 3 F 4 E 5 Ir 6 T 7 D 8 L	directly connected with the unrelated business in Compensation of officers, directors, and frustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	come	7 8a	1 2 3 4 5 6	ns must be
Part 1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C	directly connected with the unrelated business in Compensation of officers, directors, and frustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	come	7 8a	1 2 3 4 5 6 8b	ns must be
1 C S S S S S S S S S S S S S S S S S S	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Sad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	come	7 8a	1 2 3 4 5 6 8b 9	ns must be
Part 1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C 10 C 11 E	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Rad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	come	7 8a	1 2 3 4 5 6 8b 9 10	ns must be
Part 1 C 2 S 3 F 4 E 5 Irr 7 C 8 L 9 C 10 C 11 E 12 E	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Sad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	come	7 8a	1 2 3 4 5 6 8b 9 10 11	
1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C 10 C 11 E 12 E 13 E 13	directly connected with the unrelated business in Compensation of officers, directors, and frustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Repreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Repletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	come	7 8a	1 2 3 4 5 6 8b 9 10 11 11 12	
Part 1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C 10 C 11 E 12 E 13 E 14 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	directly connected with the unrelated business in Compensation of officers, directors, and frustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	come	7 8a	1 2 3 4 5 6 8b 9 10 11 11 12 13	9,492.
1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C 10 C 11 E 12 E 13 E 14 C 15 T 15 T 1	directly connected with the unrelated business in Compensation of officers, directors, and frustees (Part X) Salaries and wages Repairs and maintenance Read debts Interest (attach statement). See instructions Faxes and licenses Repreciation (attach Form 4562). See instructions Ress depreciation claimed in Part III and elsewhere on return Repletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	come	7 8a	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	9,492.
1 C 2 S 3 F 4 E 5 Ir 7 C 8 L 9 C 10 C 11 E 12 E 13 E 14 C 15 T 15 T 1	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	come	7 8a	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	9,492.
Part 1 C 2 S 3 F 4 E 5 Irr 7 C 8 L 9 C 10 C 11 E 12 E 13 E 14 C 15 T 16 U	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Repairs and maintenance Repairs and licenses Repairs and licenses Reperciation (attach statement). See instructions Reperciation (attach Form 4562). See instructions Reperciation claimed in Part III and elsewhere on return Repletion R	ubtract li	7 8a	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 3,	9,492.
Part 1 0 2 8 3 F 4 E 5 Irr 7 D 8 L 9 D 10 0 11 E 12 E 13 E 14 0 15 T 16 U 017 D	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Sad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Dither deductions (attach statement) Fotal deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S	ubtract li	7 8a	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 3, 16 17	9,492.

1 Page 2

Part	III Cost of Goods Sold Enter meth	nod of inventory valuati	on		Page Z
1				1	
2					
3	Purchases Cost of labor				
4	Cost of labor Additional section 263A costs (attach statement)				
5					
6	Other costs (attach statement)				
7	Total. Add lines 1 through 5			1 _ 1	
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					100110
1	Description of property (property street address, city, s		_		
'	A	tate, Zii Codej. Orieck	ii a duaruse. See irist	uctions.	
	В				
	c \square				
	D				
		Α	В	С	
2	Rent received or accrued	<u> </u>	<u> </u>		<u>_</u>
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.	•			
	Add lines 2a and 2b, columns A through D				
	, , , , , , , , , , , , , , , , , , ,				
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	and on Part I, line 6.	column (A)	0.
•	Deductions directly connected with the income		<u> </u>	Joseph Market Ma	-
4	in lines 2a and 2b (attach statement)				
-				-	
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	sity, state, ZIP code). Cl	heck if a dual-use. Se	e instructions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10	<u></u>		0.

