See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning June 1 , 2008, and ending May 31 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
The Staten Island Ballet Theater Inc.

Number and street (or P O box, if mail is not delivered to street address) · Room/suite
3081 Richmond Road

City or town, state or country, and ZIP + 4
Staten Island NY 10306

D Employer identification number
13-3759761

E Telephone number
(718) 980-0500

F Group Exemption Number ▶

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 330,943.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	71,816.
	2	Program service revenue including government fees and contracts		2	241,359.
	3	Membership dues and assessments		3	
	4	Investment income		4	55.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1)	6a 17,713.		
	b	Less direct expenses other than fundraising expenses	6b 33,060.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-15,347.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	297,883.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	5,125.
	14	Occupancy, rent, utilities, and maintenance		14	33,901.
	15	Printing, publications, postage, and shipping		15	6,632.
	16	Other expenses (describe ▶ See Other Expenses Statement)		16	241,388.
	17	**Total expenses** (add lines 10 through 16) ▶		17	287,046.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,837.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	11,141.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	21,978.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	12,547.	22	9,718.
23	Land and buildings	64,495.	23	60,262.
24	Other assets (describe ▶ See L-24 Stmt)	1,000.	24	1,000.
25	**Total assets**	78,042.	25	70,980.
26	**Total liabilities** (describe ▶ See L-26 Stmt)	66,901.	26	49,002.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	11,141.	27	21,978.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Developing and Promoting the Art of Dance

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	Performances: The Organization produces up to eight, classical ballet shows each year. [See Attachched Statement for full Desciption] (Grants $ 0.) If this amount includes foreign grants, check here ▷ ☐	28a	171,055.
29	The Organization offers a broad range of classes and training to a diverse group of individuals. [See Attachched Statement for full Desciption.] (Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐	29a	91,429.
30	(Grants $) If this amount includes foreign grants, check here ▷ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	262,484.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Ellen Tharp 3081 Richmond Road Staten Island NY 10306	Chair 40.00	0.	0.	
Janet Rubich 3081 Richmond Road Staten Island NY 10306	Vice Chair 5.00	0.	0.	
Paul Tharp 3081 Richmond Road Staten Island NY 10306	Executive Director 5.00	0.	0.	
Christine DiStasio 3081 Richmond Road Staten Island NY 10306	Chair Person 0.50	0.	0.	
Paul Kirchhoffer 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	0.
Eugene Sorensen 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	
Roseann Sorensen 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	0.
Mescal Wilson-Kneiling 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	
Anne Mazzella 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	
Kia Goh-Chung 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	
Vansessa Scionti 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	
Nobuko Wilson 3081 Richmond Road Staten Island NY 10306	Board Member 0.50	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	*Enter amount of political expenditures, direct or indirect, as described in the instructions* ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b 29,883.			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► _____			

42a The books are in care of ► The Staten Island Ballet Telephone no ► (718) 980-0500

Located at ► 3081 Richmond Road Staten Island NY ZIP + 4 ► 10306

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► _____	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ► _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	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		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

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

Sign Here

▶ _____ Signature of officer — Date: APRIL 15, 2010

▶ EXECUTIVE DIRECTOR, PAUL THARP Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ John Vann	Date 04/12/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Accounting Concepts 155 Bay Ridge Avenue Brooklyn NY 11220		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▷ **Attach to Form 990 or Form 990-EZ.** ▷ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: The Staten Island Ballet Theater Inc.

Employer identification number: 13-3759761

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 (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)		
(ii)	a family member of a person described in (i) above?	11g (ii)		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	80,601.	160,246.	62,468.	74,752.	71,816.	449,883.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	166,470.	231,606.	348,239.	261,123.	241,359.	1,248,797.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	247,071.	391,852.	410,707.	335,875.	313,175.	1,698,680.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						1,698,680.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	247,071.	391,852.	410,707.	335,875.	313,175.	1,698,680.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	20.	21.	10.	56.	55.	162.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	20.	21.	10.	56.	55.	162.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						1,698,842.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.01 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

The Staten Island Ballet Theater Inc.

Employer identification number

13-3759761

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 Performance (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	17,713.			17,713.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	17,713.			17,713.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	9,086.			9,086.
	7 Other direct expenses	23,974.			23,974.
	8 Direct expense summary Add lines 4- through 7 in column (d)			►	33,060.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	-15,347.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

			YES	NO
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If 'No,' Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If 'Yes,' Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____				
c If 'Yes,' enter name and address				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $_____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that 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.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: The Staten Island Ballet Theater Inc.

Employer identification number: 13-3759761

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

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.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Janet Rubich Operating Expenses	X		84,000.	29,883.		X	X		X	
Total			► $	29,883.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No.
The Staten Island Ballet Theater Inc.	13-3759761

Line 24 - Other Assets:	Beginning of Year	End of Year
North Field Savings Stock	1,000.	1,000.
Totals to Form 990-EZ, Part II, line 24	1,000.	1,000.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accured Expenses	13,423.	19,119.
Director Loan	53,478.	29,883.
Totals to Form 990-EZ, Part II, line 26	66,901.	49,002.

