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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	or the	s 2023 calendar year, or tax year beginning 000 1, 2023 and 6	enaing L	<u>JUN 30, 2024</u>					
В	Check if applicable	C Name of organization	D Employer identifi	cation number					
	Addres	RICHMOND BALLET BUILDING CORPORATION							
	Name change	Doing business as		**-***7749					
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 407 EAST CANAL STREET	Room/suite	E Telephone numbe 804-344-					
	return/ termin ated			G Gross receipts \$	53,256.				
	Amend			H(a) Is this a group re					
	return Applic			for subordinates					
	tion pendir	SAME AS C ABOVE							
$\overline{}$	Γον ον	empt status: $501(c)(3)$ \overline{X} $501(c)$ (2) (insert no.) $4947(a)(1)$ or	or 527	H(b) Are all subordinates in	list. See instructions				
	Websit)I 32 <i>1</i>	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	I Voor		M State of legal domicile: VA				
	art I	Summary	L TEAT	OF IOTHIALION, TOO I	VI State of legal dominione. V 21				
		Briefly describe the organization's mission or most significant activities: THE F	PIIRPOS	E OF THE CO	RPORATTON				
Se	'	IS TO HOLD TITLE PROPERTY, COLLECT INCOME	AND I	REMIT THE RE	NTAT.				
ш	2	Check this box if the organization discontinued its operations or dispose							
Je.	3	- · · · · · · · · · · · · · · · · · · ·			6				
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3 4	5				
∞	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		-	0				
ties	6	Total number of volunteers (estimate if necessary)		_	0				
Activities & Governance	7.	- · · · · · · · · · · · · · · · · · · ·			0.				
Ą	'a	Net unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b	0.				
_	<u> </u>	Net difference business taxable income from 1 offit 550-1, 1 art 1, life 11 1		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		0.	3,164.				
ine	9			0.	0.				
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-101,094.	-101,400.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-101,094.	-98,236.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,398.	50,092.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,398.					
	1	Revenue less expenses. Subtract line 18 from line 12		-151,492.	-148,328.				
	3	Tevernde 1655 experises. Cubitast into 16 from line 12		eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		4,741,657.	4,593,329.				
Ass	21	Total liabilities (Part X, line 26)		0.	0.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,741,657.	4,593,329.				
Pa	art II	Signature Block		· ·	, ,				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,				
		, , ,							
Sig	n	Signature of officer		Date					
Her		MICHELLE MULLER, CFO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	j	OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON	1, CP 1	$\lfloor 0/18/24 vert^{ ext{if}}_{ ext{self-employ}}$	P00964688				
	parer	Firm's name YOUNT, HYDE & BARBOUR, P.C.	- L	Firm's EIN *	*-***9263				
	Only	Firm's address P.O. BOX 2560							
	•	WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417				
Ma	the IF	RS discuss this return with the preparer shown above? See instructions		,	X Yes No				

Pai	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE PURPOSE OF THE CORPORATION IS TO HOLD TITLE PROPERTY, COLLECT INCOME AND REMIT THE RENTAL INCOME TO THE RICHMOND BALLET, A	
	TAX-EXEMPT ORGANIZATION UNDER IRC 501(C)(3).	
	TAX-EXEMPT ORGANIZATION UNDER TRC 501(C)(5).	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	۷n
	If "Yes," describe these new services on Schedule O.	•0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No.
Ū	If "Yes," describe these changes on Schedule O.	••
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	THE PRIMARY PROGRAM OF THE CORPORATION IS TO HOLD TITLE PROPERTY,	
	COLLECT INCOME AND REMIT THE RENTAL INCOME TO THE RICHMOND BALLET, A	
	TAX-EXEMPT ORGANIZATION UNDER IRC 501(C)(3).	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$	_)
		—
		—
	-	
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	
	Form 990 (20)23)

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		20a		Х
b	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	

RICHMOND BALLET BUILDING CORPORATION Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 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 Х 24a Schedule K. If "No," go to line 25a 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 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 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 26 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 Х 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M. 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0				ĺ	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming					
	(gambling) winnings to prize winners?			1c		ı		

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Form 990 (2023)

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023) RICHMOND BALLET BUILDING CORPORATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f -		
g	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 sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			37
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			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	1. 100, Complete 1 On 1 0000.			