Sched	ule A (Form 990-T) 2023	itiaa D	and De	unda Fua	Combra	<u> </u>					Page 3
Part	VI Interest, Annu	illies, R	oyaities, and Re	rits Froi	iii Contro						
						1		lled Organization			
	1. Name of controlle	d	2. Employer		unrelated	1	al of specified	5. Part of col that is include	umn 4		tions directly
	organization		identification		ne (loss)	payn	nents made	controlling or	ganiza-		ected with
			number	(see ins	structions)			tion's gross i	ncome	income	in column 5
(1)											
(2)											
(3)											
(4)											
				· · ·	Controlled O		ons				
7	'. Taxable Income		Net unrelated	1	otal of specif			of column 9 cluded in the	11.		ns directly
		I	icome (loss)	pa	yments mad	le		organization's		connecte	
		(see	e instructions)				gross	income	l in	come in c	olumn 10
<u>(1)</u>											
(2)											
(3)											
(4)											
								nns 5 and 10.			6 and 11.
								and on Part I, column (A).		er nere an line 8, colu	d on Part I, umn (B).
_											. ,
Totals	\/II		-f - Oti F0	4/-\/7\ //	0\ (47\			0	_		0.
Part			of a Section 50	1(C)(7), (1			ee instructions	•	F T	-1 -111
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn		et-asides stateme		al deductions set-asides
					111001		(attach state		Staterrie	,	cols 3 and 4)
(4)						-					
(1) (2)											
(3)						igcup					
(4)					* C						
(+)					Add amou	unts in				Add	amounts in
					column 2						ımn 5. Enter
					here and o line 9, colu						and on Part I,), column (B).
Totals					in le 9, colc	0.				line a	0 •
Part	VIII Exploited E	xempt 4	ctivity Income,	Other T	∟ Than Δdve		Income /	soo instruction	uc)		<u>.</u>
1	Description of exploite			Otho: I	Tidii / tare	31 (1011)	<u>,</u>	see mstruction) 		
2	Gross unrelated busin	-		hace Entai	r here and o	n Dart I	line 10. colum	ρ (Δ)	2		
3	Expenses directly con										
·	line 10, column (B)								3		
4	Net income (loss) from										
7						7	-		4		
5	Gross income from ac		s not unrelated busi								
6	Expenses attributable										
7	Excess exempt expen										
•	4. Enter here and on F								7		
	= aria offi	,	· —								

Schedule A (Form 990-T) 2023

IX Advertising Income				Pa
Name(s) of periodical(s). Check box if reporting two of	r more periodicals on a co	nsolidated basi	is.	
A SEASON PLAYBILL				
В 💹				
c				
D				
amounts for each periodical listed above in the corresp	onding column.			
	Α	В	С	D
Gross advertising income				
Add columns A through D. Enter here and on Part I,	ine 11, column (A)			47,11
Direct advertising costs by periodical				25.66
Add columns A through D. Enter here and on Part I,	ine 11, column (B)			37,62
			1	
Advertising gain (loss). Subtract line 3 from line				
2. For any column in line 4 showing a gain,				
complete lines 5 through 8. For any column in				
line 4 showing a loss or zero, do not complete	0 400			
lines 5 through 7, and enter -0- on line 8	4 = 006		·(V)	
Readership costs		•	4	
Circulation income				
Excess readership costs. If line 6 is less than				
line 5, subtract line 6 from line 5. If line 5 is less	17,236.			
than line 6, enter -0- Excess readership costs allowed as a	17,250	0		
deduction. For each column showing a gain on				
line 4, enter the lesser of line 4 or line 7	9,492.			
Add line 8, columns A through D. Enter the greater o		or -0- here and	I	l
Part II, line 13				9,49
X Compensation of Officers, Director	s, and Trustees (see	instructions)		- , -
		,	3. Percentage	4. Compensation
1. Name	2. Title		of time devoted	attributable to
			to business	unrelated business
			%	
			%	
	•		%	
			%	
. Enter here and on Part II, line 1				
XI Supplemental Information (see instru	ctions)			

Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2023 Virginia Corporation **Income Tax Return**



