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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning**07/01, 2008, and ending****06/30/2009****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**CANTON BALLET**

Number and street (or P O box, if mail is not delivered to street address)

1001 MARKET AVE., NORTH

City or town, state or country, and ZIP + 4

CANTON, OH 44702**D** Employer identification number**34-6608636****E** Telephone number**(330) 455-7220****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: ▶ **WWW.CANTONBALLET.COM****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. . . ▶ \$ **577,410.**

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

1	Contributions, gifts, grants, and similar amounts received	1	138,567.
2	Program service revenue including government fees and contracts	2	363,269.
3	Membership dues and assessments	3	13,032.
4	Investment income STMT 1	4	3,032.
5 a	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 line 5b from line 5a) (attach schedule) 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 \$ of contributions reported on line 1) 6a		49,195.
b	Less: direct expenses other than fundraising expenses 6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 2 6c		49,195.
7 a	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 ▶ STMT 3) 8		10,315.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		577,410.
10	Grants and similar amounts paid (attach schedule) 10		11,250.
11	Benefits paid to or for members 11		
12	Salaries, other compensation, and employee benefits 12		297,462.
13	Professional fees and other payments to independent contractors 13		7,200.
14	Occupancy, rent, utilities, and maintenance 14		45,351.
15	Printing, publications, postage, and shipping 15		
16	Other expenses (describe ▶ STMT 4) 16		213,222.
17	Total expenses. Add lines 10 through 16 17		574,485.
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		2,925.
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		128,676.
20	Other changes in net assets or fund balances (attach explanation) STMT 5 20		-18,215.
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21		113,386.

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

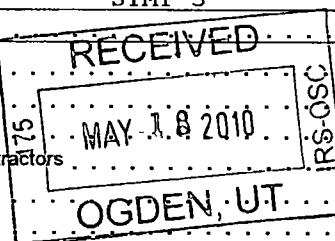
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT 6	132,886.	132,221.
23 Land and buildings	49,806.	40,265.
24 Other assets (describe ▶ STMT 7)	35,032.	41,395.
25 Total assets	217,724.	213,881.
26 Total liabilities (describe ▶ STMT 8)	89,048.	100,495.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,676.	113,386.

SCANNED JUL 07 2010

Expenses

Net Assets



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

What is the organization's primary exempt purpose? STMT 9

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 BALLET SCHOOL - OFFERS A PREPROFESSIONAL COMMUNITY SCHOOL WITH
PROFESSIONAL FACULTY OPERATED YEAR-ROUND FOR OVER 340 STUDENTS
RANGING IN AGE FROM TODDLER TO ADULT.

(Grants \$	11,250.	) If this amount includes foreign grants, check here	☐
------------	---------	--	--------------------------

28a

147.731.

29 SEE STATEMENT 10

(Grants \$) If this amount includes foreign grants, check here ▶

29a

190,017.

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

337.748.

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

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		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		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 section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a NONE		
b Gross receipts, included on line 9, for public use of club facilities 39b NONE		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE		
b Section 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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE		
d Enter amount of tax on line 40c reimbursed by the organization ▶ NONE		
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		X
41 List the states with which a copy of this return is filed ▶ OH		
42a The books are in care of ▶ DEBY BARATH Telephone no. ▶ (330) 455-7220 Located at ▶ 1001 MARKET AVE. N. CANTON, OH ZIP + 4 ▶ 44702		
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)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2008)

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.

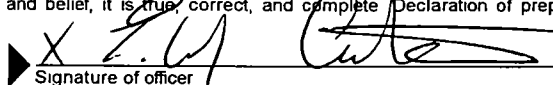
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
 46 ☐ ☒ X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **Yes** **No**
 47 ☐ ☒ X
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **Yes** **No**
 48 ☐ ☒ X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **Yes** **No**
 49a ☐ ☒ X
- b If "Yes," was the related organization(s) a section 527 organization? **Yes** **No**
 49b ☐ ☒ X
- 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

- 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 ▶		NONE

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 5-5-2010

Ed Cutchner Treasurer

Paid Preparer's Use Only Preparer's signature  Date 4/30/10 Check if self-employed ☐ Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 MALONEY + NOVOTNY LLC EIN

4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718 Phone no ▶ 330-966-9400

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

Form 990-EZ (2008)

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.

2008

**Open to Public
Inspection**

Name of the organization

CANTON BALLET

Employer identification number

34-6608636

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 a 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 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 that describes the type of supporting organization and complete lines 11e through 11h
<div style="display: flex; justify-content: space-between; margin-top: 5px;"> a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other </div> |
| 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 it 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? | |
| (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? _____ |
| (ii) | | A family member of a person described in (i) above? _____ |
| (iii) | | A 35% controlled entity of a person described in (i) or (ii) above? _____ |
| h | Provide the following information about the organizations the organization supports | |

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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 any "unusual grants.")	142,109.	160,703.	170,279.	182,433.	151,599.	807,123.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	142,109.	160,703.	170,279.	182,433.	151,599.	807,123.
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						807,123.

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.	142,109.	160,703.	170,279.	182,433.	151,599.	807,123.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,193.	5,334.	5,364.	5,864.	3,032.	24,787.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		6,330.	5,900.	2,050.	7,695.	21,975.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,206.	10,094.	3,654.	1,893.	2,620.	19,467.
11 Total support. Add lines 7 through 10						873,352.
12 Gross receipts from related activities, etc. (See instructions)					12	1,770,409.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	92.42 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.42 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
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 "fact-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 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 any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7a Amounts included on lines 1, 2, and 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)						
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	%
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	%
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 line 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 A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS	1,206.	10,094.	3,654.	1,893.	2,620.	19,467.
TOTALS	1,206.	10,094.	3,654.	1,893.	2,620.	19,467.