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.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	(
	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.		_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho:	lders, or			
	persons other than the governing body?		/	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?	<u> </u>		8a		X
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule 0			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	
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			12a		<u> X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	THE ORGANIZATION - 804-344-0906 407 FAST CANAL STREET RICHMOND VA 23219					

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	nsate			
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		T an		10010	1	100)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	I I		yee	mper		1099-NEC)	1000 1420)	and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key	High	Former			
(1) STONER WINSLETT	0.00									
RB ARTISTIC DIRECTOR	40.00	Х		Х				0.	146,035.	5,535.
(2) BRETT BONDA	0.00				_] (
PAST MANAGING DIRECTOR	40.00	Х		Х				0.	112,885.	10,365.
(3) KATHLEEN HOLMAN	0.00	J				U	1			_
CHAIRMAN	5.00	X		X		-		0.	0.	0.
(4) MARGARET H. CLINARD	0.00									•
PRESIDENT (5) GAMES OF THE STATE OF THE STAT	5.00	X		X		-		0.	0.	0.
(5) GAYE C. MONTGOMERY	0.00	x		٠,					_	0
SECRETARY (6) TIFFANY B ARMSTRONG	2.00	A		Х		-		0.	0.	0.
TREASURER	2.00	х		х				0.	0.	0.
(7) SELINA N. RAINEY	0.00	^		^		\vdash		0.	0.	0.
VP & PRES ELECT	2.00	х		х				0.	0.	0.
Q	V = 111									
						H				
						\vdash				
										5 000 (2222

-*7749

Part VII Section A. Officers, Directors (A)	s, Trustees, Key Emp (B)	лоуее			gries		(D)		Т	(F)	
(A) Name and title	Average	Average Position					Reportable	(E) Reportable		(F) Estimat	ted
Name and the	hours per		t check nless pe				compensation	compensatio	n	amount	
	week	officer	and a				from	from related		othe	
	(list any	actor					the	organizations	s	compens	ation
	hours for	or dir	υ .		ited		organization	(W-2/1099-MIS	iC/	from th	
	related	stee			benss		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	nal tru	2 2	ploye	ee com		1099-NEC)			and rela	
	line)	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former				organizat	JOHS
	,	드	<u> </u>	1 3	E E	프			-+		
		\vdash									
		+	_								
							34				
		+	-								
							2				
							O				
		+									
1b Subtotal							0.	258,92	0.	15,9	00.
c Total from continuation sheets to I							0.	258,92		15,9	
d Total (add lines 1b and 1c)				<u>.</u>			-			13,3	00.
2 Total number of individuals (including compensation from the organization		ose iis	ieu a	bove	e) WH	re	ceived more than \$100,	ooo or reportable	1		0
compensation from the organization	44)								Yes	<u>`</u>
3 Did the organization list any former	officer, director, truste	ee. ke	/ emp	love	e. or	hial	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule										3	Х
4 For any individual listed on line 1a, is											
and related organizations greater the										4 X	
5 Did any person listed on line 1a rece											
rendered to the organization? If Yes	s." complete Schedule	J for	such	pers	on .					5	X
Section B. Independent Contractors					4			100 000 of comm			
1 Complete this table for your five high the organization. Report compensati									ensau	וווטווו	
	(A)						(B)			(C)	
Name and bu	usiness address	NOI	1E			_	Description of s	ervices	Со	mpensation	on
						\dashv					
						\downarrow					
						\dashv					
						\dashv					
						- 1					
Total number of independent contract \$100,000 of compensation from the		ot limit	ed to		se list	ed	above) who received mo	ore than			

332008 12-21-23

t VIII	Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
ran	b						
g, g		Fundraising events 1c					
ifts ar A		Related organizations 1d	3,164.				
s, nik		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
ber		similar amounts not included above 1f					
ĘĘ.	g	4 6					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		3,164.			
		Bus	siness Code				
ø	2 a						
r vic	b						
Se	С						
am	d				(7)		
Program Service Revenue	е				-		
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, a	ınd				
		other similar amounts)					
	4	Income from investment of tax-exempt bond proce	eds				
	5	Royalties) D				
		50.000) Personal				
	6 a		+				
	b	· · · · · · · · · · · · · · · · · · ·					
	C	()		-101,400.			-101,400.
		Net rental income or (loss)	(ii) Other	101,400.			101,400.
	<i>i</i> a	assets other than inventory 7a	(II) Othor				
	h	Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
eun	c	Gain or (loss) 7c	<u>'</u>				
Jev.		Net gain or (loss)					
ther Revenue		Gross income from fundraising events (not					
퉏		including \$of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
sn			siness Code				
eo n	11 a						
llar ven	b						
Miscellaneous Revenue	q C	All other revenue					
Σ	u e	Total. Add lines 11a-11d	I				
	12	Total revenue. See instructions		-98,236.	0.	0.	-101,400.
		TOTAL TOTOMOG. GOO MIGH GORDING		, •			5 000 (2222)

