# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning $$	2023 and	ending J	UN 30, 2024	•
<b>B</b> 0	Check if upplicable	C Name of organization			D Employer identific	cation number
а	pplicable				' '	
X	Addres	PAUL TAYLOR DANCE FOUNDATION,	INC.			
	Name change			ANY	13-26654	75
	Initial return	Number and street (or P.O. box if mail is not delivered to street		Room/suite	E Telephone numbe	
	Final	307 WEST 38TH STREET, 10TH FI		riooni, ouito	212-431-	
	☐return/ termin- ated				G Gross receipts \$	17,307,146.
	Amend		i postai code		H(a) Is this a group re	
	Applica	•	NSON		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
	Toy ove	empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.	4947(a)(1)	or 527	1	list. See instructions
	Nebsit		) 4347(a)(1) (	JI JZI	1,	
		organization: X Corporation Trust Association	Other	I Voor	H(c) Group exemptions 1965	1 State of legal domicile: NY
	_	Summary		L TEAT	or iorniation. ±505 N	M State of legal dofficile, 14 1
		Briefly describe the organization's mission or most significant ac	stivition SEE	CHEDII	T.E.O.	
9	1	Briefly describe the organization's mission or most significant ac	tivities: DEE 1	CILEDO		
Governance				l - <b>f</b>	H 050/ -f H	
Veri	l	Check this box if the organization discontinued its op	l I	18		
Ĝ		Number of voting members of the governing body (Part VI, line	,		3	18
		Number of independent voting members of the governing body				132
ties		Total number of individuals employed in calendar year 2023 (Pa			93	
Activities &		Total number of volunteers (estimate if necessary)			0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line				0.
	b	Net unrelated business taxable income from Form 990-T, Part I,	line 11	······		
				_	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)			4,165,540.	8,856,134.
Jen /	1	Program service revenue (Part VIII, line 2g)		1,735,492.	1,840,840.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-176,495.	221,801.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			59,103.	43,861.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colu	umn (A), line 12)		5,783,640.	10,962,636.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			45,220.	49,650.
	1				0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, colum	nn (A), lines 5-10)		4,607,504.	4,942,663.
Expenses	16a I	Salaries, other compensation, employee benefits (Part IX, colum Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	0.		
ă	b ·	Total fundraising expenses (Part IX, column (D), line 25)	790,80	63.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,993,080.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)	, line 25)		9,645,804.	8,742,511.
	19	Revenue less expenses. Subtract line 18 from line 12			-3,862,164.	2,220,125.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			10,148,791.	16,459,342.
t As	21	Total liabilities (Part X, line 26)			615,434.	4,522,036.
환	22	Net assets or fund balances. Subtract line 21 from line 20			9,533,357.	11,937,306.
	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including acco	mpanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on a	all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	e	JOHN TOMLINSON, EXECUTIVE DIRECT	OR			
		Type or print name and title				
		Print/Type preparer's name Preparer's sig	nature		Date Check	PTIN
Paid	i i	MICHAEL WALLACE			if self-employe	
Prep	parer	Firm's name LUTZ AND CARR, CPAS LLP		·		3-1655065
Use	Only	Firm's address 551 FIFTH AVENUE, SUITE	400			
		NEW YORK, NY 10176			Phone no.21	2-697-2299
May	the IF	RS discuss this return with the preparer shown above? See instr	ructions		I	X Yes No