Miscellaneous Statement

990EZ Part III Descriptions		
Part III Line 28 Description		
Performances: The Organization produces up to eight, classical ballet shows each year including The New York International Choreographers Festival and The Nutcracker Celebrating New York's talent pool of performers, musicians, and other theater crafts these fully staged productions provide a vibrant venue for dance on Staten Island. Free show tickets are given to non profit groups, and economically challeged individuals		
Part III Line 29 Description		
The Organization offers a broad range of classes and training to a diverse group of individuals Dancing Over Wall provides free, unlimited dance training to children from economically challenged areas. Children and Seniors Together (C.A.S.T.) is an inter-generational program for helping both young and old There is reduced Tuition for many of the economically disadvantaged		
Total		

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Performers	141,406.
Office Expenses	2,643.
Other Program Expenses	12,431.
Merchant Fees	4,071.
Props and Costumes	10,224.
Program Supplies	20,375.
Staff Development	1,858.
Insurance	3,500.
Advertising and Promotions	12,422.
Books and Journals	1,183.
Equipment Rental	3,992.
Telephone/Fax/Internet	4,686.
Bank Service Fees	762.
Travel & Meetings Expense	17,602.
Depreciation	4,233.
Total	241,388.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▷ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Staten Island Ballet Theater Inc.

Employer identification number

13 : 3759761

RE NOTICE: CP211C [Dated March 15, 2010; Tax Form 990*; Tax year ended May 31, 2009] SEE FOOTNOTE* and EXHIBITS

In response to the above notice of denial of our Form 8868 application, which was due on January 15, 2010 for an additional three-month extension of filing Form 990, we respectfully request an opportunity to explain a flooding event in our facility that caused us to miss our January 15 deadline by at least four business days.

Despite our best efforts to be in compliance and submit our Form 8868 via FedEx late Friday afternoon of January 15, an unexpected series of flooding events at our organization's studio building disrupted operations at the time. Our landmark 102-year-old building, which is leased from the City of New York, suffered a significant rupture in its copper roof during a fierce winter Nor'easter, causing roof flooding onto in two floors as well as boiler room flooding from pipes.

Two volunteers and I attempted for hours to start evacuating equipment and supplies from our drenched boiler room and two upper floors. By late that night, we were so distracted by the events we didn't realize we had missed our deadline, since office materials, ledgers and outgoing correspondence had been hastily stuffed away in plastic bags for protection.

The Form 8868 was to ready to submitted timely on Friday ahead of a 3-day holiday weekend, but our delay was further compounded by more several days due to distractions at containing water damage and making emergency repairs. The City's facilites engineers for the site were off during the long holiday weekend. It took us another three days to get emergency service from an authorized copper-metal restoration expert to make repairs. The building is a historic landmark regulated closely by the NYC Landmarks Preservaton Commission which forbids unauthorized repairs or alterations. [We're responsible for maintenance and improvements in the 5,000 sq. ft. building due to terms of our lease.]

In the meantime, in order to restore order and normal operations over the following several days, we had to contract for two walk-in storage PODS units to house our evacuted items, props, equipment and materials. We also rented a 10-yard dumpster to discard debris from the clean-out. [RECEIPTS ATTACHED FOR TWO "PODS" AND DUMPSTER]

Our office administration support staff has been reduced to available volunteers and non-paid officers such as myself. Recent declines in public funding and revenue have required cuts in overhead such as administrative staff, but fortunately there haven't been any reductions yet in our services to the public or in our mission programming.

We realize of course that penalites may be imposed for failure to make a timely filing, or an estimate of about $1,800.

(continued)

Name of the organization: Staten Island Ballet Theater Inc,

Employer identification number: 13 3759761

Had our paid office administrator still been employed with us at the time of the crisis, we presumably would have been able to dispatch her with the FedEx package on her way home that Friday afternoon to make a timely filing of Form 8868.

Regardless, the responsibility for a timely filing ultimately is mine as executive director but I was unable to fulfill that responsibility as I had intended.

Due to the unexpected circumstances of our disrupted operations, we respectfully request that penalties imposed in this matter be waived or abated. We believe there is reasonable explanation of our failure to make a timely filing, and anticipate that penalties imposed at this time would create an immediate hardship on our services to the public

We appreciate your time, consideration and the helpful courtesy shown by IRS representatives in our two telephone conferences on this important compliance issue.

Paul Tharp, Executive Director (718-980-0500, 212-930-8278, 917-39-3536)

*FOOTNOTE: We originally anticipated filing Form 990 based on our organization's revenue projections at the time of our initial filing of Form 8868. However, our actual revenue ultimately placed our organization within the threshold of filing using the new Form 990EZ which has been submitted as of April 15, 2010, the intended date of our extension applications. This is offered to clarify why a Form 990 EZ has been submitted for the Tax Year May 31, 2009 instead of a Form 990 as indicated in the Notice and in Form 8868.