332009 12-21-23

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon			T (C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50,092.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			\(\(\frac{1}{2}\)	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<i>J</i>	
10	Payroll taxes		<u>S</u>		
11	Fees for services (nonemployees):				
а	Management		$\overline{}$		
b	Legal				
С	Accounting		. () ·		
d	Lobbying	* . C			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<u> </u>		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	• ()			
13	Office expenses	1			
14 15	Information technology				
15 16	Royalties Occupancy	•			
16 17					
17 18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses	E0 000			
25	Total functional expenses. Add lines 1 through 24e	50,092.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

	ILA	Daiance 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				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		·		5	
	6	Loans and other receivables from other disqualifi					
	•	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	B				9	
	1		 I I			9	
	IUa	Land, buildings, and equipment: cost or other	100	7 631 346			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3 038 017	4,741,657.	40-	4,593,329.
	l				4,/41,03/•	10c	4,393,329•
	11	Investments - publicly traded securities	1	11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	6	14			
	15	Other assets. See Part IV, line 11			A 741 CF7	15	4 502 220
	16	Total assets. Add lines 1 through 15 (must equa			4,741,657.	16	4,593,329.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	_			21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa		•			
iab		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	*			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		<u></u>	0.	26	0.
		Organizations that follow FASB ASC 958, chec	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			4,741,657.	27	4,593,329.
Ва	28	Net assets with donor restrictions				28	
пd		Organizations that do not follow FASB ASC 95	8, che	ck here			
ij		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,741,657.	32	4,593,329.
	33				4,741,657.	33	4,593,329.

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) 2 Total expenses (must equal Part IX, column (A), line 25)

Part XI Reconciliation of Net Assets

*	-***7749 Page 12
	-98,236.
	50,092.
	-148,328.
Ļ	4,741,657.
;	
;	
•	
3	

3	Revenue less expenses. Subtract line 2 from line 1	3	-	<u>-14</u>	8,3	28.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,74	1,6	57.	
5	Net unrealized gains (losses) on investments	5					
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	4	. 59	3,3	29.	
Pa	rt XII Financial Statements and Reporting	10		, 55	5 		
	Check if Schedule O contains a response or note to any line in this Part XII					X	
	Oncok if Conteduc C Contains a response of note to any line in this fact Air				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	_				
2a			- 1	2a		х	
	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:	o u					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1				
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.	·····				
	consolidated basis, or both:	,	- 1				
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1				
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 Sche		·····				
За	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 require	ed audit	: [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				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 RICHMOND BALLET BUILDING CORPORATION **Employer identification number** **-***7749

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes on Form 550, Farriv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	. (7)
	Preservation of land for public use (for example, recreat	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	*	_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements \boldsymbol{t}		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	vation easements during the year
	December 2012	antinfiction was viscous and a first time 170	(I=\/A\/D\/;\
8	Does each conservation easement reported on line 2d above		□ Vaa □ Na
0		on accompate in its revenue and expens	
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footness.		
	organization's accounting for conservation easements.	ote to the organization's imancial states	Herits triat describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	·	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items.	,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		.
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2023