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  SEE SCHEDULE O
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X 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 X 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 \$3 , 021 , 042 • _ including grants of \$) (Revenue \$898 , 972 • _)
	PRESENTATION OF THE PAUL TAYLOR DANCE COMPANY IN NEW YORK
	THE COMPANY PRESENTED TWO WEEKS OF PERFORMANCES AT THE DAVID H. KOCH
	THE COMPANY PRESENTED TWO WEEKS OF PERFORMANCES AT THE DAVID H. ROCH THEATER AT LINCOLN CENTER. ADDITIONALLY, THE COMPANY PRESENTED ONE WEEK
	OF PERFORMANCES AT THE JOYCE THEATER.
4b	(Code:) (Expenses \$ 1,443,357. including grants of \$
	NAME ON A COURT WITH DEPTO DAY AND A COURT WAS A COURT OF THE COURT OF
	NATIONAL TOURING CONTINUED WITH PERFORMANCES IN GREEN MOUNTAIN, CO; DURHAM, NC; CLEVELAND, OH; FLORIDA (CUTLER BAY, LAKE WORTH, SARASOTA);
	AUBURN, AL; NORTH CAROLINA (WILMINGTON, PINEHURST); AND ITALY (SASSARI,
	CAGLIARI, PARMA, LUCCA).
4c	
	NEW CHOREOGRAPHY AND PRESERVATION OF TAYLOR DANCES
	CREATION OF NEW WORKS BY MULTIPLE CHOREOGRAPHERS AND PRESERVATION OF
	PAUL TAYLOR WORKS, AND LICENSING OF PAUL TAYLOR WORKS TO OTHER DANCE
	COMPANIES. THE 2023 SEASON FEATURED NEW WORKS BY RESIDENT CHOREOGRAPHER
	LAUREN LOVETTE AS WELL AS BY GUEST CHOREOGRAPHERS AMY HALL GARNER AND
	LARRY KEIGWIN. LICENSING OF PAUL TAYLOR CHOREOGRAPHY INCLUDED ORLANDO BALLET, POINT PARK UNIVERSITY, DAYTON CONTEMPORARY DANCE COMPANY,
	BALLET ARIZONA, AND THE VOLKSOPER WIEN (AUSTRIA).
	Other program services (Describe on Schedule O.)  (Expenses \$ 1,056,756 • including grants of \$ 49,650 •) (Revenue \$ 327,120 •)
<u>4e</u>	Total program service expenses 6,554,639.  Form <b>990</b> (2023)
	Form <b>990</b> (2023)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	1990 (2023) PAUL TAYLOR DANCE FOUNDATION, INC. 13-266	<u>5475</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.55	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<b> </b>		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>2</b> 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ <sub>3,7</sub>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7	_		
	Effect the flumber of Forms w 2d included of fine fat. Effect of inflot applicable	<u>0</u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ and \ and \ services \ and \ servi$	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	1	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>1</b>			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					$\lfloor X \rfloor$
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?	•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:			5		Х
6	Did the organization have members or stockholders?		····· —	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			Ť		
	more members of the governing body?		7	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		·····			
-	persons other than the governing body?		7	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8	Ва	Х	
b	Each committee with authority to act on behalf of the governing body?			3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		·····			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			9		
000	tion B. Folloics (This Section B requests information about policies not required by the internal re	evenue Gode.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		T <sub>4</sub>	0a	162	X
			·····	Ua		
b	If "Yes," did the organization have written policies and procedures governing the activities of such claud branches to ensure their operations are consistent with the organization's exempt purposes?		4	0b		
110				1a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filling the fort	'''   <b>-</b>	Ia	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			2a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to conflicte?	·····	_	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·····   <u>''</u>	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		_	_	х	
40	on Schedule O how this was done			2c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		[-]	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_	v	
	The organization's CEO, Executive Director, or top management official			5a	X	
b	Other officers or key employees of the organization		1	5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				v
	taxable entity during the year?		1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY, CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501	I(c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest police	cy, and f	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records				
	JULIA LU, DIRECTOR OF FINANCE - 646 214-5813					
	307 WEST 38TH STREET, 10TH FLOOR, NEW YORK, NY 10	018				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	T	AI 114C		C)	··pc	. 1341	(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Tamo and tho	hours per	box	not c , unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	· director						the	organizations	compensation
	hours for related	5	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee	Institutional trustee		ee/	mpen		1099-NEC)	1099-NEC)	and related
	below	idualt	utiona	<u></u>	Key employee	est co	ia e	10001120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			_
(1) MICHAEL NOVAK	60.00									
ARTISTIC DIRECTOR		Х		Х				199,132.	0.	11,135.
(2) JOHN TOMLINSON	60.00									
EXECUTIVE DIRECTOR		Х		Х				229,734.	0.	10,479.
(3) NANCY COLES	20.00	ļ								
CHAIR		Х		Х				0.	0.	0.
(4) RICHARD FELDMAN	5.00	١								•
VICE CHAIR	<u> </u>	Х		Х		_		0.	0.	0.
(5) DOUGLAS PETERSON	5.00	١,,		,,						0
VICE CHAIR	F 00	Х		Х				0.	0.	0.
(6) STEPHEN KROLL REIDY	5.00	₩.		\ <sub>V</sub>					_	0
VICE CHAIR	5.00	Х		Х				0.	0.	0.
(7) JOSEPH SMITH	3.00	x		х				0.	0.	0.
TREASURER (8) ELISE JAFFE	5.00	^		^				0.	0.	0.
SECRETARY	3.00	X		х				0.	0.	0.
(9) ROBERT ABERLIN	2.00	122							0.	•
TRUSTEE	2.00	X						0.	0.	0.
(10) EMAD BIBAWI	2.00								•	
TRUSTEE		x						0.	0.	0.
(11) DEIRDRE DUNN	2.00									
TRUSTEE		x						0.	0.	0.
(12) JOHN PHILIP FALK	2.00									
TRUSTEE		Х						0.	0.	0.
(13) JOSHUA JEFFERY	2.00									
TRUSTEE		X						0.	0.	0.
(14) JONNA MACKIN	2.00									
TRUSTEE		Х						0.	0.	0.
(15) ADAM MACLEAN	2.00									
TRUSTEE		Х						0.	0.	0.
(16) ROSALIND REED	2.00	l						_	_	_
TRUSTEE		Х						0.	0.	0.
(17) YVONNE RIEBER	2.00	۱							_	_
TRUSTEE		Х						0.	0.	0.

332007 12-21-23

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Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C			(F)
(A)	(B)			<b>))</b> Pos		,		(D)	(E)	(F)
Name and title	Average hours per		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	Institutional trustee		oyee	dwo		1099-NEC)		and related
	below line)	ividua	itutio	Officer	Key employee	hest o	mer			organizations
	/	pul	lust	0Hii	Key	Hig	For			
(18) MAX SHULMAN	2.00									•
TRUSTEE		Х						0.	0.	0.
(19) WILLIAM SHUTZER	2.00									•
TRUSTEE		Х						0.	0.	0.
(20) CF STONE III	2.00									
TRUSTEE	40.00	Х						0.	0.	0.
(21) SARAH SCHINDLER (TO 12/2023)	40.00							105 110		11 000
DIRECTOR OF FINANCE	1			Х				125,140.	0.	11,826.
(22) JULIA LU (AS OF 1/2024)	40.00									
DIRECTOR OF FINANCE				Х				80,805.	0.	7,980.
(23) LAUREN LOVETTE	40.00								_	
RESIDENT CHOREOGRAPHER						Х		165,416.	0.	14,604.
(24) NOAH ABERLIN	40.00								_	
GENERAL MANAGER						Х		115,617.	0.	11,362.
(25) CATHY MCCANN BUCK	40.00									
REHEARSAL DIRECTOR						Х		112,045.	0.	8,946.
(26) JENNA JACOBS	40.00									
DIRECTOR OF DEVELOPMENT						Х		111,735.	0.	9,946.
1b Subtotal								1,139,624.	0.	86,278.
c Total from continuation sheets to Part	/II, Section A							103,977.	0.	9,929.
d Total (add lines 1b and 1c)	<u></u>							1,243,601.	0.	96,207.

