



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

C Name of organization: CREATIVE DANCE CENTER. Address: 12577 DENSMORE AVE N, SEATTLE, WA 98133-7730

D Employer identification number: 91-1189936. E Telephone number: (206) 363-7281. 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: [X] Cash [] Accrual. Other (specify):

I Website: creativedance.org

J Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 \$ 275,660

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

Table with 3 columns: Description, Line Number, Amount. Rows include Contributions (34,129), Program service revenue (236,974), Membership dues (4,001), Total revenue (274,966), Total expenses (260,090), and Net assets at end of year (167,102).

SCANNED JAN 12 2010

RECEIVED JAN 04 2010 STIM 130 OGDEN, UT

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Total assets (152,226), Total liabilities, and Net assets or fund balances (167,102).

Handwritten mark

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? DANCE INSTRUCTION AND PERFORMANCE			
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			
28 CREATIVE DANCE CENTER SEE STATEMENT OF ACCOMPLISHMENTS ATTACHED	(Grants \$ 5,800) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	218,031
29 SUMMER DANCE INSTITUTE FOR TEACHERS SEE STATEMENT OF ACCOMPLISHMENTS ATTACHED	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,926
30 KALEIDOSCOPE DANCE COMPANY SEE STATEMENT OF ACCOMPLISHMENTS ATTACHED	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	26,133
31 Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	260,090

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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 & deferred compensation	(e) Expense account and other allowances
LIZ DIETHER-MARTIN 12577 DENSMORE AVE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
TIM DALLAS 12577 DENSMORE AVE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
ANNE GILBERT 12577 DENSMORE AVE. NORTH SEATTLE, 98133	ART DIRECTOR 0	26,000	0	0
DAVID GILBERT 12577 DENSMORE AVE NORTH SEATTLE, 98133	TREASURER 0	0	0	0
ELISE HILLYER 12577 DENSMORE AVE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
NANCY WICKSTROM 12577 DENSMORE AVE NORTH SEATTLE, 98133	PRESIDENT 0	0	0	0
ANNIE DRUMMOND 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	VICE PRESIDENT 0	0	0	0
SUSAN KLEINER 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
DONNA RAMOS 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
CAROL SCHOUBOE 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
ALISON STAMEY 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	BOARD MEMBER 0	0	0	0
MARTHA JOHNSON 12577 DENSMORE AVENUE NORTH SEATTLE, 98133	ADMINISTRATION 0	28,990	0	0
LESLIE MOUTON 12577 DENSMORE AVE N Seattle, 98133-7730	BOARD MEMBER 0	0	0	0

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?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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		
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		X
41	List the states with which a copy of this return is filed		
42 a	The books are in care of CREATIVE DANCE CENTER Telephone no 206-363-7281 Located at 12577 DENSMORE AVE N SEATTLE, WA ZIP + 4 98133-7730		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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		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		
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

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 46-49a/b and 50.

Table with 5 columns: (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. Includes '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 are none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Includes 'Total number of other independent contractors each receiving over \$100,000'.

Sign Here 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. Signature of officer: David Gilbert, Date: 12/28/2009, DAVID GILBERT, TREASURER

Paid Preparer's Use Only Preparer's signature: R MICHAEL WALLER, Date: 12-22-2009, Check if self-employed, Preparer's Identifying No (See inst), Firm's name (or yours if self-employed), address, and ZIP + 4: WALLER AND WALLER CPAS, 444 NE RAVENNA BLVD 410, Seattle, WA 98115, EIN, Phone no

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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")	18,739	31,839	39,245	34,151	34,129	158,103
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	185,135	224,686	224,034	230,003	237,530	1,101,388
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	203,874	256,525	263,279	264,154	271,659	1,259,491
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)						1,259,491

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	203,874	256,525	263,279	264,154	271,659	1,259,491
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,876	3,035	4,296	4,252	4,001	18,460
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,876	3,035	4,296	4,252	4,001	18,460
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)						1,277,951
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.56 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	90.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.44 %
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 ▶

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
ANNUAL GIVING	1,914
EQUIPMENT RENTAL	185
INSURANCE	1,114
TAXES AND LICENSE	875
ADVERTISING	2,812
FINANCIAL AID	4,561
CHOREOGRAPHY	5,963
COSTUMES	1,862
GIFT OF DANCE CONCERT	1,590
MUSIC	176
REHEARSAL	3,428
SPRING CONCERT OTHER EXPENSES	5,529
TRAVEL	1,649
Total	<u>31,658</u>



**Creative Dance Center Statement of Accomplishments
July 1, 2008-June 30, 2009**

Creative Dance Center, a unique non-profit organization, has been providing brain-compatible dance education to our community for nearly three decades. More than 450 families partook in classes and workshops throughout the year. In addition, 80 educators from around the country and world participated in the 15th Annual **Summer Dance Institute for Teachers** which is designed for educators, dance teachers, arts specialists, and therapists who wish to understand the vital link between movement and cognition. **Kaleidoscope Dance Company**, CDC's performing company of young people, offers professional performance opportunities for children and, in so doing, provides powerful and playful dance performances accessible to people of all ages. Throughout the year Kaleidoscope presented seven community concerts in the Puget Sound region and four narrated school concerts for 3 Western Washington School Districts.