

FEB 04 2019

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01/2014, and ending 06/30/2015

B Check if applicable:		C Name of organization CALIFORNIA BALLET ASSOCIATION, INC.	D Employer identification number 95-2582305
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Bank return <input type="checkbox"/> Final return <input type="checkbox"/> Beneficiary <input type="checkbox"/> Amended <input type="checkbox"/> Return <input type="checkbox"/> Application pending		E Doing business as 4819 RONSON COURT	F Telephone number () -
		G Number and street (or P.O. box if mail is not delivered to street address) CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE SAN DIEGO, CA 92111	H Gross receipts \$ 1,848,419.
		I Name and address of principal officer MAXINE MARION 4819 RONSON COURT SAN DIEGO, CA 92111	H(1) Is this a group return for subsection (b)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(2) Are all corporations included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(3) If "No," attach a 1041-C (see instructions)
J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 4911(b) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		K Website: WWW.CALIFORNIABALLET.ORG	
L Year of formation: 1968 M State of legal domicile: CA			

PART II Summary		THE ORGANIZATION PRESENTS HIGH QUALITY BALLET PERFORMANCES AND EDUCATIONAL PROGRAMS.	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities.	STATUTE UNIT	
	RECEIVED		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 50% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	1	15	
6 Total number of volunteers (estimate if necessary)	6	250	
7a Total unrelated business revenue from Part VIII, column (C), line 12	TPR-BRANCH OGDEN	0	
b Net unrelated business taxable income from Form 880-T, line 34		0	
Revenue	Print Year	Current Year	
8 Contributions and grants (Part VIII, line 1b)	490,158.	589,376.	
9 Program service revenue (Part VIII, line 2g)	1,371,988.	1,259,043.	
10 Investment income (Part VIII, column (A), lines 9, 4, and 7d)	0	0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47,300.	0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,814,846.	1,848,419.	
Expenses	Print Year	Current Year	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	241,096.	262,218.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 26)	12,344.		
17 Other expenses (Part IX, column (A), lines 11e-11d, 11f-24e)	1,634,569.	1,640,483.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 26)	1,875,665.	1,882,701.	
19 Revenue less expenses. Subtract line 18 from line 12	-50,819.	-34,282.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 1b)	54,850.	63,819.	
21 Total liabilities (Part X, line 2b)	669,798.	733,049.	
22 Net assets or fund balances. Subtract line 21 from line 20	-614,948.	-579,230.	

PART III 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 knowledge.	

Sign Here	Date
Signature of officer <i>Mayne K. Marion</i>	
Type or print name and title <i>MAYNE K. MARION, Director</i>	

Paid Preparer Use Only	Print/Type preparer's name BRIAN HADLEY, CPA	Preparer's signature BRIAN HADLEY, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00067183
	Firm name WILKINSON HADLEY KING & CO., LLP		Firm's EIN 52-2354566		
	Firm's address 219 N. DOUGLAS AVENUE, EL CAJON, CA 92020		Firm's phone 619-447-6700		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

ASA
4510101000
7335BX 577A

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07/11/2019

NO, CA

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Form 890 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1** Briefly describe the organization's mission:

CALIFORNIA BALLET PRESENTS HIGH QUALITY PROFESSIONAL BALLET PERFORMANCES AND EDUCATIONAL PROGRAMS FOR THE PUBLIC AND COMMUNITY OF CALIFORNIA THROUGH SUPPORT OF A RESIDENT COMPANY OF PROFESSIONAL DANCERS.

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 890-EZ? Yes No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,403,026, including grants of \$ 8,255,043.) (Revenue \$)

CLASSICAL BALLET PERFORMANCES AT CIVIC THEATER. OUTREACH TO SHARE THE ART WITH DISCOUNTED AND FREE TICKETS TO UNDERSERVED PEOPLE OF SAN DIEGO. COMMUNITY EDUCATION WITH LECTURES AND DEMONSTRATIONS IN SCHOOLS. ARTS EXPOSURE TO K-12 STUDENTS THROUGH STUDENT INVITATIONAL PERFORMANCES. PRESENTATION OF INTERNATIONALLY RENOWNED GUEST ARTISTS AND CHOREOGRAPHERS FROM AROUND THE WORLD.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