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

Yes No

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

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

5 X

#### Section B. Independent Contractors

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

	. 3	
(A) Name and business address	(B) Description of services	(C) Compensation
NEW YORK CITY BALLET	Description of services	Compensation
20 LINCOLN CENTER PLAZA, NEW YORK, NY 10023		764,704.
ST. LUKE'S CHAMBER ENSEMBLE, 450 WEST 37TH	MUSIC FOR	
	PERFOMANCES	516,068.
RESTAURANT ASSOCIATES		
	CATERING SERVICES	185,406.
MANCINI DUFFY, 520 EIGHTH AVENUE, SUITE	ARCHITECTURAL	
2300, NEW YORK, NY 10018	SERVICES	141,710.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 PAUL TAY									13-266	5475
	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
<b>(A)</b> Name and title	(B) Average hours	(C) Position (check all that apply)				ıly)	( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
27) BRIDGET WELTY	40.00	1				x		103,977.	0.	0 020
OMPANY MANAGER								103,977.	0.	9,929
otal to Part VII, Section A, line 1c	•							103,977.		9,92

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1,281,819 c Fundraising events ..... 1c d Related organizations 1d 40,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 7,534,315. 1f 259,616. g Noncash contributions included in lines 1a-1f 1g |\$ 8,856,134 h Total. Add lines 1a-1f **Business Code** 2 a BOX OFFICE INCOME 711120 898,972 Program Service Revenue 898,972. b PERFORMANCE FEES 711120 504,025 504,025 TUITION & REGISTRATION 711120 327,120 327,120 LICENSING FEES 711120 110,723 110,723 f All other program service revenue g Total. Add lines 2a-2f 1,840,840 Investment income (including dividends, interest, and 167,026 167,026. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 35,302 6 a Gross rents **b** Less: rental expenses ... 6b 35,302. **c** Rental income or (loss) 35,302 35,302. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 6,033,018 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 5,978,243 7b and sales expenses 54,775. c Gain or (loss) 54,775 54,775. d Net gain or (loss) 8 a Gross income from fundraising events (not 1,281,819. of including \$ contributions reported on line 1c). See Part IV, line 18 366,267 **b** Less: direct expenses 366,267. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 8,559 8,559. b d All other revenue 8,559 e Total. Add lines 11a-11d 10,962,636. Total revenue. See instructions 1,840,840 265,662. 12

332009 12-21-23

## 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	49,650.	49,650.		
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	658,269.	254,566.	335,301.	68,402
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,235,110.	2,524,043.	393,268.	317,799
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,240.	16,249.	1,883.	2,108
9	Other employee benefits	733,496.	538,780.	121,417.	73,299
10	Payroll taxes	295,548.	212,014.	54,177.	29,357
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,320.		13,320.	
С	Accounting	44,900.		44,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,483.		15,483.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	381,925.	215,050.	157,463.	9,412 2,121
12	Advertising and promotion	269,411.	265,769.	1,521.	2,121
13	Office expenses	242,011.	168,751.	32,418.	40,842
14	Information technology				
15	Royalties	010 212	662 245	104 510	F1 44E
16	Occupancy	819,313.	663,347.	104,519.	51,447
17	Travel	484,913.	467,729.	3,959.	13,225
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	200 454	217 040	F0 001	11 522
22	Depreciation, depletion, and amortization	290,454. 71,513.	217,840. 41,121.	58,091. 28,604.	14,523 1,788
23	Insurance	/1,513.	41,141.	20,004.	1,700
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	706,236.	678,172.	1,221.	26,843
b	ENTERTAINMENT AND RECEP	321,256.	153,979.	27,584.	139,693
С	ARTIST FEES	84,298.	84,298.		·
d					
е	All other expenses	5,165.	3,281.	1,880.	4
25	Total functional expenses. Add lines 1 through 24e	8,742,511.	6,554,639.	1,397,009.	790,863
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 if following SOP 98-2 (ASC 958-720)				

	1 990 (2 <b>rt V</b>	Balance Sheet	INC.	13	20034/3 Page 11
rd	LA				
		Check if Schedule O contains a response or note to any line in this Part X	-	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	304,725		2,031,370.
	2	Savings and temporary cash investments	52,374		2,047,492.
	3	Pledges and grants receivable, net	981,248		3,101,646.
	4	Accounts receivable, net		• 4	408,880.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		• 9	257,101.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9, 255, 720	•		
	b	Less: accumulated depreciation 10b 3,399,871	1,336,670	• 10c	5,855,849.
	11	Investments - publicly traded securities	6,976,507	• 11	2,566,347.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	322,096	• 15	190,657.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,148,791	• 16	16,459,342.
	17	Accounts payable and accrued expenses	99,160	• 17	922,119.
	18	Grants payable		18	
	19	Deferred revenue		• 19	125,591.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	3,193,867.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	400,476		280,459.
	26	Total liabilities. Add lines 17 through 25	615,434	• 26	4,522,036.
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	7,645,286	• 27	7,458,769. 4,478,537.
Ä	28	Net assets with donor restrictions	1,888,071	• 28	4,478,537.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Se	32	Total net assets or fund balances	9,533,357		11,937,306.
	33	Total liabilities and net assets/fund balances	10,148,791	• 33	16,459,342.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		96,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,74		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,53		
5	Net unrealized gains (losses) on investments	5		18	3,8	24.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	.,93	7,3	06.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

