Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

For the 2010 colonder year

or toy yoor beginning

EXTENDED TO NOVEMBER 16, 2020

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.

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



АГ	or the	2019 calendar year, or tax year beginning and e	enuing	_	
B C a	heck if pplicable	C Name of organization		D Employer identifie	cation number
X	Addres				
	Name Change	Doing business as		61-16088	46
	Initial return Final		Room/suite 1 – 2 B	E Telephone number 917-385-	
	_return/ termin- ated			G Gross receipts \$	440,000.
	Amend	^{ed} NEW YORK, NY 10011			-
	_lreturn ∏Applica			H(a) Is this a group re	
	pending	SAME AS C ABOVE		for subordinates	
<u> </u>		mpt status: $X = 501(c)(3)$ $= 501(c)()$ $($ $) \blacktriangleleft$ (insert no.) $= 4947(a)(1) o$	or 527	H(b) Are all subordinates in	
		BALLROOMBARKS.ORG	0 027	1	list. (see instructions)
		organization: X Corporation Trust Association Other	L Voor	H(c) Group exemption	State of legal domicile: NY
					State of legal domicile. IN I
Fa		Briefly describe the organization's mission or most significant activities: SUPPC		ANTMAT. WET.	
ce	1 E	CARE AND RESCUE, AND BY PROVIDING AFFORDA	ABLE U	OUSTNC ODD	
nan					
Governance		Check this box		1 1	sets. 3
G					3
8		Number of independent voting members of the governing body (Part VI, line 1b)		·····	
ties		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities &		Fotal number of volunteers (estimate if necessary)			0.
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
	DI	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>		Current Year
		Contributions and grants (Dart) (III line 1b)	-	50,000.	100,000.
anı		Contributions and grants (Part VIII, line 1h)		60,000.	60,000.
Revenue		Program service revenue (Part VIII, line 2g)		0.	00,000
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		57,499.	51,360.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167,499.	211,360.
				0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		17,000.	16,500.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen		Fotal fundraising expenses (Part IX, column (A), line 116)	0.		
EX		Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	162,500.	43,500.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		179,500.	60,000.
		Revenue less expenses. Subtract line 18 from line 12		-12,001.	151,360.
or ces		10001100 1000 0000 0000000000000000000		ginning of Current Year	End of Year
ets (anci	20 1	Fotal assets (Part X, line 16)	50	822,873.	974,233.
Assets (Balanc				110,000.	110,000.
Net / Fund				712,873.	864,233.
		Net assets or fund balances. Subtract line 21 from line 20		112,013.	001,233.

| Part II | Signature Block

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

Sign Here	Signature of officer BONNIE DIAZ, CEO Type or print name and title		Date					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	WILLIAM SKODY	WILLIAM SKODY	11/16/20 ^{if} self-employed	P00631754				
Preparer	Firm's name 🕒 SKODY SCOT & CO,		Firm's EIN ▶ 13	3-3597814				
Use Only	Firm's address 520 EIGHTH AVE,	SUITE 2200						
	NEW YORK, NY 10018 Phone no.							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)				
C	EE COUEDITE O EOD ODCANTO	AMTON MICCION CMAMEM						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) BALLROOM BARK		61	1-1608846	Page 2
Pa	rt III Statement of Program Service Acc	•			
	Check if Schedule O contains a response or no	ote to any line in this Part III			X
1	Briefly describe the organization's mission: THE ORGANIZATIONS MISSION	Τς ΤΟ ΟΙΙΡΡΟΡΤ Δ	NTMAL WELFARE VI	A CARE AND	
	RESCUE, AND BY PROVIDING A				GS
	AND CATS AND THEIR OWNERS.				
2	Did the organization undertake any significant progra	am services during the year wh	nich were not listed on the		
				XYes	No
3	If "Yes," describe these new services on Schedule C Did the organization cease conducting, or make sign		lucts any program sorvices?	Yes	XNo
3	If "Yes," describe these changes on Schedule O.	incant changes in now it cond	dets, any program services !		
4	Describe the organization's program service accomp	lishments for each of its three	e largest program services, as me	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are req				ıd
	revenue, if any, for each program service reported.	0			0.0
4a	(Code:) (Expenses \$ 50,00 CARE AND RESCUE OF PETS, A	0. including grants of \$) (Revenue \$) (Revenue \$)	60,0	
	FOR PET DOGS AND CATS AND		FORDABLE HOUSING	OPPORIONII	152
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)				
4.0	(Expenses \$ including grant	s of \$ 50,000.) (Revenue \$)	
<u>4e</u>	Total program service expenses	50,000.		Form 99	0 (2010)
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		2			

