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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Form 990
Department of the
Treasury
Internal Revenue 9

Inspection A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization LEXINGTON BALLET COMPANY INC D Employer identification number B Check if applicable: ☐ Address change 51-0161971 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 161 NORTH MILL STREET □ Application pending (859) 233-3925 City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY $\,$ 40507 $\,$ G Gross receipts \$ 306,237 Name and address of principal officer: H(a) Is this a group return for CHRIS MENG □Yes ☑No subordinates? 161 NORTH MILL STREET H(b) Are all subordinates EXINGTON, KY 40507 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ **Website:** ▶ WWW.LEXINGTONBALLET.ORG L Year of formation: 1974 M State of legal domicile: KY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► 1 Briefly describe the organization's mission or most significant activities: TO FOSTER AN APPRECIATION FOR BALLET AS AN ART FORM THROUGH BOTH REGIONAL PERFORMANCES AND INSTRUCTIONAL CLASSES FOR AGES 3 AND ABOVE. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 20 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 30 Total number of volunteers (estimate if necessary) . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year** 73,459 101,957 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 439,819 232,422 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 591 o 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 542,367 306,237 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 194,461 212,571 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 290,194 226,040 484,655 438,611 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . 57,712 -132,374 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 240,977 141,355 44,948 21 Total liabilities (Part X, line 26) . 12,183 22 Net assets or fund balances. Subtract line 21 from line 20 . 96,407 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 2021-04-07 Signature of officer Sign Here CHRIS MENG TREASURER Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if P00011200 Paid self-employed Firm's name HICKS & ASSOCIATES CPAS Firm's EIN ▶ 45-3047226 Preparer Use Only Firm's address ► 1795 ALYSHEBA WAY SUITE 6206 Phone no. (859) 368-9727

LEXINGTON, KY 40509

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No