PAUL TAYLOR DANCE FOUNDATION, INC. 13-2665475 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3640051.	7722001.	7328194.	4165210.	8856134.	31711590.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3640051.	7722001.	7328194.	4165210.	8856134.	31711590.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8158858.
6	Public support. Subtract line 5 from line 4.						23552732.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3640051.	7722001.	7328194.	4165210.	8856134.	31711590.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	93,985.	94,935.	110,516.	147,380.	202,328.	649,144.
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.)	65,808.	4,033.	30,554.	10,764.	8,559.	119,718.
11	<b>Total support.</b> Add lines 7 through 10						32480452.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,408,716.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2023 (I					14	72.51 %
	Public support percentage from 2022				· · · · · · · · · · · · · · · · · · ·	15	62.19 %
16a	33 1/3% support test - 2023. If the c	•		•		*	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact					_	
	meets the facts-and-circumstances to	-	•	*	-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a	na see instruction	ıs

Schedule A (Form 990) 2023

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	s listed below, please com	plete Part II.)				
Section A. Public Support	i	T	_		T	1
Calendar year (or fiscal year beginni	ng in) (a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, a	ınd					
membership fees received. (I						
include any "unusual grants.	")					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt pure	s per- in the					
3 Gross receipts from activities	that					
are not an unrelated trade or	bus-					
iness under section 513						
4 Tax revenues levied for the o	rgan-					
ization's benefit and either pa or expended on its behalf	aid to					
5 The value of services or facili	ties					
furnished by a governmental						
the organization without char						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1,						
3 received from disqualified	· ·					
<b>b</b> Amounts included on lines 2 and 3 rec from other than disqualified persons the	II					
exceed the greater of \$5,000 or 1% of amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c fro	m line 6.)					
Section B. Total Support						
Calendar year (or fiscal year beginni		<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6     10a Gross income from interest, dividends, payments receive securities loans, rents, royalt and income from similar sour	d on ies, ces					
<b>b</b> Unrelated business taxable incor						
(less section 511 taxes) from but						
c Add lines 10a and 10b  11 Net income from unrelated b     activities not included on line     whether or not the business     regularly carried on	usiness e 10b, is					
12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)	al					
13 Total support. (Add lines 9, 10c, 11						
<b>14 First 5 years.</b> If the Form 990	is for the organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop her						L
Section C. Computation of						
15 Public support percentage for	or 2023 (line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage fr					16	%
Section D. Computation of	of Investment Incom	ne Percentage	,			
17 Investment income percenta	ge for <b>2023</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percenta	ge from <b>2022</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 202	23. If the organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check the	nis box and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 202	22. If the organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1.	/3%, check this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation If the or						

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b 5c		
<b>3C</b>		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	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.

332025 12-21-23 Schedule A (Form 990) 2023

		500(a)(3) Supporting Organ		13 2003173	rayet
(Form 990) 2023	PAIII, TAVI.O	R DANCE FOUNDATION	TNC.	13-2665475	Dogo 6

1	Check here if the organization satisfied the Integral Part Test as a qualifyith All other Type III non-functionally integrated supporting organizations must	•	, , ,	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2023

		ANCE FOUNDATIO			3-26654/5 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continue</sub>	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PAUL TAYLOR DANCE FOUNDATION, INC.

**Employer identification number** 13-2665475

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items.			_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_				
2	If the organization received or held works of art, historical tre			gaın, provide
	the following amounts required to be reported under FASB A			<b>*</b>
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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	t III   Organizations Maintaining C	ollections of A					er Sim	ilar Ass			
3	Using the organization's acquisition, accessi								•	-u-u-y	
Ü	collection items (check all that apply).	on, and other record	<i>1</i> 3, 011001	carry or tric	, lollowing the	at mane c	ngrillica	art asc or it	,		
а	Public exhibition	d		oan or ove	change progr	am					
		_			rialige progr	aiii					
b	Scholarly research	е	• •	Other							
C	Preservation for future generations			6 41					.4. VIII		
4	Provide a description of the organization's co								π ΧΙΙΙ.		
5	During the year, did the organization solicit o								٦.,		٦
Dai	t IV Escrow and Custodial Arran								_ Yes		_ No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the	organizatio	n answered "	Yes" on	Form 9	90, Part IV,	line 9, or		
	· · · · · · · · · · · · · · · · · · ·		al:a <b>6</b> a				ام د دام مدا	a al			
ıa	Is the organization an agent, trustee, custodi								7 v		□No
	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII							∟	Yes		_ NO
D	in res, explain the arrangement in Part Alli	and complete the fo	niowing t	able.					Amoun	+	
_	Deginning belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
1	Ending balance								٦,,	$\overline{}$	т
	Did the organization include an amount on Fo						•		Yes	H	_ No
Pai	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds Complete if	(a) Current year		rior year	(c) Two yea			e years back	(e) Fou	r voare	hack
4.	Danimin and complete	(a) Current year	(5) F	noi yeai	(C) Two year	13 Dack	(u) Thic	o yours back	(e) 1 0u	yours	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<del>/</del> 6									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administe	ered for t	he				
	organization by:									Yes	No
									3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	/, line 11a. :	See Form 990	0, Part X,	line 10				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumula	ated	(d) Boo	k valu	ie .
		basis (investr	ment)	basis	(other)	der	oreciatio	on			
1a	Land										
	Buildings			4,17	79,960.		81,	287.	4,09		
	Leasehold improvements			2,67	76,435.	2,6	507,			8,9	
	Equipment				76,452.		203,			2,7	
	Other				22,873.		507,		1,61		
	. Add lines 1a through 1e. (Column (d) must e		X, line 1	0c, columi	n (B))				5,85		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PAUL TAYLOR Part VIII Investments - Other Securities	DANCE FOUNDA	111011, 11101 10	-2665475 Page 3
Complete if the organization answered "Yes"	on 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	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 D+ IV/ I'	44 - O - Farma 000 Bart V. Bar 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, co	/ (D))		
Part X Other Liabilities	т. (D))		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5 5 555, r art rv, iirle	5	(b) Book value
(1) Federal income taxes			( , ===================================
(2) REFUNDABLE ADVANCES			5,010.
(3) OPERATING LEASE LIABILITY			275,449.
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