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

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,403,026.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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.
- 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.
- 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.
- 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.
- 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.
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 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.
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 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.
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII.
 - 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? If "Yes," complete Schedule D, Part VIII.
 - d Did the organization report an amount for other assets in Part X, line 15 that is 6% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part IX.
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to the 12a, then completing Schedule D, Parts XI and XII is optional.
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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.
- 15 Did the organization report on Part IX, column (A), line 3, more than \$6,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.
- 16 Did the organization report on Part IX, column (A), line 3, more than \$6,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 6a? If "Yes," complete Schedule G, Part II.
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9e? If "Yes," complete Schedule G, Part III.
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

Form 990 (2014)

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 17 if "Yes," complete Schedule I, Parts I and II	21	X
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 27 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 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 6, 8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	
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	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2014)

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 6

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	15
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b	-
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8688-T?	5c	-
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	-
7 Organizations that may receive deductible contributions under section 170(c).	7a	-
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?	7b	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	-
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	-
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8698 as required?	7h	-
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7i	-
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?	8a	-
9 Sponsoring organizations maintaining donor advised funds.	8b	-
a Did the sponsoring organization make any taxable distributions under section 4986?	8c	-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	8d	-
10 Section 501(c)(7) organizations. Enter:	10a	-
a Initiation fees and capital contributions included on Part VIII, line 12	10b	-
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10c	-
11 Section 501(a)(12) organizations. Enter:	11a	-
a Gross income from members or shareholders	11b	-
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11c	-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-
13 Section 501(s)(26) qualified nonprofit health insurance issuers.	13a	-
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the Instructions for additional information the organization must report on Schedule O.	13b	-
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	13c	-
c Enter the amount of reserves on hand	13d	-
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Section 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 <small>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 in Schedule O.</small>	1a 17	
1b	1b 17	
2	2 X	
3	3 X	
4	4 X	
5	5 X	
6	6 X	
7a	7a X	
7b	7b X	
8a	8a X	
8b	8b X	
9	9 X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? <small>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</small>	10a X	
10b	10b 	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? <small>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</small>	11a X	
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 <small>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done</small>	12a X	
12b	12b 	
12c	12c 	
13	13 X	
14	14 X	
15	15 	
15a	15a X	
15b	15b X	
16a	16a X	
16b	16b 	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA,
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 890, and 890-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 MAXINE ZAKON 4819 ADONAI COURT SAN DIEGO, CA 92111 619-560-5676

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII.

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

Please 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (use only hours for related organizations before dotted line)	(C) Position (Do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or Director or Trustee	Independent Contractor	Key Employee	Other Employee	Reportable Compensation			
(1) SANJEEV DHAND PRESIDENT	2.00 0	X	X				0	0	0
(2) LESLIE LEVINSON VICE PRESIDENT	2.00 0	X	X				0	0	0
(3) HOWARD ZIMENT VICE PRESIDENT	2.00 0	X	X				0	0	0
(4) JENNIFER BRADY SECRETARY	2.00 0	X	X				0	0	0
(5) JOHN STUBBS CORR. SECRETARY	2.00 0	X	X				0	0	0
(6) T. KEVIN GALLIGAN DEVELOPMENT CHAIR	2.00 0	X					0	0	0
(7) SIM LEVINSON MEMBER	2.00 0	X					0	0	0
(8) RIC TODD SPECIAL EVENTS CHAIR	2.00 0	X					0	0	0
(9) CARLOS COTA MEMBER	2.00 0	X					0	0	0
(10) SHAVONNE DARRINGTON MEMBER	2.00 0	X					0	0	0
(11) BILL HANSEN MEMBER	2.00 0	X					0	0	0
(12) JEFF JENKINS MEMBER	2.00 0	X					0	0	0
(13) SHELLEY LUCIANO MEMBER	2.00 0	X					0	0	0
(14) JOAN ROVEGNO MEMBER	2.00 0	X					0	0	0

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 8

Form 990 (2014)

Part V. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below (called line))	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1080-MISC)	(E) Reportable compensation from related organizations (W-2/1080-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) EVELYN STEPPE MEMBER	2.00 0	X					0	0	0
16) JOHN VOGEL MEMBER	2.00 0	X					0	0	0
17) TIM WILSON MEMBER	2.00 0	X					0	0	0
18) MAXINE NAHON EXECUTIVE DIRECTOR	40.00 0		X				50,000	0	0
1b Sub-total							0	0	0
c Total from continuation sheets to Part VII, Section A							50,000	0	0
d Total (add lines 1b and tc)							50,000	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							0		