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Form 990 (2019)	BALLI	ROOM	BAR
Part IV	Checklist o	f Required	Scheo	lules

BALLROOM BARKS

			Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
		1	х	
2	If "Yes," complete Schedule A	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		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 Revenue Procedure 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
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		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		X
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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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3 09201221 788383 BB2435 2019.05010 BALLROOM BARKS

Form 990 (20	019)	BALLROOM	BARKS
Part IV	Checklist c	of Required Scheo	dules (continued)

BALLROOM BARKS

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
~ ~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
Lou	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 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		X
	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 lines 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	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			<u> </u>
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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 in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	ń		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	÷		
U	(gambling) winnings to prize winners?	1c		
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4 2019.05010 BALLROOM BARKS

Form 990	(2019)
Part V	Sta

019) BALLROOM BARKS Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
	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	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v		
	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					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u				
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.5				
a	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		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
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	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?					
9	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:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.) [11b]	100				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a				
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	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					
	excess parachute payment(s) during the year?	15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990 (61-1608846	Pag
Part VI	Governance, Management	and Disclo	Sure For each "Yes" response to lines 2 through 7b below, and for a "No" re	sponse
	to line 8a, 8b, or 10b below, describ	e the circumsta	ances, 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a3			
	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 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	х	
h	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
18	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
10		dfine		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu imal	ICIAI	
	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 books and records
	THE ORGANIZATION - 917-385-8064

	343	WEST	21ST	STREET,	NO.	1-2B,	NEW	YORK,	NY	10011	
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6 2019.05010 BALLROOM BARKS

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61 - 1608846Page 6

Part VII	Compensation of Officers	, Directors,	, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independ	lent Contra	ctors			

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C) (D) (E)							(E)	(F)
Name and title	Average	(do							Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploye	t con /ee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BONNIE DIAZ	40.00	=	<u> </u>	ò	¥	ты	R			
CEO	10000	x		x				0.	0.	0.
(2) LEN DIANA	2.00								••	••
SECRETARY	2.00	x		x				0.	0.	0.
(3) PATTI PANEBIANCO	2.00								••	••
TREASURER	2000	x		x				0.	0.	0.
		<u> </u>								
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932007 01-20-20										rorm JJU (2019)

932007 01-20-20

Form 990 (2019) BALLROOM BARKS 61-1608846											Pa	age 8		
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	compensation compensation			an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizati	e ion ed
	<u></u>								0.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
-	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	SOVe	e) wł	no re	eceived more than \$100	,000 of reportabl	е			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•	-		Ŭ	phest compensated emp	2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services				
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of corr	pens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	year.	•			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis)	stec	l above) who received n	nore than				
												Form	990 (2	2019)