Atte	ntion: Return must be filed e	,	se this form only if you hav operating loss. Use Form	, ,	d waiver.			Official Use Only
	AL or	JULY 1		Date JUN	E 30	2024		
опо	RT Year Filer: Beginning Date Short Year Return		L,2023; Ending .ccounting Period	y Date OON	<u> </u>	2024		
FEIN		Name	occunting r crica				Check all	that apply:
*	*-***9848	THE E	RICHMOND BALL	ET			☐ Init	ial Filer
Mail	ing Address	•					□ Na	me Change
	07 E. CANAL ST	REET					Ма	iling Address Change
City	or Town			State	ZIP Code		Phy	ysical Address Change
	ICHMOND			VA	232	19		
Phys	sical Address (if different from Mailing	Address)					Entity Type 0	Jode
Phys	sical City or Town			State	ZIP Code		NAICS Code	
,							51112	
Date	Incorporated	State or Country of I	ncorporation	Description of Bu	siness Activity		31112	10
				PLAYBI	T.T. AD	SALES	2	
Ch	eck Applicable Boxes		Final Return				· —	ications Company
	Consolidated - Sch. 500	AC Enclosed	Final Return / Clo	ose Account -	Check	-	ount from Form	
	_		here and applicab	le boxes belov	٧.		,	,
	Combined - Sch. 500AC	Enclosed						.00
	Combined / Consolidate	d Filers -	Withdrawn			Nanaann	vete Teleseme	nunications Company
	Enter number of affiliate	s:				Noncorpo	orate relection	numications Company
	1		Dissolved - No	longer liable	for tax.	Check box	and enter amount	from Form 500T, Line 10:
	Change in Filing Status) `			
	Sch. 500A Enclosed		Dissolved Date	· 6		Flectric S	Supplier Compa	.00
	Sch. 500AB Enclosed		Merged					00EL, Line 7 or 14:
X	Nonprofit Corporation			7		Linter anno	Juni Hom Sch. S	OUEL, LINE 7 OF 14.
	_ Nonpront Corporation		Merger Date:					.00
	Certified Company Appo	ortionment -				Home Se	rvice Contract	Provider
	Sch. 500AP Enclosed		Merged FEIN:			Entor amo	unt from Form	500HS, Line 10:
	-						ount moin Form .	BOOMS, LINE TO.
	Amended Return (See in	structions)	S Corp Effective	/e:			Check box if a	noncorporate HSCP.
	Enter reason code:							.00
QU	ESTIONS AND RELATED	INFORMATION						
A.	Have you made any payme							
	expenses related to intang	ible property (pa	atents, trademarks, copyri	ights, and simi	lar intangib	le property)	? If yes, comple	te and
	enclose Schedule 500AB.	Enter exc	eption amount from Sch	nedule 500AB	, Line 8.	A.		.00
			•					
В.	RESERVED FOR FUTURE	USE				В.		
C.	If a net operating loss dedu				ear of Loss	_		
	taxable income on the U.S	•	, i					
	the requested information. FEIN of the company gene			(2)	ederal NOL	_		
		· · · · · · · · · · · · · · · · · · ·		• •	ercent of fe			2/
	(If there are NOLs for more	than and was	analaga a gabadula far ag	-	OL used th	-	nd in Continu C	%
D	If pass-through entity with					on requeste	ed in Section C.)
J.	complete and enclose Sch			oncaules VIX-1	ui IU	D.		
E.	Has your federal income ta				,			
	IRS and finalized for any pr							
	reported to the Departmen				,	Year _		
						Year _		
F.	Location of corporation's b	ooks 4 <u>07</u> I	E CANAL ST, R	ICHMOND	, VA	-		
	Contact for corporation's h	nooks MTCUI	T.T.E MIIT.T.ED	Cont	act Phone	Number	801-311-	.0006