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. ► 0

Part VIII. Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
a Federated campaigns	1a				
b Membership dues	1b	62,555			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions) .	1e				
f All other contributions, gifts, grants, and other amounts not included above .	1f	152,826			
g Noncash contributions included in lines 1e-1f \$		373,688			
h Total Add lines 1a-f		172,278			
Program Service Revenue					
		Business Code			
2a BALLET PRODUCTIONS	711120	1,055,243	1,055,243		
b EDUCATION	711120	173,000	173,000		
c YEARBOOK	711120	20,270	20,270		
d OUTREACH	711120	3,318	3,318		
e TOURS/CONCERTS	711120	7,412	7,412		
f All other program service revenue					
g Total Add lines 2a-f		1,269,943	1,269,943		
Other Revenue					
		Business Code			
3 Investment income (including dividends, interest, and other similar amounts)			0		
4 Income from investment of tax-exempt bond proceeds .					
5 Royalties					
		(i) Real	(j) Personal		
6a Gross rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
		(k) Securities	(l) Other		
7a Gross amount from sales of assets other than inventory					
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1e). See Part IV, line 18					
b Less: direct expenses					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total Add lines 11a-1d					
f Total revenue: See line 11a		1,641,419	1,269,943		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 8b, and 10b of Part VII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 16 and 18	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualifying persons (as defined under section 4958(e)(1)) and persons described in section 1060(e)(3)(B)	0			
7 Other salaries and wages	225,053	47,709	171,985	5,359
8 Personnel plan accruals and contributions (includes section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	17,165	3,650	13,105	410
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. If line 11g amount exceeds 10% of line 25, column 09 amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	10,039		10,039	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	90,969	4,419	86,570	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	22,014	5,304	16,510	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,081		10,081	
23 Insurance	0			
24 Other expenses (itemize expenses not covered above (list miscellaneous expenses in line 24a. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O))				
a UTILITIES	9,362		9,362	
b INSURANCE	20,299	10,334	9,912	53
c MISCELLANEOUS	1,345		1,345	
d DEVELOPMENT	22,817		22,817	
e All other expenses ATCH 1	1,453,537	1,331,410	115,605	6,522
25 Total functional expenses: Add lines 1 through 24e	" 1,662,701	" 1,403,026	" 467,331	12,344
26 Joint costs: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> If following SOP 99-2 (ASC 958-720)	0			

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Form 990 (2014)

Page 11

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	17,122.	10,877.
	2 Savings and temporary cash investments	0	0
	3 Pledges and grants receivable, net	0	0
	4 Accounts receivable, net	26,137.	26,344.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 601(e)(3) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L	0	0
	7 Notes and loans receivable, net	0	0
	8 Inventories for sale or use	0	0
	9 Prepaid expenses and deferred charges	0	0
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	110,216.	
	b Less: accumulated depreciation	10b 73,817.	3,141.
	11 Investments - publicly traded securities	10c	36,399.
	12 Investments - other securities. See Part IV, line 11	0	0
	13 Investments - program-related. See Part IV, line 11	0	0
	14 Intangible assets	0	0
	15 Other assets. See Part IV, line 11	0	10,199.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	54,850.	83,819.
	17 Accounts payable and accrued expenses	57,668.	36,598.
	18 Grants payable	0	0
	19 Deferred revenue	18,675.	20,019.
Liabilities	20 Tax-exempt bond liabilities	0	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	373,624.	367,937.
	23 Secured mortgages and notes payable to unrelated third parties	0	0
	24 Unsecured notes and loans payable to unrelated third parties	0	33,756.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	219,831.	274,740.
	26 Total liabilities. Add lines 17 through 25	669,798.	733,049.
	27 Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	Unrestricted net assets	-614,948.	-649,230.
	Temporarily restricted net assets	0	0
	Permanently restricted net assets	0	0
	28 Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 28 through 34.		
Net Assets or Fund Balances	Capital stock or trust principal, or current funds	30	
	Paid-in or capital surplus, or land, building, or equipment fund	31	
	Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	-614,948.	-649,230.
	34 Total liabilities and net assets/fund balances	54,850.	83,819.