932008 01-20-20

age of a producted campaignes 1a	Ра	rt v				nse	or note to any lin	e in this Part VIII			
generation 1 a Federated campaigns 1 a 1 b								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
go g	<u>s s</u>	4		Endorstad compaigna	10						sections 512 - 514
go g	unt	· ·									
go g	٩. ٣										
go g	lifts ar A										
go g	nik G										
go g	ŝ										
go g	but		•				100,000.				
go g	Ē		a								
go g	and		•					100,000.			
Segueded b								· · ·			
gratal. Add lines 2a.21 60,000. gratal. Add lines 2a.21 60,000. 3 Investment income (including dividends, interest, and other similar amounts).	é	2	а	EDUCATION PRO	GRAM		900099	60,000.	60,000.		
gratal. Add lines 2a.21 60,000. gratal. Add lines 2a.21 60,000. 3 Investment income (including dividends, interest, and other similar amounts).	۳ ۲i										
gratal. Add lines 2a.21 60,000. gratal. Add lines 2a.21 60,000. 3 Investment income (including dividends, interest, and other similar amounts).	Se		с								
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gratal. Add lines 2a.21 60,000. gratal. Add lines 2a.21 60,000. 3 Investment income (including dividends, interest, and other similar amounts).	ngo B		е								
3 Investment income (including dividends, interest, and other similar amounts). 4 4 Income from investment of tax exempt bond proceeds > 5 Royatties (i) Real (ii) Personal 6a Gross rents 6a 280, 000. (ii) Personal 6b 228, 640. (iii) Personal (iii) Personal 6c Status (iii) Personal (iii) Personal 6a Gross rents 6a 280, 000. (iii) Personal 6a Coss rents 6a 280, 000. (iii) Personal 6a Coss rents 6a 280, 000. (iii) Personal 6a Coss rents 6a 280, 000. (iiii) Personal 6a Coss rents 6a 51, 360. (iiii) Personal 6 National Science (loss) Ta 7a 7a 7a 7a Coss cost or other bais not coss) Ta Pa Pa <th>Ъ</th> <td></td> <td>f</td> <td>All other program service</td> <td>revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Ъ		f	All other program service	revenue						
a income from investment of tax-exempt bond proceeds Image: construction of the second of the			g	Total. Add lines 2a-2f			►	60,000.			
4 Income from investment of tax-exempt bond proceeds > 5 Royaties > 6 a Gross rents 6a (0) Personal 6a Gross rents 6a (280, 000. b Less: rental expenses 6b (28, 640. c Rental income or (loss) > 7a Gross anout from sales of (0) Securities 7a Gross anout from sales of (1) Securities 7a Gross on other basis and sales spenses 7 7a To To 7a To To 7a To To 7a Gross on other basis and sales spenses of 7a To To 7a To To 7a To To 7a Gross income from fundraising events (not including \$ of 8a Gross income from gaming activities. Se 9a Gross nales of inventory. Se 9a Gross income from gaming activities. Se 9a Gross income from gaming activities. Io 10a Gross income or (los		3									
5 Royatties (i) Pread (ii) Personal 6 a Gross rents 6a (280, 0.00.0) 6b 228, 640.4 c Rental income or (loss) 6c 51, 360.4 51, 360.4 51, 360.4 7 a Gross amount from sales of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				other similar amounts) \ldots			►				
6 a Gross rents Ga 280,000. b Less: rental expenses Gb 228,640. c Rental income or (loss) c 51,360. d Net rental income or (loss) i(i) Securities a Gross amount from sales of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4					· · ·				
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7 a Gross amount from sales of assets other than inventory 7a 7a 7a 7 a Gross amount from sales of assets other than inventory 7a 7a 7a 90 C Gain or (loss) 7b 7c 7c 8 a Gross income from fundraising events (not including \$s of contributions reported on line 1c). See Part IV, line 18 8a 8a 8a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9 a Gross all circle expenses 9b 9b 9b 9b 10 a Gross alles of inventory, less returns and allowances 10a 10a 10a 10 a Gross sold 10b 10b 10a 10a c Net income or (loss) from sales of inventory 10a 10b 10a c Total allowances 10a 10b 10b 10b c Total revenue 11 a 12 12 12 1360. 60,000. 0. 51,360			С			50.		F1 260			E1 260
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses Ta Ta c Gain or (loss) Tc To d Net gain or (loss) To To 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Ba b Less: direct expenses Bb Ess: direct expenses Bb c Net income or (loss) from fundraising events Part IV, line 19 9a 9 Gross income from gaming activities. See Part IV, line 19 9a 9a 9 Gross sales of inventory, less returns and allowances 10a 10a 10 Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b 10b c Net income or (loss) from sales of inventory Ess: cost of goods sold 10b 10c c All other revenue Intervenue Intervenue Intervenue Intervenue e Total revenue Est instructions 211, 360. 60, 000. 0. 51, 360		_					(ii) Oth ar	51,300.			51,300.
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Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a Business Code b C c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions		9									
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10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: Cost of c			b			9b					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory solution Business Code b			с	Net income or (loss) from	gaming activitie	s	►				
b Less: cost of goods sold10b ► c Net income or (loss) from sales of inventory ► solution of the solution of t		10	а	Gross sales of inventory, I	ess returns						
c Net income or (loss) from sales of inventory Image: style				and allowances		10a					
Business Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code <th></th> <td></td>											
11 a			с	Net income or (loss) from	sales of invento	ory					
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 211,360.60,000.0.0.51,360.	SL						Business Code				
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 211,360.60,000.0.0.51,360.	ue or	11	а								
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 211,360.60,000.0.0.51,360.	llan (ent		b								l
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 211,360.60,000.0.0.51,360.	Be €		-								
12 Total revenue. See instructions ▶ 211,360. 60,000. 0. 51,360.	Ϊ										
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BALLROOM BARKS