	rt III Organizations Maintaining C	ollections of Ar					r Similar Asse	ets (conti		age Z
3	Using the organization's acquisition, accessi								<u>raca)</u>	
	collection items (check all that apply).	,	-,							
а	Public exhibition	d	ı 🗀 i	Loan or exc	change progra	am				
b	Scholarly research	е			3 1 3					
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	he organizatio	n's exe	mpt purpose in Pa	art XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran							/, line 9, or		
	reported an amount on Form 990, Pa			Ü			,	,		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	ns or other as:	sets not	included			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on F					unt liabi	lity?[Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if	the organization ans	swered "	Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		. C							
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	<u>%</u>								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	ed for th	ne			
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		<u> </u>
	(ii) Related organizations?							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipm					5	l: 40			
	Complete if the organization answere		·		T					
	Description of property	(a) Cost or o			t or other		Accumulated	(d) Boo	k valu	ie
		basis (investr	nent)		(other)	de	epreciation	0.5		00
	Land				0,000.	2	017 050		$\frac{0,0}{2}$	
b	Buildings			0,56	0,379.	۷,	817,050.	3,74	<u>s,s</u>	<u> </u>
C	Leasehold improvements			2.0	00 067		220 067			
d	Equipment			44	20,967.		220,967.			0.
<u>е</u>	Other							4,59	3 2	20
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X line 10	occlumn	(R))			4,33	J.J	47.

Schedule D (Form 990) 2023

D.T.G.W.CO.TD		CORRORATION	
Schedule D (Form 990) 2023 RICHMOND BAI Part VII Investments - Other Securities	LET BUILDING	CORPORATION **	*-***7749 Page 3
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. 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 en	d-of-year market value
(1) Financial derivatives	. ,		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)		10	
(3)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)		1	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	CA		
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	_
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	n Form 000 Ded IV 15-	110 or 11f Coo Forms COO Dark V. Pro- Of	-
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	THE OF THE See FORM 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			I

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

2. 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 ... X

Schedule D (Form 990) 2023

(5) (6) (7) (8)

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn	
		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	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	reries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	to With Evenence new F	5	
Pai	t XII	Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per F	teturn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Ι.Ι	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
a		ed services and use of facilities	2a		
b		/ear adjustments	2b	-	
C		losses	2c 2d		
d		(Describe in Part XIII.) nes 2a through 2d	40	2e	
е 3		nes 2a through 2d act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b		
		nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII	Supplemental Information			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; Part V, line 4	; Part X,	line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
PAF	X TS	, LINE 2:			
ACC	COUN	TING FOR UNCERTAIN TAX POSITIONS "MANAGE	MENT EVALUATED	THE	BALLET'S
m 7 3	, DO	OTHIONG AND CONCLUDED HIM HIM HIE DALLEH HA	D MAKEN NO IMOE	ם אד	NT 111 N N N
T.A.2	O ₁	SITIONS AND CONCLUDED THAT THE BALLET HA	ID TAKEN NO UNCE	KTAI	N TAX
DO 0	דיידי	ONS THAT REQUIRE ADJUSTMENT TO THE CONSC	NI.TDATED ETNANCT	Δ Τ. Q	ТАТЕМЕХІТС
LOL	<u> </u>	OND THAT KEQUIKE ADOUDTHEMT TO THE COMPO	DIDNIED IIIMICI	ль р	IMIDMUNID
то	COM	PLY WITH THE PROVISIONS OF THIS GUIDANCE	. WITH FEW EXCE	PTIO	NS. THE
BAI	LET	IS NO LONGER SUBJECT TO INCOME TAX EXAM	INATIONS BY THE	U.S	j •
FEI	ERA	L, STATE OR LOCAL TAX AUTHORITIES ENDING	BEFORE 2020."		

Schedule D (Form 990) 2023

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

RICHMOND	BALLET BU	ILDING CORP	ORATION				**-***7749
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi	stance?				-		on Yes X No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than					.(/)	Yes" on Form 990, Part	IV, line 21, for any
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
THE RICHMOND BALLET 407 EAST CANAL STREET RICHMOND, VA 23219	**-***9848		30,422.	19 670.	FAIR VALUE	SERVICES	RENTAL REVENUE IS CONTRIBUTED TO THE RICHMOND BALLET.
		• (OI'S				
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	· ·		e line 1 table				1.

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

(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 assistan
				,0	
			G	O'	
			10		
			C		
			D		
		(),	•		
Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
		<u>U</u>			
		•			
•	\Diamond				

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.