Form 990 (2014)

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 12

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck 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 1,848,419
2 Total expenses (must equal Part IX, column (A), line 25)	2 1,882,701
3 Revenue less expenses. Subtract line 2 from line 1	3 -34,882
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 -614,948
5 Net unrealized gains (losses) on investments	5 0
6 Donated services and use of facilities	6 0
7 Investment expenses	7 0
8 Prior period adjustments	8 0
9 Other changes in net assets or fund balances (explain in Schedule O)	9 0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 -649,230

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a	X
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	1b	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	3a	X
2d As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3b	
2e If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CALIFORNIA BALLET ASSOCIATION, INC.

Employer identification number
95-2582305

Part I. Reason for Public Charity Status (All organizations must complete this part.) See Instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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)(iv). 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)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 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)(vii). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
- 9 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 (see section 511 tax) from businesses acquired by the organization after June 30, 1976. See section 608(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 808(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 608(a)(1) or section 808(a)(2). See section 608(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see Instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see Instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-8 above or IRS section (see Instructions))	(iv) Is this organization listed in your governing documents?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						

Total

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

Schedule A (Form 990 or 990-EZ) 2014

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Schedule A (Form 990 or 990-EZ) 2014

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 6, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support:**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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 the 11. column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support:

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentages:

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 16 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions		

Schedule A (Form 990 or 990-EZ) 2014

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 3

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	386,212	205,161	455,553	490,158	509,376	2,175,440
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	639,049	906,830	1,360,618	1,371,988	1,259,043	5,337,530
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	995,261	1,191,971	1,816,171	1,862,146	1,848,419	7,713,968
7a Amounts included on lines 1, 2, and 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
8 Public support. (Subtract line 7c from line 6.)						7,713,968

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	995,261	1,191,971	1,816,171	1,862,146	1,848,419	7,713,968
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 611 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	995,261	1,191,971	1,816,171	1,862,146	1,848,419	7,713,968
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	16	100.00%
16 Public support percentage from 2013 Schedule A, Part II, line 16	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2014. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 18a, and line 18 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 18a, or 18b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(e)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(e)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (8)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (8) 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.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(9) 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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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).	8	
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 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
c Did a disqualified person (as defined in line 9(a)) 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.	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule G, Form 4720, to determine whether the organization had excess business holdings.)	10b	

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Schedule A (Form 990 or 990-EZ) 2014

Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 36% controlled entity of a person described in (a), or (b) above? If "Yes" to (a), (b), or (c), provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	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	

Section 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 "Yes," 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	

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in those activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

CALIFORNIA BALLET ASSOCIATION, INC.

95-2562305

Page 6

Schedule A (Form 990 or 990-EZ) 2014

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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 6, 8 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 VII)		
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 B, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section C, line B, 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2944

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Schedule A (Form 990 or 990-EZ) 2014

Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-asides 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 eligible supported organizations to which the organization is responsive (provide details in Part VI). See Instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see Instructions)		(I) Excess Distributions	(II) Underdistributions Pre-2014	(III) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3f, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
d	Remaining underdistributions for years prior to 2014. If any, Subtract lines 3g and 4e from line 2 (if amount greater than zero; see instructions)			
e	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 8

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule A (Form 990 or 990-EZ) 2014

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047.

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA BALLET ASSOCIATION, INC.

Employer identification number

93-2582305

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/Form990.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year,		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

	Held at the End of the Tax Year
2a Total number of conservation easements	2a
2b Total acreage restricted by conservation easements	2b
2c Number of conservation easements on a certified historic structure included in (a)	2c
2d Number of conservation easements included in (c) acquired after 6/17/08, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 858), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116 (ASC 858), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 858) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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Schedule D (Form 990) 2014

CALIFORNIA BALLET ASSOCIATION, INC.

95-2592305

Page 2

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
 b Scholarly research
 c Preservation for future generations
 d Loan or exchange programs
 e X Other HELD FOR FUTURE SALE

- 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's collection? Yes X No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 8, 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? Yes No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- 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 in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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					
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 Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3 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
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
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" to 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,300	1,938	362
d Equipment		83,228	47,192	36,036
e Other		24,688	24,687	1
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,399

Schedule D (Form 990) 2014

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CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 3

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PAINTINGS	5,850
(2) DEFERRED EXPENSES	4,349
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 10,199

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	168,247
(3) UNREIMBURSED EXPENSES PAYABLE	55,904
(4) OTHER PAYABLES	26,837
(5) ACCRUED EXPENSES	23,792
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 274,740

8. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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Schedule D (Form 990) 2014

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CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 4

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	\$1,848,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	\$1,848,419.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	\$1,848,419.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Completion of Expenses per Address / General Structures with Expenses
Complete if the organization answered "Yes" in Form 880, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,882,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,882,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,882,701.