Form 990 (2019)

932009 01-20-20

61-1608846

Page **9**

BALLROOM BARKS

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-		X
	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			9	
	and domestic governments. See Part IV, line 21				
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)		1 - 0 0 0		
7	Other salaries and wages	15,000.	15,000.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,500.	1,500.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,000.		10,000.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	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	PROGRAM EXPENSES	20,000.	20,000.		
h	DOG SITTING	13,500.	13,500.		
c		.,	.,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	60,000.	50,000.	10,000.	0.
26	Joint costs. Complete this line only if the organization	,	,	,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (004)

932010 01-20-20

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et			

	n 990 (i rt X	2019) BALLROOM BARKS	5			61-	1608846 Page 11
Pa							
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			171,845.	1	232,845.
	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 of					
	ľ	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				Ŭ	
	ľ	under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	776,000.			
	Ь	Less: accumulated depreciation	10b	34,612.	651,028.	10c	741,388.
	11	Investments - publicly traded securities	,	11	,		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			822,873.	16	974,233.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue	110,000.	19	110,000.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	parties		24		
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26				110,000.	26	110,000.
Ś		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔟			
nce		and complete lines 27, 28, 32, and 33.			810 082		064 000
alaı	27	Net assets without donor restrictions			712,873.	27	864,233.
ЧB	28	Net assets with donor restrictions		28			
'n		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
с Г		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 ec				30	
∋t A	31	Retained earnings, endowment, accumulated in			710 070	31	061 777
ž	32	Total net assets or fund balances			712,873.	32	864,233.
	33	Total liabilities and net assets/fund balances			822,873.	33	974,233.

Form **990** (2019)

Form	BALLROOM BARKS	61	-1608846	Pa	ge 12
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			60.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	712	2,8	73.
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	864	1,2	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	S,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain 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 Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

	2019
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of t	he organization	Employer identification num
	BALLROOM BARKS	61-1608846
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	S.
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental	unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from	the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	l land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	f the college or
	university:	

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.)

11 An organization organized and operated exclusively to	to test for public safety. See section 509(a)(4).
--	---

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d J 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.05010 BALLROOM BARKS

Schedule A (Form 990 or 990 EZ) 2019 BALLROOM BARKS

61-1608846 Page 2

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

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	(0) 2010	(6) 2010	(0) 2011	(4) 2010			
8	Gross income from interest,							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
•	and income from similar sources						<u> </u>	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10							
12	1 ,	,	,			12		
13	First five years. If the Form 990 is for	0	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)		
<u> </u>	organization, check this box and stop	here	rooptago				<u></u>	
-	ction C. Computation of Publi							
	Public support percentage for 2019 (li					14	%	
	Public support percentage from 2018					15	%	
16a	33 1/3% support test - 2019. If the o							
	stop here. The organization qualifies a							
k	33 1/3% support test - 2018. If the o							
	and stop here. The organization quali							
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟	
b	o 10% -facts-and-circumstances test	- 2018. If the orc	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line	15 is 10% or	
	more, and if the organization meets th	e "facts-and-circu	umstances" test, o	heck this box and	l stop here. Explai	n in Part VI ho	w the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instru	ictions	
					. .			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 BALLROOM BARKS

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.)