23. Open to Public

-*7749

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

RICHMOND BALLET BUILDING CORPORATION

Questions Regarding Compensation Yes No 1a 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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 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 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STONER WINSLETT	(i)	0.	0.	0.	0.		0.	0.
RB ARTISTIC DIRECTOR	(ii)	146,035.	0.	0.	0.	5,535.	151,570.	0.
	(i)							
	(ii)							
	(i)							
	(ii)				S			
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O (Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RICHMOND BALLET BUILDING CORPORATION

Employer identification number **-***7749

THE OWNER BRIDGE BOLLDING CONTROLLED TO
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCOME TO THE RICHMOND BALLET, A TAX-EXEMPT ORGANIZATION UNDER IRC
501(C)(3).
FORM 990, PART VI, SECTION A, LINE 8A:
THE CORPORATION DOES NOT HOLD BOARD MEETINGS AS ITS SOLE PURPOSE IS TO HOLD
REAL ESTATE AND COLLECT RENTAL INCOME TO TRANSFER TO THE RICHMOND BALLET.
FORM 990, PART VI, SECTION A, LINE 8B:
THE CORPORATION DOES NOT HOLD BOARD MEETINGS AS ITS SOLE PURPOSE IS TO HOLD
REAL ESTATE AND COLLECT RENTAL INCOME TO TRANSFER TO THE RICHMOND BALLET.
. 65
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 AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE CORPORATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY DUE TO ITS MAIN
PURPOSE BEING TO HOLD REAL ESTATE AND COLLECT RENTAL INCOME THAT IS
TRANSFERED TO ITS PARENT COMPANY, THE RICHMOND BALLET.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
THE THOUSE INDICT CHANGES THAT THE THEORY I DIME.

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

Schedule O (Form 990) 2023

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RICHMOND BAI	LET BUILDING CORPOR	RATION			Er	mployer identific	cation no	umber
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(d) (e) tal income End-of-year		Direct c	(f) controlling ntity	9
		C						
		-003	<u> </u>					
Identification of Related Tax-Exempt Orga	winting Complete if the evention	and up and a Very and Form 000) Dort IV line 24 l			a related toy over		
Part II Identification of Helated Tax-Exempt Organizations during the tax year.	inizations. Complete if the organization	on answered Yes on Form 990), Part IV, IIIIe 54, I	because it had one c	or more	e related tax-exer	прі	
(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	· 1		cont	g) 512(b)(13) rolled :ity?
	N) ·			501(c)(3))			Yes	No
THE RICHMOND BALLET - 54-6049848 407 EAST CANAL STREET RICHMOND, VA 23219	TO PROMOTE BALLET	VIRGINIA	501(C)(3)	LINE 10				X

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)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of		ortionate	Code V-UBI	General or	Percentage ownership
of related organization		(state or foreign	entity (related, unrelated, excluded from tax under sections 512-514) income end-of-year assets		amount in box 20 of Schedule K-1 (Form 1065)	partner?	Ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
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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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	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(l contr	(i) ction b)(13) rolled tity?
		country)		0. 1.004				Yes	No
	X								

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

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

Yes No

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?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					_1a		Λ		
b	Gift, grant, or capital contribution to related organization(s)					1b	Х			
С	c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)					1e		X		
f	f Dividends from related organization(s)					1f		X		
g	g Sale of assets to related organization(s)		· · ·			1g		X		
h	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)										
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		Х		
-1	Performance of services or membership or fundraising solicitations for related organization(s)					11		Х		
n	m Performance of services or membership or fundraising solicitations by related organization(s)					1m		Х		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n	Х			
	Sharing of paid employees with related organization(s)					10		Х		
р	Reimbursement paid to related organization(s) for expenses					1p		Х		
q Reimbursement paid by related organization(s) for expenses										
·										
r	Other transfer of cash or property to related organization(s)					1r		Х		
	S Other transfer of cash or property from related organization(s)					1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	nis line, including covered re	lationships and transaction	thresholds.	•				
	(a) (t Name of related organization Transa	b) action e (a-s)	(c) Amount involved		(d) ermining amount invo	olved				
1) '	THE RICHMOND BALLET B	3	50,092.	FAIR VALUE						
2) '	THE RICHMOND BALLET C	:	3,164.	FAIR VALUE						
3)										
4)										
τ)										
5)										
<u> </u>										
6)										
	63 09-28-23		1		Schedule F	R (For	n 990	2023		
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Page 4

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	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec		Share of	Dispropo tionate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	tionate allocations	amount in box 20	managing	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No		assets	Yes N		Yes No	1
			,	100 110			10011		100110	
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			4						+	-
			• (0)						+	
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332165 09-28-23 Schedule R (Form 990) 2023