Page 3 of 11 Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 8; 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.

ORGANISATIONS' COLLECTIONS

IN A PRIOR YEAR THE ORGANIZATION RECEIVED PAINTINGS THAT ARE BEING HELD

TO AUCTIONED OFF AT SOME POINT IN THE FUTURE.

Part XIII Supplemental Information (Continued)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0087

2014Open To Public
InformationDepartment of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" on Form 990, Part IV, line 26a, 25b, 26, 27, 28a,
28b, or 28c, or Form 990-EZ, Part V, line 36a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

CALIFORNIA BALLET ASSOCIATION, INC.

Employer identification number

95-2582305**Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Disqualified Yes No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4858 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

ATTACHMENT 1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?	(h) Approved by board or committee?		(i) Written agreement?	
								Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ► \$ 367,937

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Schedule L (Form 990 or 990-EZ) 2014

Page 2

Part IV Business Transactions Involving Interested Persons:

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Share of organization's revenue?	
				Yes	No
(1) MAXINE MASON	EX DIR. OWN SCHOOL	54,000	BALLET SCHOOL RENTED TO ORE	X	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 2

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shares of organization's income?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N
MAKING MARCH	EXECUTIVE DIRECTOR	OPERATING EXPENSES	X			367,937.	X	X	X	

SCHEDULE M
(Form 980)

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA BALLET ASSOCIATION, INC.

Noncash Contributions

- Complete if the organization answered "Yes" on Form 980, Part IV, lines 28 or 30.
- Attach to Form 980.
- Information about Schedule M (Form 980) and its instructions is at www.irs.gov/form980.

OMB No. 1545-0047

2014

Open To Public
Inspection

Employer Identification number

95-2562305

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 980, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(SERVICES)	X		172,278.00	FMV
26 Other ►(.				
27 Other ►(.				
28 Other ►(.				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

28

Yes No

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

30a	X
31	X
32a	X

For Paperwork Reduction Act Notice, see the Instructions for Form 980.

Schedule M (Form 980) (2014)

JSA

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CALIFORNIA BALLET ASSOCIATION, INC.

95-2582305

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

JSA

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Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization.

CALIFORNIA BALLET ASSOCIATION, INC.

Employer Identification number
95-2582905

GOVERNING BODY

ANY INDIVIDUAL, CORPORATION, OR GOVERNMENT AGENCY THAT DONATES \$50 OR

MORE

IS CONSIDERED A "MEMBER."

REVIEW PROCESS

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD.

COMPENSATION REVIEW

THE EXECUTIVE DIRECTOR'S CONTRACT IS APPROVED BY THE BOARD OF TRUSTEES.

KEY EMPLOYEES ARE HIRED BY THE DIRECTOR WITHIN BUDGET GUIDELINES, AS

APPROVED BY THE BOARD OF DIRECTORS

ATTACHMENT I

FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT FUNDRAISING AND GENERAL EXPENSES	(D)
FUNDRAISING	6,522.			6,522.
POSTAGE AND PRINTING	5,761.		5,761.	
PROFESSIONAL FEES	1,200.		1,200.	
LEGAL AND ACCOUNTING	25,920.		25,920.	
PRODUCTION COSTS	1,017,039.	1,017,039.		
EDUCATION	175,000.	148,750.	26,250.	
OUTREACH	7,843.	7,843.		
CONTRACT LABOR	41,974.	376.	41,598.	
IN KIND DONATIONS EXPENSE	172,278.	157,402.	14,876.	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

CALIFORNIA BALLET ASSOCIATION, INC.

Employer identification number

95-2582305

ATTACHMENT 1 (CONT'D)FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A) <u>TOTAL EXPENSES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT FUNDRAISING AND GENERAL EXPENSES</u>	(D) <u> </u>
<u>TOTALS</u>	<u>1,453,537.</u>	<u>1,331,410.</u>	<u>115,605.</u>	<u>6,522.</u>

ATTACHMENT 2FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
MEMBERSHIP FEES	20,019.
<u>TOTALS</u>	<u>20,019.</u>