See	ction A. Public Support		Joto Fult II.				
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	266,722.	388,557.	60,000.	50,000.	100,000.	865,279.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	133,589.	63,490.	65,000.	60,000.	60,000.	382,079.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge	400 311	452 047	125 000	110 000	160,000.	12/7358
	Total. Add lines 1 through 5			123,000.	TTO,000	100,000.	T741220.
18	3 received from disqualified persons						0.
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						0.
	Public support. (Subtract line 7c from line 6.)						1247358.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016 452,047.	(c) 2017 125,000.	(d) 2018	(e) 2019 160,000.	(f) Total 1247358 •
9	Amounts from line 6	400,311.	452,047.	125,000.	110,000.	160,000.	1247358.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	00.000	110 000	440 040	100 004		
	and income from similar sources	82,397.	119,302.	118,347.	120,924.	280,000.	720,970.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	02 207	119,302.	110 217	120 024	280,000.	720 070
	Add lines 10a and 10b Net income from unrelated business	02,397.	119,302.	110,547.	120,924.	200,000.	120,910.
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
_	or loss from the sale of capital						
13	assets (Explain in Part VI.)	482,708.	571,349.	243,347.	230,924.	440,000.	1968328.
	First five years. If the Form 990 is for	-	-	-	-	-	
	check this box and stop here						>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (I					15	63.37 %
16	Public support percentage from 2018					16	67.15 %
	ction D. Computation of Inves						26 62
	Investment income percentage for 20					17	36.63 % 32.85 %
18	,						
198	19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
L		-	•				
r.	33 1/3% support tests - 2018. If the	•					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						
	23 09-25-19	ala not oncon a	20/ 01 110 14, 130	a, or rob, oneon th) or 990-EZ) 2019
0020	15						

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2019

	Continuea)		V.	
44	Lies the examination eccentral a gift or contribution from any of the following nervoyo		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		N	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	-	20		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations? <i>Provide dotails in</i> Part VI	20		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form	າສດ or aa	⁊∪-ヒ∠)	12019

Schedule A (Form 990 or 990-EZ) 2019 BALLROOM BARKS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 BALLROOM BARKS

-			20	,	<i>y</i> -
932028 09-25-	19			Schedule A (Form S	990 or 990-EZ) 2

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organizati	(

Nam	e of the organization BALLROOM BARKS			Employer identification number 61-1608846
Pa		ed Funds or Othe	r Similar Funds	
I U	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advi	sed funds	(b) Funds and other accounts
4	Total number at end of year	(4) 2 5 44		
1				
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			a d ferra da
5	Did the organization inform all donors and donor advisors in	-		
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Pa	Impermissible private benefit? t II Conservation Easements. Complete if the orgonal sectors in the orgonal sector			
	· · · · · ·	-		
1	Purpose(s) of conservation easements held by the organization			- biskevia allu ince autout lanal avaa
	Preservation of land for public use (for example, recrea	ation or education)		a historically important land area
	Protection of natural habitat	L	Preservation of	a certified historic structure
•	Preservation of open space	e 1 1 1 1		· · · · · · · ·
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation cont	ribution in the form (
-	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired			
~	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, o	or terminated by the	organization during the tax
4	year	compart in located		
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanuling of violations,	and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	onforcing conson/a	tion operate during the year
'	Amount of expenses incurred in monitoring, inspecting, hand \$	and the second	emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line $2(d)$ above	o esticity the requirem	onts of soction 170	
0				
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	iote to the organizatio		ents that describes the
Pa	t III Organizations Maintaining Collections o	f Art. Historical T	reasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
	If the organization elected, as permitted under FASB ASC 95		evenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	· ·		
	service, provide in Part XIII the text of the footnote to its final			·
b	If the organization elected, as permitted under FASB ASC 95			
	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			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB A			J 7 F
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

