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**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)

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 06/01/09, and ending 05/31/10**

<b>B</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.	<b>C Name of organization</b> <b>Dance Alive, Inc.</b>	<b>D Employer identification number</b> <b>23-7348157</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1325 NW 2nd Street</b>	<b>E Telephone number</b> <b>352-371-2986</b>
		City or town, state or country, and ZIP + 4 <b>Gainesville FL 32601</b>	<b>F Group Exemption Number</b> ▶

• 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) ▶

**I Website:** ▶ www.dancealive.com

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

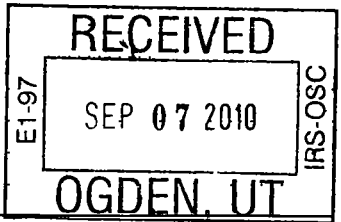
**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **388,281**

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	<b>219,082</b>
	2	Program service revenue including government fees and contracts	2	<b>139,521</b>
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>22,229</b>
6b	Less direct expenses other than fundraising expenses	6b	<b>10,679</b>	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>11,550</b>	
7a	Gross sales of inventory, less returns and allowances	7a	<b>7,449</b>	
7b	Less cost of goods sold	7b	<b>4,005</b>	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>3,444</b>	
8	Other revenue (describe ▶ _____ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>373,597</b>	
<b>Expenses</b>	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	<b>198,077</b>
	13	Professional fees and other payments to independent contractors	13	<b>6,227</b>
	14	Occupancy, rent, utilities, and maintenance	14	<b>8,494</b>
	15	Printing, publications, postage, and shipping	15	<b>12,327</b>
	16	Other expenses (describe ▶ <b>See Statement 1</b> )	16	<b>139,488</b>
17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>364,613</b>	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>8,984</b>
	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	<b>-10,364</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>-1,380</b>



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	<b>4,311</b>	22	<b>430</b>	
23 Land and buildings		23		
24 Other assets (describe ▶ <b>See Statement 2</b> )	<b>19,771</b>	24	<b>17,067</b>	
25 <b>Total assets</b>	<b>24,082</b>	25	<b>17,497</b>	
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 3</b> )	<b>34,446</b>	26	<b>18,877</b>	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>-10,364</b>	27	<b>-1,380</b>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 29 2010

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>Ballet Performance and Education</b>			
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	See Statement 4  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	175,864
29	See Statement 5  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	104,227
30	See Statement 6  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	61,293
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>341,384</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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	
Tim Cannon 1325 NW 2nd Street Gainesville FL 32601	President 1.00	0	0	0	0
Dorothy Neville 1325 NW 2nd Street Gainesville FL 32601	Vice President 1.00	0	0	0	0
Weaver Gaines 1325 NW 2nd Street Gainesville FL 32601	Treasurer 1.00	0	0	0	0
Colleen Rand 1325 NW 2nd Street Gainesville FL 32601	Secretary 1.00	0	0	0	0
Kim Tuttle 1325 NW 2nd Street Gainesville FL 32601	Artistic Director 40.00	19,055	0	0	0
Elaine Brown 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Bryan Da Frota 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Susan Davis 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Mary Kelly 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Lucinda Lavelli 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Derek Lyons 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Kathy Ruth 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Dave Snyder 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Elaine Taylor 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0
Randy Williams 1325 NW 2nd Street Gainesville FL 32601	Trustee 1.00	0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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 why the organization did not report the income on Form 990-T <b>See Statement 7</b>		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 instr <span style="float:right">▶ 37a</span> <u>0</u>		
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 outstanding at the end of the period covered by this return?	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <u>2,619</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <u>0</u> , section 4912 <span style="float:right">▶</span> <u>0</u> ; section 4955 <span style="float:right">▶</span> <u>0</u>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>0</u>		
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 <span style="float:right">▶</span> <u>FL</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>Sarah McDonell</u> Telephone no <span style="float:right">▶</span> <u>352-371-2986</u> <u>1325 NW 2nd Street</u> Located at <span style="float:right">▶</span> <u>Gainesville, FL</u> ZIP + 4 <span style="float:right">▶</span> <u>32601</u>		
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 <span style="float:right">▶</span> _____		
	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 <span style="float:right">▶</span> _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u>		
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

**50** Complete this table for the organization's 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				

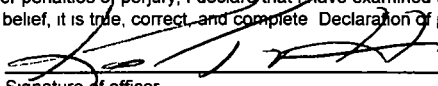
**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

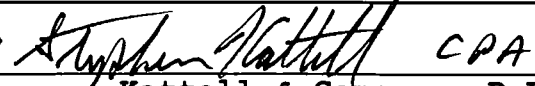
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** 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:   
 Date: 8/26/10  
**Kim Tuttle** Artistic Director  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 08/19/10 Check if self-employed:

Firm's name (or yours if self-employed): **Kattell & Company, P.L.** Preparer's Identifying Number (See instr): \_\_\_\_\_  
 address, and ZIP + 4: **808B NW 16th Ave** EIN: \_\_\_\_\_  
**Gainesville, FL 32601** Phone no: **352-395-6565**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**Dance Alive, Inc.**

Employer identification number

**23-7348157**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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).
- 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.
  - 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 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 supported organization(s).