EXHIBIT

Schedule O Supplemental Information to Form 990

Three receipts emailed from PODS Enterprises Inc., each dated 1/18/20 and 1/20/2010 and 1/20/2010, showing order and separate deliveries of two large PODS storage containers following flooding incident at studio premises, 460 Brielle Ave.

One receipt No. 1355 from Gaeta Interior Demo, dated 1/22/2010, showing delivery of 10-yard dumpster container for removal of damaged material following flooding incident at studio premises, 460 Brielle Ave.

Documents attached.

Tharp, Paul

From: PODSEmail@pods.com
Sent: 1/18/2010 12:11 PM
To: Tharp, Paul
Subject: Confirming your PODS order information 12:10:28 PM

PODS
Portable On Demand Storage

The Official Moving and Storage Company of the PGA TOUR

Confirmation

For your convenience, we have recently updated information regarding your PODS order. If you have any questions about this information you can view and manage your account on-line using the link below or, please feel free to contact our Call Center at 1-800-776-7637 and our Customer Service agents will be happy to assist you.

Date:

Date: 01/21/10
Container update:
Delivery to 460 Brielle Ave, Staten Island NY 10314, a 16 foot pod, with container door facing rear of delivery truck
Invoice amount: $184.00

changed to sat cal

Container update : https://www.PODS.com/orderapp/login.aspx?cid=42843455
Invoice amount: $http://www.PODS.com/Feedback/CustFeedback1.aspx?sv=831&c=42843455&e=998

Some helpful links

Manage your account: All you need is your Customer ID and PIN to manage many aspects of your move on-line.

Content Protection: As with any move, events that cause damage may happen and many times home owners or renters insurance may not cover damage to your possessions. Learn more about Content Protection.

Moving Supplies: PODS can deliver quality boxes and packing supplies. For most locations, we can deliver supplies right to your door in just 2 business days.

Customer feedback: How are we doing? In order to continue to improve our service please give us your feedback.

Thank You,

. Confirm ETA via Email SAME DAY

Tharp, Paul

From: PODSEmail@pods.com
Sent: 1/20/2010 5:18 PM
To: Tharp, Paul
Subject: This is your PODS ETA

PODS
Portable On Demand Storage

The Official Moving and Storage Company of the PGA TOUR

PODS Estimated Arrival Time

Dear Paul Tharp Staten Island Ballet Theater,

This e-mail is to let you know that we will be delivering your container at the below time and date. Our driver will also call you when they are in route to your location. If you have any questions regarding the scheduled service please call our call center at 1-800-776-7637 and speak with our customer service agents.

FIRST POD DELIVERY

Date: 01/21/10
Time: 7:30am and 10:30am
Details: Delivery to 460 Brielle Ave, Staten Island NY 10314, a 16 foot pod, with container door facing front of delivery truck; future monthly storage charges (before tax): month 2 $99.00, month 3 $175.00, month 4 $175.00, month 5 $175.00, month 6+ $175.00; invoice amount $169.00

As a reminder, you can always manage your account on-line by visiting pods.com on-line and using your account number and pin. We have included the link below for your convenience.

Manage your account

Thank You,
PODS Enterprises, Inc.
1-800-776-7637
PODS.com

Tharp, Paul

From: PODSEmail@pods.com
Sent: 1/20/2010 5:18 PM
To: Tharp, Paul
Subject: This is your PODS ETA

PODS
Portable On Demand Storage

The Official Moving and Storage Company of the PGA TOUR

PODS Estimated Arrival Time

Dear Paul Tharp Staten Island Ballet Theater,

This e-mail is to let you know that we will be delivering your container at the below time and date. Our driver will also call you when they are in route to your location. If you have any questions regarding the scheduled service please call our call center at 1-800-776-7637 and speak with our customer service agents.

SECOND POD DELIVERY

Date: 01/21/10
Time: 8:30am and 11:30am
Details: Delivery to 460 Brielle Ave, Staten Island NY 10314, a 16 foot pod, with container door facing front of delivery truck; future monthly storage charges (before tax): month 2 $99.00, month 3 $175.00, month 4 $175.00, month 5 $175.00, month 6+ $175.00; invoice amount $169.00

As a reminder, you can always manage your account on-line by visiting pods.com on-line and using your account number and pin. We have included the link below for your convenience.

Manage your account

Thank You,
PODS Enterprises, Inc.
1-800-776-7637
PODS.com

Pd cash #

GAETA INTERIOR DEMO

RUBBISH REMOVAL - ROLL OFF CONTAINER SERVICE

25 VAN STREET, STATEN ISLAND, NY 10310

718-720-7220

JOB 1/22/2010

NAME S.I Pallet

ADDRESS 1160 Pueblo Ave

PLATE # _____

DATE	DESCRIPTION	AMOUNT
1/0	YARDS	425
	20 YARDS	
	30 YARDS	
	40 YARDS	
	MINI'S	
	CONTAINER #	

- Do not load container over top or there will be an additional charge
- Gaeta is not responsible for any damages after equipment crosses curb line.

BY _____

☒ CASH ☐ CHARGE ☐ C.O.D.

DT 1251