FORM 990EZ, PART I - INVESTMENT INCOME
=====DESCRIPTION
-----AMOUNT

INTEREST INCOME

3,032.

TOTAL

3,032.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	NET INCOME -----
FUNDRAISER	49,195. -----	49,195. -----
TOTALS	49,195. =====	49,195. =====

FORM 990EZ, PART I - OTHER REVENUE
=====

MISCELLANEOUS	2,620.
PROGRAM ADVERTISING	7,695.

TOTALS	10,315.
	=====

FORM 990EZ, PART I - OTHER EXPENSES
=====

DEPRECIATION	18,247.
INSURANCE	10,037.
PROMOTIONAL COSTS	48,990.
HOSPITALITY	1,180.
FESTIVAL	12,582.
PAYROLL PROCESSING	3,064.
MERCHANT SERVICES	4,073.
SECURITY	11,049.
PROPS	367.
BOX OFFICE & TICKETS	5,956.
CONTINUING EDUCATION	199.
CUSTODIAL FEE	2,821.
PROFESSIONAL PRODUCTION FEES	60,133.
PRODUCTION	31,235.
BANK FEES	1,229.
MISCELLANEOUS EXPENSE	2,060.

TOTAL	213,222.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES
=====DECREASES IN FUND BALANCES

UNREALIZED LOSS ON ASSETS

18,215.

TOTAL

18,215.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	20,837.	40,403.
INVESTMENTS - SECURITIES	112,049.	91,818.
	-----	-----
TOTALS	132,886.	132,221.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	35,438.	37,107.
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS	4,234.	4,234.
PREPAID EXPENSES OR DEFERRED CHARGES	3,828.	8,522.
	-----	-----
TOTALS	35,032.	41,395.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	44,226.	33,977.
SUPPORT AND REVENUE FOR FUTURE PERIODS	44,822.	66,518.
	-----	-----
TOTALS	89,048.	100,495.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE CANTON BALLET IS A NON-PROFIT ORGANIZATION COMMITTED TO FOSTERING AN APPRECIATION OF THE ART OF DANCE WITHIN THE LOCAL COMMUNITY AND DEDICATED TO PROVIDING THE HIGHEST ARTISTIC QUALITY OF INSTRUCTION BY OPERATING A SCHOOL FOR ALL AGE AND SKILL LEVELS, AND OPERATING A PRE-PROFESSIONAL COMPANY WITH PERFORMANCE OPPORTUNITIES FOR THE SERIOUS OR CAREER-ORIENTED STUDENT.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT 2

BALLET PRODUCTION - THE CANTON BALLET PRESENTED EIGHT PUBLIC PERFORMANCES IN THREE MAJOR PRODUCTIONS ANNUALLY WITH AUDIENCES TOTALING APPROXIMATELY 8,000. THE CANTON BALLET COMPANY ALSO PRESENTED TWO IN-THEATER PERFORMANCES AND NUMEROUS IN-SCHOOL OUTREACH PROGRAMS FOR 3,000 SCHOOL CHILDREN.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

CASSANDRA CROWLEY
1001 MARKET AVE., NORTH
CANTON, OH 44702

ARTISTIC DIRECTOR
40.

TIMOTHY BARTA
1001 MARKET AVE., NORTH
CANTON, OH 44702

PRESIDENT
1.

KAREN COEN FLYNN
1001 MARKET AVE., NORTH
CANTON, OH 44702

VICE PRESIDENT
1.

PENELOPE HARE
1001 MARKET AVE., NORTH
CANTON, OH 44702

SECRETARY
1.

EDWARD CUTCHER
1001 MARKET AVE., NORTH
CANTON, OH 44702

TREASURER
1.

RUTH BAZZOLI
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE
1.

CHRISTY DONNELLY

TRUSTEE
1.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

1001 MARKET AVE., NORTH
CANTON, OH 44702

TIM BELDEN

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

1.

AMANDA EVANS

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

1.

RODNEY CONRAD

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

ARDIS DEHOFF

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

1.

ERIC DELLAPINA

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

1.

DONNA LEIBENSPERGER

1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE

1.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

JEAN LESCALLETT
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

SHARON LUNTZ
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

TRACEY MAJORS
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

CHRISTOPHER SCHOELLER
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

PAMELA SHAW
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

BELINDA MUSAT
1001 MARKET AVE., NORTH
CANTON, OH 44702

TRUSTEE 1.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

TITLE AND AVERAGE

HOURS PER WEEK

DEVOTED TO POSITION

NAME AND ADDRESS

GRAND TOTALS

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	CANTON BALLET	34-6608636
	Number, street, and room or suite no. If a P O box, see instructions.	
	1001 MARKET AVE., NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CANTON, OH 44702	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► DEBY BARATH

Telephone No. ► 330 455-7220

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning 07/01, 2008, and ending 06/30, 2009.

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization CANTON BALLET	Employer identification number 34-6608636
	Number, street, and room or suite no. If a P.O. box, see instructions 1001 MARKET AVE., NORTH	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CANTON, OH 44702	

Check type of return to be filed (File a separate application for each return)

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **DEBY BARATH**

Telephone No. **330 455-7220**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **05/15/2010**

5 For calendar year , or other tax year beginning **07/01/2008**, and ending **06/30/2009**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **MORE TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title **CPA**

Date **2/1/10**

MALONEY + NOVOTNY LLC
4774 MUNSON STREET NW, SUITE 402
CANTON, OH 44718

Form **8868** (Rev 4-2009)