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

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 through 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> 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 <b>33 1/3 % support test—2008.</b> 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>10%-facts-and-circumstances test—2008.</b> 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 <b>Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	173,147	284,489	203,438	229,048	202,415	1,092,537
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	117,782	207,279	180,510	178,475	139,521	823,567
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 <b>Total.</b> Add lines 1 through 5	290,929	491,768	383,948	407,523	341,936	1,916,104
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		17,040	51,835	19,375	34,255	122,505
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		17,040	51,835	19,375	34,255	122,505
8 <b>Public support</b> (Subtract line 7c from line 6)						1,793,599

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	290,929	491,768	383,948	407,523	341,936	1,916,104
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	241	3				244
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	241	3				244
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				6,914	11,551	18,465
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	291,170	491,771	383,948	414,437	353,487	1,934,813
14 <b>First five years.</b> 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 2009 (line 8, column (f) divided by line 13, column (f))	15	92.70 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	86.60 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Special Event</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col (a) through col (c))
	<b>1</b> Gross receipts	<b>22,229</b>			<b>22,229</b>
	<b>2</b> Less Charitable contributions				
	<b>3</b> Gross revenue (line 1 minus line 2)	<b>22,229</b>			<b>22,229</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>10,679</b>			<b>10,679</b>
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				<b>10,679</b>
	<b>11</b> Net income summary Combine line 3, column (d), and line 10				<b>11,550</b>

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states?		
<b>b</b> If "No," Explain		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
<b>b</b> If "Yes," Explain		
<b>11</b> Does the organization operate gaming activities with nonmembers?		
<b>12</b> 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?		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>		%
<b>13b</b>		%

		Yes	No
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**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 contract with a third party from whom the organization receives gaming revenue?

**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 of the third party

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?

**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 ▶ \$

**15a**

**17a**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2009**

Open To Public Inspection

Name of the organization

**Dance Alive, Inc.**

Employer identification number

**23-7348157**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	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.**

Complete if the organization 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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Elaine Funk Working Capital</b>	<b>X</b>		<b>12,209</b>	<b>2,619</b>		<b>X</b>		<b>X</b>	<b>X</b>	
<b>Total</b>				<b>2,619</b>						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization 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 org revenues?	
				Yes	No

## Federal Statements

**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Office Supplies	6,489
Telephone	2,989
Bank Charges	200
Credit Card Fees	2,162
Interest	320
Accident Insurance	310
Liability Insurance	5,725
Event Production	39,987
Event Operations	37,774
Tour Travel Expense	20,948
Marketing	14,957
Licenses & Fees	4,227
Booking Agent	3,400
Total	\$ <u>139,488</u>

**Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 19,371	\$ 16,667
Grant Receivable	400	400
Security Deposit	19,771	17,067
	<u>19,771</u>	<u>17,067</u>

**Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable	\$ 20,944	\$ 9,783
Line of Credit	8,383	6,475
Loans from Officers	5,119	2,619
	<u>34,446</u>	<u>18,877</u>

**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

**Description**

Ballet Programs: Dance Alive!, Inc. has been on the Florida Touring Company program since 1976. This State program helps many communities underserved in the arts to be able to bring our Company in at a reduced cost. Last year we served the following communities: Ft. Myers, Bristol, Coconut Creek, Delray, Ft. Lauderdale, Madison, Palatka, Starke, and The Villages. We also benefit the children of these area through Community Nutcrackers. The Artistic Director goes to the community and auditions and trains local children for the children's parts in the Nutcracker. These communities are considered underserved by the State and provide children and their families a great experience. A number of the venues we perform for are in senior communities. In Ft. Lauderdale we present 6 school shows serving over 3,000 children.

**Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

**Description**

Ballet Programs: Mainstage Programming- The Company produced three major productions last year at the Phillips Center for the Performing Arts. Performances include original full length works as well as traditional works. Mainstage Programming often features collaborations with other artists or arts organizations such as Art of the Olympians, opera singers, musicians, choral groups, orchestras and visual artists or designers.

**Statement 6 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

**Description**

Ballets Programs: Outreach- There are four outreach programs: DANCIN' is a Residency Program at The Villages. The Company presents a 2-3 week residency at The Villages High School and Middle School conducting classes in ballet and jazz as well as daily repertory classes resulting in performances. Ages range from 8-17. DANCE PARTNERS is a program designed to bring at-risk or disadvantaged persons and troubled youth to Mainstage Productions at no cost to the individual. DANB works with United Way and DCF to provide for their clients. This program serves over 1,000 annually. DISCOVERING DANCE, "The Mainstage Experience" is a program whereby children from Alachua and 14 surrounding counties are brought to daytime professional Mainstage productions at the Phillips Center for the Performing Arts as well as directly to the schools. Over 3,500 students are served annually. SENIOR MOMENTS, is a program designed to provide life-long learning activities for seniors. DANB presents lecture/demonstrations, performances, seminars and meet and greets for 3 senior facilities in Gainesville, FL.

**Statement 7 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported  
on Form 990-T**

Description

Unrelated business activities that generate revenue reported on lines 2, 6 and 7 are not regularly carried on.