280,459.

(7) (8)

	t XI	Reconciliation of Revenue per Audited Financial Sta	atements with	nevenue per n	eturi	1
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	11,328,095.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	183,824.		
b	Donat	ed services and use of facilities	2b	197,118.		
С	Recov	veries of prior year grants	2c			
d		(Describe in Part XIII.)				
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	380,942.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	10,947,153.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	15,483.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	15,483.
5		revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12			5	10,962,636.
Par	t XII	Reconciliation of Expenses per Audited Financial St	tatements Witl	n Expenses per	Retu	ırn
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total e	expenses and losses per audited financial statements			1	8,924,146.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	197,118.		
b	Prior y	vear adjustments	2b			
С		losses	1 4 1			
d	Other	(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	197,118.
3		act line 2e from line 1			3	8,727,028.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	15,483.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	15,483.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1	8.)		5	8,742,511.
Par	t XIII	Supplemental Information				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	74, III 10 2, 1 G. 174,
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part	7, 2, 1 (2.17.4)
					1; Part	7, 2,
					4; Part	7, 2,
					4; Part	7, 2,
					4; Part	7, 2,
					4; Part	7, 2, 3,
					4; Part	7, 2,

Schedule D (Form 990) 2023

## SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2023
Open to Public

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

Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
PAI	UL TAYLOR DAN	CE FOUND	ATION, I	NC.		13-26654	75
				tside the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? L	Yes  No
_	F	other to Deat Vale					tatala dia a
2	United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	tner assistance ou	iside the
3		he following Part	· L line 3 table ca	an be duplicated if additional space is r	needed )		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	oi service	(s) in the region	in the region
	OPE (INCLUDING				D1116E DEDE	DVIVATA OV	
	CAND AND ENLAND)	0	0		DANCE PERFO TOUR	RMANCES ON	160 164
KEI	SNLAND)	0	0	TIALI TOUR	100K		169,164.
							+
							-
3 a	Subtotal	0	0				169,164.
	Total from continuation						<u> </u>
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 2h)	I n	ı ∩				169 164

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

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_\_

3 Enter total number of other organizations or entities ...

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** Name of the organization PAUL TAYLOR DANCE FOUNDATION, INC. 13-2665475 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

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

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2 TAYLOR	(c) Other events NONE	(d) Total events (add col. (a) through			
			GALA	RESERVE		col. <b>(c)</b> )			
<u>e</u>			(event type)	(event type)	(total number)	331. ( <b>3</b> )/			
Revenue	1	Gross receipts	1,310,086.	338,000.		1,648,086.			
	2	Less: Contributions	1,016,967.	264,852.		1,281,819.			
	3	Gross income (line 1 minus line 2)	293,119.	73,148.		366,267.			
	4	Cash prizes							
SS	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	51,287.			51,287.			
irect E	7	Food and beverages	129,875.	51,555.		181,430.			
	8	Entertainment	8,750. 103,207.	0.4 5.00		8,750.			
		Other direct expenses				124,800.			
		Direct expense summary. Add lines 4 through				366,267.			
Da	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a				0.			
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, line 19, 01	reported more triair				
		ψ10,000 0111 01111 000 <u>22</u> , iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
eve									
ш	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
<b>Direct</b>	4	Rent/facility costs							
1	5	Other direct expenses							
		·	Yes %	Yes%	Yes%				
	6	Volunteer labor	☐ No	No No	☐ No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	_	Not continue to a	Account the search of the sear						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
		ter the state(s) in which the organization condu	_	states?		Yes No			
b	If "	No," explain:							
	_								
		ere any of the organization's gaming licenses re Yes," explain:	•	-	•	Yes No			

