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Form **990-EZ**

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 7/1/2008, and ending 6/30/2009

| | | | | |
|--|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization <u>MAUI DANCE COUNCIL</u> | | D Employer identification number <u>99-0279116</u> |
| | | Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number <u>(808) 575-2624</u> |
| | | P O. BOX 791525 | City, town, or country <u>PAIA HI</u> | State ZIP + 4 <u>HI 96779</u> |

• **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: ▶ mauidancecouncil.org

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 ▶ \$ 171,103

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

| | | Revenue | | Expenses | | Net Assets | |
|----|---|---------|---------|----------|--|------------|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 124,843 | 10 | Grants and similar amounts paid (attach schedule) | 10 | 0 |
| 2 | Program service revenue including government fees and contracts | 2 | 40,285 | 11 | Benefits paid to or for members | 11 | |
| 3 | Membership dues and assessments | 3 | | 12 | Salaries, other compensation, and employee benefits | 12 | |
| 4 | Investment income | 4 | 0 | 13 | Professional fees and other payments to independent contractors | 13 | 132,898 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 0 | 14 | Occupancy, rent, utilities, and maintenance | 14 | 11,791 |
| 5b | Less cost or other basis and sales expenses | 5b | 0 | 15 | Printing, publications, postage, and shipping | 15 | 603 |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | 0 | 16 | Other expenses (describe ▶ See attached statement) | 16 | 23,257 |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | | 17 | Total expenses. Add lines 10 through 16 | 17 | 168,549 |
| 6a | Gross revenue (not including \$ 0 of contributions reported on line 1) | 6a | 0 | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,554 |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 0 | 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 | 26,240 |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 0 | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | -303 |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 28,491 |
| 7b | Less cost of goods sold | 7b | | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 | | | | |
| 8 | Other revenue (describe ▶ <u>STUDIO RENTAL INCOME</u>) | 8 | 5,975 | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5a, 5b, 6c, 7c, and 8 | 9 | 171,103 | | | | |

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 | 3,748 | 13,918 |
| 23 | Land and buildings | | |
| 24 | Other assets (describe ▶ See attached statement) | 32,782 | 24,586 |
| 25 | Total assets | 36,530 | 38,504 |
| 26 | Total liabilities (describe ▶ <u>ACCOUNTS PAYABLE</u>) | 10,290 | 10,013 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 26,240 | 28,491 |

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

Form **990-EZ** (2008)

SCANNED JUL 15 2008

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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? TO PROMOTE 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.

| | | | | |
|-----------|---|---|------------|---------|
| 28 | <u>THE CHANCE TO DANCE PROGRAM BRINGS A TOTAL OF APPROXIMATELY 2,005 HOURS OF DANC INSTRUCTION TO APPROXIMATELY 5,341 ELEMENTARY AND MIDDLE SCHOOL STUDENTS. THE PROGRAM HELPS CHILDREN DISCOVER THE JOY OF MOVEMENT.</u> | (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 151,193 |
| 29 | | (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 0 |
| 30 | | (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 0 |
| 31 | Other program services (attach schedule) | (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 0 |
| 32 | Total program service expenses. (add lines 28a through 31a) | | 32 | 151,193 |

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 |
|--|--|---|---|--|
| Name <u>NANCY MEOLA</u> Str <u>P. O. BOX 683</u> City <u>HAIKU</u> ST <u>HI</u> ZIP <u>96708</u> | Title <u>PRESIDENT</u> Hr/WK <u>3.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>RAE TAKEMOTO</u> Str <u>113 WAOKELE PLAC</u> City <u>KULA</u> ST <u>HI</u> ZIP <u>96790</u> | Title <u>VP/SEC</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>LARRY ALDRICH</u> Str <u>37 N. LAELUA PLAC</u> City <u>PAIA</u> ST <u>HI</u> ZIP <u>96779</u> | Title <u>TREAS</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>MIKE TAKEMOTO</u> Str <u>113 WAOKELE PLAC</u> City <u>KULA</u> ST <u>HI</u> ZIP <u>96790</u> | Title <u>DIRECTOR</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>JANE CASSELL</u> Str <u>559 N. CAHUENGA B</u> City <u>LOS ANGELES</u> ST <u>CA</u> ZIP <u>90004</u> | Title <u>DIRECTOR</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>KATHY MACGLASHA</u> Str <u>37 N. LAELUA PLAC</u> City <u>PAIA</u> ST <u>HI</u> ZIP <u>96779</u> | Title <u>DIRECTOR</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>KATHLEEN MACISA</u> Str <u>141 ULUMALU ROAD</u> City <u>HAIKU</u> ST <u>HI</u> ZIP <u>96708</u> | Title <u>DIRECTOR</u> Hr/WK <u>1.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name <u>MAGGIE COSTIGAN</u> Str <u>P. O. BOX 790346</u> City <u>PAIA</u> ST <u>HI</u> ZIP <u>96779</u> | Title <u>MANAGING DIRECT</u> Hr/WK <u>27.00</u> | <u>56,823</u> | <u>0</u> | <u>3,080</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | <u>0</u> | <u>0</u> | <u>0</u> |