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932051 10-02-19

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) a Using the organizations accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): Public exhibition Check all that apply: Debite exhibition Preservation for future generations Provide a description of the organization solic or recore dorations of art, historical treasures, or other similar assets Debite or the organization solic or recore dorations of art, historical treasures, or other similar assets Debite or the organization and collectorin? Part IV Escrow and Custodial Arrangements. Complete if the organization answered Ytes' on form 990, Part IV, line 9, or reported an anount on form 990, Part X, line 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Is the organization include an angent on form 900, Part X, line 21. Testibutions during the year Endowment Funds. Complete the regionization has been provided or Part XIII. Part V Endowment Funds. Complete the eganization has been provided or Part XIII. Part V Endowment Funds. Complete the eganization chas been provided or Part XIII. Part V Endowment Funds. Complete the eganization chas been provided or Part XIII. Part V Endowment Funds. Complete the eganization has been provided or Part XIII. Part V Endowment Funds. Complete the eganization has been provided or Part XIII. Part V Endowment Funds. Complete the eganization has been provided or	Sche	dule D (Form 990) 2019 BALLROC	M BARKS			61-	1608846	Page 2
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Collection terms (check all that apply): Provide a decoption of the organization solutions of art, historical treasures, or other similar assets to be solution that the organization solution of art, historical treasures, or other similar assets to be solution that that to be minitande as part of the organization solutions or art, historical treasures, or other similar assets to be solution that that to be minitande as part of the organization solutions or other similar assets to be solution and that that to be minitande as part of the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21, the solutions or other assets not included on Form 900, Part X, line 21, the solution of part AP be bertoubican during the year to bertoubican during the year to bertoubican during the year to consist and solution on Form 990, Part X, line 21, for escrow or custodial account liability? Yes, "explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Detroubican cartaction include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes, "explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. The part VI Endowment Funds. Complete If the explanation has been provided on Part XIII. Part VI Endowment V =	Pa	t III Organizations Maintaining (Collections of A	rt, Historical 1	Freasures, or Oth	ner Similar As	sets(continu	ied)
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that make	significant use o	f its	
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediation and the organization line organization answered 'Yes' on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. Intermediation answered 'Yes' on Form 990, Part X, line 21. Intermediation include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. Intermediation action include an amount on Form 990, Part X, line 21. Intermediation action action action action actintermediatis assets and on Form 990, Part X, line 21.								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: • C • Description of during the year. • Id • Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • Descrintiputions Conplete if the organizatio	а	Public exhibition	c					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W escrow and a sent. Itrustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Secrow and Sector A. Ine 21. Amount defining balance defining balanc	b		e	e 🛄 Other				
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustske, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Itage and the organization agent. Fustske, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Itage and the organization agent. Fustske, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Itage and the organization agent. Fustske, custodian or other intermediary for contributions or outper data arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' or Form 990, Part X, line 10. If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' or Form 990, Part X, line 10. If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Gornthoutions Contributions is a bard organization agent. Administrative expenses ad outper explaned Administrative expenses adding the provided on quark in the possession of the organization answered 'Yes' or Form 990, Part X, line 10. Secret and programs A cher endowment \box mather by % Permanent endowment \box matheres by form form 990, Part X, line 10. Complete if the organi	С	-						