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	PAUL TAYLOR	DANCE FOUN	DATION, IN	1C. 13-	2665475	Page 3
11 Does the organization conduct gam	ing activities with nonr	members?			Yes	☐ No
12 Is the organization a grantor, benefit						
to administer charitable gaming?					Yes	☐ No
13 Indicate the percentage of gaming						
a The organization's facility	•				13a	%
<b>b</b> An outside facility						%
14 Enter the name and address of the					· •	
		0	0 1			
Name						
Address						
<b>15a</b> Does the organization have a contra	act with a third party fro	om whom the organiz	ation receives gami	na revenue?	Yes	☐ No
	,	g	<b>3-</b>			
<b>b</b> If "Yes," enter the amount of gamin	a revenue received by	the organization \$	<b>S</b>	and the amount		
of gaming revenue retained by the t		and organization — —				
c If "Yes," enter name and address of						
C ii 100, oinoi namo ana adarese e	and ama party.					
Name						
Address						
<b>16</b> Gaming manager information:						
Garming manager information.						
Name						
- Inditio						
Gaming manager compensation	\$					
Garming manager compensation	Ψ	_				
Description of services provided						
Description of services provided						
-						
Director/officer	Employee	Independen	t contractor			
birector/officer	Employee	independen	Contractor			
17 Mandatory distributions:						
a Is the organization required under s	tato law to make charit	table dietributione from	m the gaming proce	ode to		
retain the state gaming license?	tate law to make cham	table distributions from	in the garming proce	eus to	Yes	□ No
<b>b</b> Enter the amount of distributions re	auired under state law	to be distributed to o	ther evemnt organi	zations or spent in the	— 100	
organization's own exempt activitie	•	\$	ittler exempt organi.	zations of spent in the		
Part IV Supplemental Inform		<u> </u>	v Part I line 2h col	rimps (iii) and (v): and F	Part III lines 0	9h 10h
15b, 15c, 16, and 17b, as a			•		art III, III 103 5,	JD, 10D,
100, 100, 10, and 170, as a	ppiloabic. Also provide	arry additional inform	lation. Occ matracti	5113.		

Schedule G	(Form 990) Supplemental Info	PAUL TAYLO	R DANCE	FOUNDATION,	INC.	13-2665475 Page 4
Part IV	Supplemental Info	rmation (continued)				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PAUL TAYI	OR DANCE	FOUNDATION	. INC.				Employer identification number 13-2665475
Part I General Information on Grants			,				
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's presented.</li> </ol>	istance?						otion X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	I and government or	I rganizations listed in t	L he line 1 table	l		<u> </u>	

3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
FULL SCHOLARSHIP PROFESSIONAL DIVISION	4	0.	14,000.	TUITION VALUE	PROGRAM SCHOLARSHIPS			
HALF SCHOLARSHIP PROFESSIONAL DIVISION	17	0.	27,200.	TUITION VALUE	PROGRAM SCHOLARSHIPS			
FULL SCHOLARSHIP SUMMER INTENSIVES	2	0.	3,200.	TUITION VALUE	PROGRAM SCHOLARSHIPS			
YOUTH PROGRAM SCHOLARSHIPS	3	0.	5,250.	TUITION VALUE	PROGRAM SCHOLARSHIPS			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	•			
PART I, LINE 2:								
THE PAUL TAYLOR DANCE FOUNDATION F	ROVIDES	MERIT-BASE	D AND NEED	-BASED				
TUITION ASSISTANCE TO DANCE STUDEN	ITS.							
BOTH HALF AND FULL MERIT-BASED SCH	OLARSHIP	S ARE AWAR	RDED TO 10-	15				
PROFESSIONAL DANCERS SELECTED BY AUDITION TO ATTEND CLASSES.								
ONE STUDENT IS SELECTED PER CLASS	FROM THE	TAYLOR-IN	I-THE-SCHOO	LS				
RESIDENCIES TO RECEIVE ONE FREE SEMESTER OF CLASSES. THE STUDENTS ARE								

Part IV Supplemental Information
SELECTED BY THE CLASS' TEACHING ARTISTS AND THE CLASSROOM TEACHER. BOTH
MERIT-BASED AND NEED-BASED CRITERIA ARE CONSIDERED.
ONE TO TWO STUDENTS ARE AWARDED BOTH HALF AND FULL SCHOLARSHIPS TO ATTEND
TAYLOR TEEN ENSEMBLE. BOTH MERIT-BASED AND NEED-BASED CRITERIA ARE
CONSIDERED.
THE PAUL TAYLOR DANCE FOUNDATION CONSIDERS EQUITY AND DIVERSITY IN MAKING
SCHOLARSHIP DECISIONS.

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

on answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

PAUL TAYLOR DANCE FOUNDATION, INC.

 $Employer\ identification\ number \\ 13-2665475$ 

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

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL NOVAK	(i)	199,132.	0.	0.	1,000.	10,135.		0.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN TOMLINSON	(i)	229,734.	0.	0.	1,000.	9,479.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(3) LAUREN LOVETTE	(i)	165,416.	0.	0.	0.	14,604.		0.
RESIDENT CHOREOGRAPHER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J, PART I, LINE 1A
IN ORDER TO ENSURE REGULAR AVAILABILITY OF A PROFESSIONAL AND SUITABLE
LOCATION FOR BUSINESS MEETINGS TO OCCUR, THE ORGANIZATION PROVIDES THE
EXECUTIVE DIRECTOR A MEMBERSHIP TO A PRIVATE SOCIAL CLUB.

#### **SCHEDULE L**

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PAUL TAYLOR DANCE FOUNDATION, INC.

Employer identification number 13-2665475

Pá	Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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	(-) None of diamondifications	(b) Relationship between disqualified f disqualified person and examination (c) Description of transaction								
	(a) Name of disqualified person	lame of disqualified person person and organization (c) D			Yes	No				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
2	Enter the amount of tax incurred b	y the organization managers or disqualified	persons during the year under							
	section 4958		\$	i						
3	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.