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. ▶ 37a | 0 | |
| 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. ▶ 38b | 0 | |
| 39 | Section 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 | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 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. ▶ 0 | | |
| d | Enter amount of tax on line 40c reimbursed by the organization. ▶ 0 | | |
| 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. ▶ HI | | |
| 42 a | The books are in care of ▶ Name MAGGIE COSTIGAN Telephone no. ▶ (808) 575-2624 Located at ▶ HOGBACK ROAD City HAIKU ST HI ZIP + 4 ▶ 96708 | | |
| 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A | | |
| 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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization(s) a section 527 organization? Yes No
- 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 |
|--|--|------------------|---|--|
| Name None City ST ZIP | Title Hr/WK .00 | 0 | 0 | 0 |
| Name City ST ZIP | Title Hr/WK .00 | 0 | 0 | 0 |
| Name City ST ZIP | Title Hr/WK .00 | 0 | 0 | 0 |
| Name City ST ZIP | Title Hr/WK .00 | 0 | 0 | 0 |
| Name City ST ZIP | Title Hr/WK .00 | 0 | 0 | 0 |
| Total number of other employees paid over \$100,000 ▶ | | 0 | 0 | 0 |

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 |
|---|---------------------|------------------|
| Name None City ST ZIP | | 0 |
| Name City ST ZIP | | 0 |
| Name City ST ZIP | | 0 |
| Name City ST ZIP | | 0 |
| Name City ST ZIP | | 0 |
| Total number of other independent contractors each receiving over \$100,000 ▶ | | 0 |

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: *Nancy Meda*
 Date: 5/7/2010
 Type or print name and title: Nancy Meda, President

Paid Preparer's Use Only
 Preparer's signature: *Christine Riecke-Gonzales*
 Date: 5/7/2010
 Firm's name (or yours if self-employed), address, and ZIP +4: CHRISTINE RIECKE-GONZALES, CPA, LLC
 77 APALAPANI LANE, HAIKU, HI 96708
 Phone no: (808) 575-2181

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

Form 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.") | 0 | 0 | 0 | | | 0 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 4 Total Add lines 1-3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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. | | | | | | 0 |

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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0 | 0 | 0 | | | 0 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0 | 0 | 0 | | | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 0 |

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 | 0.00% |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 0.00% |
| 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 ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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.") | 23,998 | 47,576 | 50,641 | 39,053 | 122,498 | 283,766 |
| 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 | 58,936 | 45,271 | 99,093 | 93,879 | 50,350 | 347,529 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 6 Total. Add lines 1-5 | 82,934 | 92,847 | 149,734 | 132,932 | 172,848 | 631,295 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 631,295 |

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 | 82,934 | 92,847 | 149,734 | 132,932 | 172,848 | 631,295 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | 631,295 |

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 | 100.00% |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 0.00% |

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)

Area with horizontal dashed lines for supplemental information.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

| | | | |
|----|---|----|----------------|
| 1 | Contributions | 1 | <u>637</u> |
| 2 | NonCash contributions | 2 | <u></u> |
| 3 | Membership dues and assessments (contributions from the public) | 3 | <u></u> |
| 4 | Government contributions (grants) | 4 | <u>61,304</u> |
| 5 | Commercial co-venture | 5 | <u></u> |
| 6 | Special events contributions (Line 6 - Special Events). | 6 | <u>0</u> |
| 7 | Associated organization contributions | 7 | <u></u> |
| 10 | | 10 | |
| 11 | Total | 11 | <u>124,843</u> |