top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete in the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete in Part XIII Yes No. c Beginning balance Image: Complete in Part XIII on Complete in Part X, line 21, for escrow or custodial account liability? Yes No. d If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete in	4						Part XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Explain the arrangement in Part XIII and complete the following table: Ves No If 'Yes,'' explain the arrangement in Part XIII and complete the following table: d. Amount d. Amount d. Amount d. Amount d. Amount tid D. They are applicable. They are applicable. D. They are applicable. The applicable. D. They are applicable. D. They	5			,	,			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? c Beginning balance 1c d Additions during the year 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a diministrate percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasilendowment ▶ % c There endowment ▶ % % Section 100%. 3a/(0) 3a/(0) 3a Are there endowment part and the possession of the organization that are held and administered for the organization by: (a) Control to organizations 3a/(0) (b	De							└── No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	Pa			ete if the organizat	ion answered "Yes" c	n Form 990, Part	IV, line 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions 1d e Distributions 1d e Observe expenditures for accellates 1d e Other expenditures for facilities 1d and programs 56 e Deremanent endowment \> 56 b Permanent endowment \> 56 b Permanent endowment \> 56 b Peremanent				-1'		at the strend state		
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a			•			Vee	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back in the preventities of scholarships a Did programs Image: Control of the current year on balance (line 1g, column (a)) held as: Image: Control of the organization in the preventities on the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b	h						L Tes	
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e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions								
f Ending balance								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 0 0 0 0 0 0 1a Contributions 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>								
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Pa	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on	Form 990, Part IV, line	e 10.		
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four y	/ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance						
d Grants or scholarships	b	Contributions						
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses						
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(iii) 3a(iii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 4. Dolo , 000 . 5. Buildings 376 , 000 . 34 , 612 . 341 , 388 . c Le	d	Grants or scholarships						
f Administrative expenses	е	Other expenditures for facilities						
g End of year balance					-			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (ii) Related organizations 3a(ii) 3a(ii) 3b								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land	g							
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rrent year end baland		(a)) held as:			
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		- · · .		_%				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (ii) Cost or other basis (investment) (ii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Rook 000. (d) 0, 000. (d) 0, 000. (d) 0, 000. (d) Cost or other basis (other) (d) Rook value (d) Equipment (d) Equipment (d) Cost or other basis		·						
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 400,000. 400,000. 400,000. b Buildings 376,000. 34,612. 341,388. c Leasehold improvements 4 4 4 4 e Other 0 4 4 4		-						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 400,000. 400,000. 400,000. b Buildings 376,000. 34,612. 341,388. c Leasehold improvements d Equipment e Other								
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e Other								
e Other	d	Equipment						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other						
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Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part X, line 12. (a) Bastightical derivatives (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely held equity interests	Part VII Investments - Other Securities.			
1) Financial derivatives 0 (2) Closely held equity interests 0 (3) Other 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (9) 0 (10) 0 (11) 0 (12) 0 (13) 0 (14) 0 (15) 0 (16) 0 (17) 0 (18) 0 (19) 0 </td <td></td> <td></td> <td></td> <td></td>				
(2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
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(D) (E) (E) (F) (G) (G) (H) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (Part WIII) Investments - Program Related. Complete If the organization answered 'Yes' on Form 990, Part X, line 13. (a) Description of investment (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of value (c) Method of value (c) Method of value (F) (c) Method of value (c) Method of value (c) Method of value (1) (c) Method of value (c) Book value (c) Book value (1) (c) Metod of value (c) Book value (c) Book value (1) (c) Metod of value <	(B)			
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(G) (H) (H) (I) (H) (I) (I)	(E)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (a) (c) (c) (g) (a) (c) (c) (g) (c) (c) (c) (g) (c) <td>(F)</td> <td></td> <td></td> <td></td>	(F)			
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(5) (6) (7) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (1) (a) (2) (a) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answerd "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(3)			
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(9) Total (Column (b) must actual Form 000, Part X, col. (B) line 25.)