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	( <b>h)</b> App by boo comm	oroved ard or iittee?	(i) Wi	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

#### 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) 2023

Dort IV	Ducinose	Transastiana	Involvina	Interested	Daraan
Partiv	business	<b>Transactions</b>	IIIVOIVIIIQ	mieresiea	Person

Complete if the organization answered  (a) Name of interested person	(b) Relationsh person ar	tween inte	(c) Amo			(d) Description of transaction					
											ues?
(1)NOAH ABERLIN	RELATED	ТО	ROBE	RT A			WORKS				Х
(2)RICHARD CHEN SEE	RELATED	ТО	JOHN	TOM	73	,531	WORKS	ΑT	PA		Х
_(3)											
(4)											
(5)											
(6) (7)											
(8)											
(9)											
(10)											
Provide additional information Provide additional information for responsitions.	oonses to questi	ons or	n Schedu	e L. See	e instruction	S.					
SCH L, PART IV, BUSINESS	TRANSACT	ION	S INV	OLVI	NG INT	EREST	red pe	RSO	NS:		
(A) NAME OF PERSON: NOAH											
(B) RELATIONSHIP BETWEEN		ED 1	PERSO	N AN	ID ORGA	NT7A	rton:				
								VEQ.		TDEC	mon.
RELATED TO ROBERT ABERLIN	, BUARD I	мем.	BEK,	AND	MANAGE	א מי	THE E.	AEC	<u>.</u> и	IREC	TOR
(D) DESCRIPTION OF TRANSAG	CTION: W	ORK	S AT	PAUL	TAYLO	R DAI	NCE FO	UND	ATI	ON	
(A) NAME OF PERSON: RICHA	RD CHEN	SEE									
(B) RELATIONSHIP BETWEEN	INTEREST	ED 1	PERSO	N AN	ID ORGA	NIZA	rion:				
RELATED TO JOHN TOMLINSON	, OFFICE	R, 2	AND M	ANAG	ED BY	THE I	DIR. O	F E	DUC	ATIO	N
(D) DESCRIPTION OF TRANSAG	CTION: W	ORK	S AT	PAUL	TAYLO	R DAI	NCE FO	UND	ATI	ON	

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

**Employer identification number** 

	PAUL TAYLOR	DANCE	FOUNDATIO	N, INC.		13-2	665	<u>475</u>	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de oncash contribu		•	:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	15	259,616	FAI:	R MARKET	VA	LUE	
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 ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions	•				
	for which the organization completed Form 82							0	
								Yes	No
30a	During the year, did the organization receive to	oy contribution	on any property rep	oorted in Part I, lines 1 thro	ugh 28,	that it			
	must hold for at least 3 years from the date of	f the initial co	ontribution, and wh	ich isn't required to be use	d for				
	exempt purposes for the entire holding period						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?		31	Х	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncas	h				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is ch	ecked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PAUL TAYLOR DANCE FOUNDATION

**Employer identification number** 13-2665475

FAUL TATLOR DANCE FOUNDATION, INC.	13-2003473
FORM 990, ITEM C, DOING BUSINESS AS:	
PAUL TAYLOR AMERICAN MODERN DANCE	
THE TAYLOR SCHOOL	
THE PAUL TAYLOR ARCHIVE	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
ONE OF THE MOST FAMOUS AND DYNAMIC MODERN DANCE ENSEMBLES	OF OUR TIME,
THE PAUL TAYLOR DANCE COMPANY HAS BEEN INNOVATING AND TRA	NSFORMING THE
ART FORM OF MODERN DANCE SINCE 1954. WITH A HISTORY OF	
MULTIDISCIPLINARY COLLABORATIONS, PASSIONATE EXPRESSION,	AND THRILLING
ATHLETICISM, THE COMPANY CONTINUES BOLDLY INTO THE FUTURE	UNDER THE
LEADERSHIP OF ARTISTIC DIRECTOR MICHAEL NOVAK.	
THE PAUL TAYLOR DANCE FOUNDATION STRIVES TO ACHIEVE AND M	AINTAIN THE
HIGHEST LEVELS OF ARTISTIC EXCELLENCE WHILE CELEBRATING T	HE MODERN
DANCE IDIOM. THROUGH OUR ARTISTIC AND EDUCATIONAL PROGRAM	MING, THE
FOUNDATION WORKS TO CELEBRATE THE RICH HISTORY OF THE MOD	ERN DANCE
FIELD, WHILE NURTURING AND ELEVATING AN INCLUSIVE COMMUNI	TY OF DANCERS,
CHOREOGRAPHERS, COLLABORATORS, EDUCATORS, AND AUDIENCE ME	MBERS.
VOLUNTEER INFORMATION:	
18 BOARD MEMBERS	
13 BOARD OF ADVISORS	
10 OFFICE INTERNS/VOLUMTERRS	

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

Schedule O (Form 990) 2023 Page 2

Name of the organization PAUL TAYLOR DANCE FOUNDATION, INC.

| Employer identification number 13-2665475

52 VOLUNTEERS FOR THE LINCOLN CENTER SEASON

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

93 TOTAL

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

ONE OF THE MOST FAMOUS AND DYNAMIC MODERN DANCE ENSEMBLES OF OUR TIME,

THE PAUL TAYLOR DANCE COMPANY HAS BEEN INNOVATING AND TRANSFORMING THE

ART FORM OF MODERN DANCE SINCE 1954. WITH A HISTORY OF

MULTIDISCIPLINARY COLLABORATIONS, PASSIONATE EXPRESSION, AND THRILLING

ATHLETICISM, THE COMPANY CONTINUES BOLDLY INTO THE FUTURE UNDER THE

LEADERSHIP OF ARTISTIC DIRECTOR MICHAEL NOVAK.