Part I, Line 16 (990-EZ) - Other Expenses

23,560

| | | | |
|----|--|----|--------|
| 1 | Travel, Meals and Entertainment | | |
| | a Travel | 1a | 15,254 |
| | b Total meals and entertainment | 1b | |
| 2 | Fundraising | 2 | |
| 3 | From Form 4562 - Amortization | 3 | |
| 4 | Conferences, conventions, and meetings | 4 | |
| 5 | Depreciation, depletion, etc. | 5 | 3,642 |
| 6 | Equipment rental and maintenance | 6 | |
| 7 | Interest | 7 | |
| 8 | Supplies | 8 | 942 |
| 9 | Telephone | 9 | 184 |
| 10 | Unrelated business income taxes | 10 | 0 |
| 11 | Internet and Website | 11 | 1,465 |
| 12 | Insurance | 12 | 1,666 |
| 13 | Bank Service Charges | 13 | 24 |
| 14 | Staff Development | 14 | 195 |
| 15 | Dues and Fees | 15 | 188 |
| 16 | | 16 | |
| 17 | | 17 | |
| 18 | | 18 | |
| 19 | | 19 | |
| 20 | | 20 | |
| 21 | | 21 | |
| 22 | | 22 | |
| 23 | | 23 | |
| 24 | | 24 | |
| 25 | | 25 | |
| 26 | | 26 | |

Part II, Line 24 (990-EZ) - Other Assets

32,782

24,586

| | Description | Beginning | End |
|----|--|-----------|--------|
| 1 | ACCOUNTS RECEIVABLE | 8,715 | 4,625 |
| 2 | GRANTS RECEIVABLE | 3,786 | 6,131 |
| 3 | FURNITURE AND EQUIPMENT, NET OF ACCUMULATED DEPRECIATION | 19,781 | 13,330 |
| 4 | RENTAL SECURITY DEPOSIT | 500 | 500 |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

MAUI DANCE COUNCIL
 Fixed Assets and Depreciation
 6/30/09

| <u>Description</u> | <u>Date Place In Service</u> | <u>Cost</u> | <u>Life</u> | <u>Method</u> | <u>Accum Dep'n @ 6/30/08</u> | <u>Depreciation</u> | <u>Accum Dep'n @ 6/30/09</u> |
|-----------------------|----------------------------------|---------------|-------------|---------------|----------------------------------|---------------------|----------------------------------|
| Fax Machine | 11/8/04 | 219 | 5 | S/L | 154 | 44 | 198 |
| Lighting | 4/22/06 | 269 | 7 | S/L | 96 | 38 | 134 |
| Mirrors | 6/1/06 | 4,400 | 7 | S/L | 1,571 | 629 | 2,200 |
| Shelving | 6/4/06 | 237 | 7 | S/L | 85 | 34 | 119 |
| Stereo | 6/27/06 | 208 | 7 | S/L | 74 | 30 | 104 |
| Fax Machine | 7/20/06 | 216 | 5 | S/L | 86 | 43 | 129 |
| Desk | 9/20/06 | 300 | 7 | S/L | 65 | 43 | 108 |
| Fans, Shades, Mirrors | 12/12/06 | 1,340 | 7 | S/L | 286 | 191 | 477 |
| Dance Equipment | 2/26/07 | 12,750 | 7 | S/L | 2,505 | 1,821 | 4,326 |
| Computer | 3/8/07 | 2,024 | 5 | S/L | 607 | 405 | 1,012 |
| Printer | 3/8/07 | 196 | 5 | S/L | 59 | 39 | 98 |
| Digital Video Camera | 12/3/07 | 109 | 5 | S/L | 11 | 22 | 33 |
| | | <u>22,268</u> | | | <u>5,599</u> | <u>3,339</u> | <u>8,938</u> |

- 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 <small>File by the extended due date for filing the return See instructions</small> | Name of Exempt Organization MAUI DANCE COUNCIL | Employer identification number 99-0279116 |
| | Number, street, and room or suite no If a P O box, see instructions P. O. BOX 791525 | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions PAIA HI 96779 | |

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

| | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> 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 **MAGGIE COSTIGAN P. O. BOX 790346 PAIA HI 96779**
Telephone No **(808) 575-2624** 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 5/15/2010

5 For calendar year _____, or other tax year beginning 7/1/2008, and ending 6/30/2009

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 ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION IN ORDER TO PREPARE A MORE COMPLETE AND ACCURATE TAX RETURN.

| | | | |
|---|-----------|----|----------|
| 8 a 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 | \$ | |
| 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 | \$ | |
| 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 | \$ | 0 |

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 Christina Riecke-Gyals Title CPA Date 2-15-10