2023 Virginia **Form 500**

Page 2

FEIN **-***9848



INCOME					
1 Federal taxable in	ncome (from enclosed federal return)			1.	0 .00
	om Schedule 500ADJ, Section A, Line 7			2.	.00
	1 and 2)			3.	.00
4. Total subtractions	s from Schedule 500ADJ, Section B, Line 10			4.	.00
	t Line 4 from Line 3)			5.	.00
	n Association's Bad Debt Deduction (see instructions)			6.	.00
	income (subtract Line 6 from Line 5)			7.	.00
7. Til gillia taxable i					
TAX COMPUTATIO	N				
• •	ncome (Schedule 500A Filers) - Complete Lines 8(a) th		_	(-)	
	ect to Virginia tax from Schedule 500A, Section B, Line 3	•		(a).	.00
	nt factor percentage from Schedule 500A, Section B, Li			(b).	<u>%</u>
.,	nable investment function income from Schedule 500A,			(c).	.00
(d) Nonapportior	nable investment function loss from Schedule 500A, Sec	ction B, Line 3(e)	8	(d).	.00
9. Income tax (6% o	of Line 7 or 6% of Line 8(a))			9.	0 .00
PAYMENTS AND C	REDITS	C	2		
10. Nonrefundable ta	x credits: Enter the amount from Schedule 500CR, Sec	tion 2, Part 1, Line 1E	3	10.	.00
11. Adjusted corpora	te tax (subtract Line 10 from Line 9)			11.	.00
12. 2023 estimated V	/irginia income tax payments including overpayment cre	dit from 2022		12.	.00
13. Extension payme	nt			13.	.00
14. Refundable tax c	redits from Schedule 500CR, Section 4, Part 1, Line 1A			14.	.00
15. Pass-through ent	ity total withholding from Schedule 500ADJ, Section D			15.	.00
	and an alter (add Lines 40 House de 45)			16.	.00
REFUND OR TAX D					
17 Tay awad (if Lina	11 is greater than Line 16, subtract Line 16 from Line 1	4\		17.	.00
	uctions)			18.	.00
				19.	.00
	e from Form 500C, Line 17 (enclose Form 500C)			20.	.00
	ines 17 through 20)			21.	.00
	Line 16 is greater than Line 11, subtract Line 11 from Lin			22.	.00
	edited to 2024 estimated tax			23.	.00
24. Amount to be re	funded (subtract Line 23 from Line 22)			24.	.00
under the penalties provided complete return, made in goo	vice-president, treasurer, assistant treasurer, chief accounting officer, or ot by law that this return (including any accompanying schedules and statemed faith, for the taxable year stated, pursuant to the income tax laws of the Chich he or she has any knowledge.	ents) has been examined by n	ne and is, to the best of my k	knowledge and belief, a true, cor han the taxpayer, this declaration	rrect, and
	to the right, I (we) authorize the Department to discr	uss this return with t		parer. \longrightarrow X	
Date	Signature of Officer		CFO		
Printed Name of Officer	II I IID		Phone Number		
MICHELLE MU			1		
	Firm Name OLIVIA A. HUTTON, CPA		Preparer Phone Number 540-662-34	17	
Date	Individual or Firm, Signature of Preparer		P.O. BOX 25	60	
10/18/24		WINCHEST	rer, VA 226	U4-1760	
Preparer's FEIN, PTIN, or Si	SN	Approved Vendor Co	^{de} 101	19	

P00964688

2023 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return THE RICHMOND BALLET	FEIN **-**9848
Form 1120 - Deductions and Taxable Income	
Federal Taxable Income before NOL and Special Deductions	11
2. Net Operating Loss Deduction	2
3. Special Deductions	1000
4. Federal Taxable Income after NOL and Special Deductions	
Form 1120, Schedule C - Dividends and Special Deductions	
Subpart F Income and/or Global Intangible Low-Taxed Income	5
6. Gross-Up for Foreign Taxes Deemed Paid	
Form 1120, Schedule K or M-1	0
	(7)
7. Tax Exempt Interest	7
Form 5884 - Work Opportunity Credit	
8. Salaries and Wages not deducted due to the WOTC	8
Form 4562 - Special Depreciation Allowance and Other Depreciation	
9. Special depreciation allowance for qualified property placed in service during the	
taxable year	9
10. Property subject to 168(f)(1) election	10
11. Other depreciation	11
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income	
12. Total: Dividends	12
3. Reserved for future use	
14. Total: Inclusions (Exclude Gross-up)	14
15. Total: Inclusions (Gross-up)	15
6. Total: Interest	16
7. Total: Gross Rents, Royalties, and License Fees	
8. Total: Gross Income from Performance of Services	
9. Total: Other	19
20. Total: Total Gross Income or Loss from Outside the US	20
Form 1118, Schedule A - Income or Loss Before Adjustments - Deduction	
Total: Allegable Pental Payalty and Licensing Events	
1. Total: Allocable - Rental, Royalty, and Licensing Expenses -	21
Depreciation, Depletion, and Amortization	
2. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	
3. Total: Allocable - Expenses Related to Gross Income from Performance of Services	
4. Total: Allocable - Other Allocable Deductions	
75. Total: Total Allocable Deductions	
16. Total: Apportioned Share of Deductions	
77. Total: Net Operating Loss Deduction	
28. Total: Total Deductions	
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Inco	me
9. Total: Total Income or (Loss) Before Adjustments	29