AS THE EDUCATIONAL WING OF THE PAUL TAYLOR DANCE FOUNDATION, THE TAYLOR
SCHOOL IS COMMITTED TO PROVIDING HIGH-QUALITY DANCE EDUCATION TO

STUDENTS OF ALL AGES, FROM INTRODUCTORY CLASSES TO RIGOROUS

PROFESSIONAL CLASSES, FROM TINY TOTS TO ELDERS. THROUGH A WIDE RANGE OF
CLASSES, FORMATS, AND ACTIVITIES, THE SCHOOL SEEKS TO NURTURE, SUSTAIN,
AND ADVANCE THE FIELD OF DANCE BY SHARING PAUL TAYLOR'S RICH REPERTORY,
FOSTERING THE TALENTS OF BUDDING CHOREOGRAPHERS, AND EXPOSING STUDENTS
TO A WIDE RANGE OF DANCE STYLES AND TECHNIQUES. THE TAYLOR SCHOOL
EMBRACES THE RICH HISTORY OF THE FIELD WHILE PROVIDING INNOVATIVE DANCE

OUR OUTREACH ACTIVITIES PROVIDE THE HIGHEST QUALITY TRAINING AND

MATERIALS FOR K-12 STUDENTS AND TEACHERS IN THE NEW YORK CITY AREA.

THROUGH THE ARNHOLD TIER 3 INITIATIVE, WE PROVIDE ACCESS TO FREE LIVE

DANCE PERFORMANCES AS WELL AS PROFESSIONAL DEVELOPMENT OPPORTUNITIES

EDUCATION INITIATIVES AND SEEKS TO PRODUCE THE NEXT GENERATION OF

DANCERS, DANCE MAKERS, DANCE AUDIENCES, AND DANCE ADVOCATES.

Schedule O (Form 990) 2023 Page 2

Name of the organization PAUL TAYLOR DANCE FOUNDATION, INC. Employer identification number 13-2665475

AND CURRICULUM GUIDES FOR TEACHERS.

ADDITIONALLY, THE POLARIS PROJECT OFFERS TICKETS, PRE-PERFORMANCE
WORKSHOPS, Q&AS, AND OTHER RESOURCES TO A WIDE RANGE OF COMMUNITY
ORGANIZATIONS, SCHOOLS, AND THEIR FAMILIES.

THE POLARIS PROJECT OFFERS UNIQUE ARTS EDUCATION OPPORTUNITIES FOR

EVERYONE THROUGH THE LENS OF PAUL TAYLOR'S WORKS. THROUGH THE POLARIS

PROJECT, PARTICIPANTS CAN SERVE THEIR CONSTITUENTS BY OFFERING THEM

AFFORDABLE ACCESS TO LIVE PERFORMANCES AND OTHER ACTIVITIES. THESE

VITAL ENRICHMENT EXPERIENCES HELP FOSTER A SENSE OF COMMUNITY AND

INCLUSION WHILE PROVIDING A VEHICLE FOR CREATIVE ENGAGEMENT AND

SELF-EXPRESSION.

EXPENSES \$ 1,056,756. INCLUDING GRANTS OF \$ 49,650. REVENUE \$ 327,120.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP BETWEEN ROBERT ABERLIN, TRUSTEE, AND NOAH ABERLIN,

EMPLOYEE. FAMILY RELATIONSHIP BETWEEN RICHARD CHEN SEE, EMPLOYEE, AND JOHN

TOMLINSON, THE EXECUTIVE DIRECTOR.

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

THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR REVIEW THE 990 AND THEN
THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD FOR REVIEW PRIOR TO BEING
FILED.

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

THE PAUL TAYLOR DANCE FOUNDATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO EVERY TRUSTEE AT THE ANNUAL MEETING. ALL TRUSTEES ARE

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** PAUL TAYLOR DANCE FOUNDATION, INC. 13-2665475 REQUIRED TO DISCLOSE ANY CONFLICTS AS DESCRIBED IN THE QUESTIONNAIRE IN WRITING TO THE CHAIR OF THE BOARD AND THE QUESTIONNAIRE IS EVALUATED BY THE BOARD GOVERNANCE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR ARE THE TWO TOP MANAGEMENT OFFICIALS. COMPENSATION FOR THESE POSITIONS IS MANAGED BY A COMPENSATION COMMITTEE COMPRISING FOUR SENIOR BOARD MEMBERS INCLUDING THE IMMEDIATE PAST CO-CHAIR, TREASURER, AND COUNSEL. THE COMMITTEE GATHERS AND REVIEWS COMPARABLE DATA FOR OTHER SIMILARLY SIZED ORGANIZATIONS, CONSIDERS LENGTH OF TENURE, ACCOMPLISHMENTS, AND THEN ESTABLISHES THE SALARY. THE EXECUTIVE DIRECTOR IS ENGAGED THROUGH A CONTRACT THAT RENEWS ANNUALLY. THE ARTISTIC DIRECTOR IS ENGAGED ON A THREE-YEAR CONTRACT THAT COMMENCED IN 2021. SALARIES FOR ALL OTHER KEY EMPLOYEES IS MANAGED BY THE EXECUTIVE DIRECTOR, FOLLOWING A SIMILAR PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNMENT DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.