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

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...

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 BALLROOM BARKS		61-1608846 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

61-1608846

BALLROOM BARKS

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

FOR PET DOGS AND CATS AND THEIR OWNERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AFFORDABLE HOUSING

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION WAS FORMED AS A MEMBERSHIP ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATIONS GOVERNING BODY

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

THE FORM 990 IS REVIEWED AND APPROVED BY AN OFFICER OF THE ORGANIZATION

PRIOR TO FILING.

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

THE GOVERNING BODY IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

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

THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, 990S, NY NON-PROFIT NETWORK

ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA.

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

 THE
 ORGANIZATION
 MAKES
 ITS
 GOVERNING
 DOCUMENTS
 CONFLICT
 OF
 INTEREST
 POLICY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization BALLROOM BARKS	Page 2 Employer identification number 61-1608846
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RE	
	20101.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PERFORMERS AND CONSULTANTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,000.
932212 09-06-19 Sch	edule O (Form 990 or 990-EZ) (2019
26 201221 788383 BB2435 2019.05010 BALLROOM BARKS	BB2435_1

2019 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - 343 W21 ST NYC

C o n Unadjusted Cost Or Basis Beginning Accumulated Ending Accumulated Reduction In Date Bus Section 179 Basis For Current Current Year Asset No. Line No. Life Description Method Acquired % Expense Basis Depreciation Sec 179 Deduction v Excl Depreciation Expense Depreciation BUILDINGS 2 BUILDING - 343 W21 STREET 01/05/15 SL 39.00 MM16 216,000. 216,000 22,152. 5,538, 27,690. 3 BUILDING IMPROVEMENTS 03/15/17 SL 39.00 MM16 60,000. 60,000 2,820. 4,358. 1,538 4 BUILDING IMPROVEMENTS 01/01/19 SL 39.00 16 100,000, 100,000, 2,564 2,564. 376,000. 376,000, 24,972. 9,640. 34,612. * 990 RENTAL TOTAL BUILDINGS LAND 1 LAND - 343 W21 STREET 01/05/15 L 400,000, 400,000 0 * 990 RENTAL TOTAL LAND 400,000. 400,000, Ο. Ο. Ο. * GRAND TOTAL 990 RENTAL 776,000. 776,000. 24,972. 9,640. 34,612. DEPR CURRENT YEAR ACTIVITY BEGINNING BALANCE 676,000. 0. 676,000. 24,972. 32,048. ACOUISITIONS 100,000 100,000 0. 2,564. 0. DISPOSITIONS/RETIRED 0. 0. 0. Ο. Ο. ENDING BALANCE 776,000. 0. 776,000 24,972. 34,612. ENDING ACCUM DEPR 34,612. ENDING BOOK VALUE 741,388.

RENT

1

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentificatio	n number (TIN)
print BALLROOM BARKS 61-1					61-16	08846
File by the due date for		tions		01 10	00040	
filing your	343 WEST 21ST STREET, NO.					
return. See instructions	-		ress, see instructions.			
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) THE ORGANIZATI	06	Form 8870			12
Telep If the If this If this this this Contact of the If the If this I I re If the If	books are in the care of ▶ 343 WEST 21 ST whone No. ▶ $917-385-8064$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	s in the Ur Group Exe and atta NOVEI panization's , an check reas	Fax No. ►	f this is fo i all memb	r the whole <u>c</u> ers the exter npt organizat 	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 γ nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	refundable credits and		Ψ	
	timated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ŧ	
	ing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8		nd Form 887	9-EO for payment 868 (Rev. 1-2020)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019						
Check if Applicable:	Name of Organization: BALLROOM BARKS			Employer Identification Number (EIN): 61-1608846		
Name Change Mailing Address: Initial Filing 343 WEST 21ST STREET, NO. 1-2B				NY Registration Number: $44 - 20 - 50$		
Final Filing City / State / ZIP: Amended Filing NEW YORK, NY 10011				Telephone: 917 3858064		
Reg ID Pending	Website: BALLROOMBARKS .	ORG		Email: BONNIEBALLROOMBARKS		
Check your organization's registration category:	TA only EPTL	only X DUAL (7A &		nfirm your Registration Category in the arities Registry at www.CharitiesNYS.com.		
2. Certification						
See instructions for certif	cation requirements. Imprope	r certification is a violation	of law that may be subject t	o penalties. The certification requires		
two signatories.						
	enalties of perjury that we revi e true, correct and complete ir			best of our knowledge and belief, plicable to this report.		
President or Authorized	Officer:		• OFFICER			
	Signature		Print Name a	and Title Date		
Chief Financial Officer or	Treasurer		• OFFICER			
Signature Signature Print Name and Title Date						
3. Annual Reporting	Exemption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.						
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and Attachments						
See the following page for a checklist of Schedules and Attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you are submitting here:	vr 7A filing fee:	EPTL filing fee: \$100.	Total fee: \$125.	Make a single check or money order payable to: "Department of Law"		
-	Charitable Organizations (Up fers to an organization's NYS	• •	not refer to its IRS tax desig	gnation.		

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2 2019.05010 BALLROOM BARKS

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BALLROOM BARKS



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- L If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000

X No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

3 2019.05010 BALLROOM BARKS