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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

OMB No 1545-1150
2009
Open to Public Inspection

▶ 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 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 SPRINGFIELD BALLET INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 411 N SHERMAN PARKWAY <hr/> City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 658023652	D Employer identification number 43-1089752 <hr/> E Telephone number (417) 862-1343 <hr/> F Group Exemption Number
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▶ **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.SPRINGFIELDBALLET.ORG

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. ▶ \$ 249,017

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	76,276
	2 Program service revenue including government fees and contracts	2	169,765
	3 Membership dues and assessments	3	900
	4 Investment income	4	1,509
	5a Gross amount from sale of assets other than inventory	5a	117
	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)	5c	117
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	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)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8	450	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	249,017	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	10,155
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	120,593
	13 Professional fees and other payments to independent contractors	13	11,761
	14 Occupancy, rent, utilities, and maintenance	14	11,112
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	96,732
17 Total expenses. Add lines 10 through 16	17	250,353	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,336
	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	114,119
	20 Other changes in net assets or fund balances (attach explanation ▶)	20	15,692
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	128,475

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	20,261	22	7,734
23 Land and buildings		23	
24 Other assets (describe ▶)	165,349	24	176,682
25 Total assets	185,610	25	184,416
26 Total liabilities (describe ▶)	71,491	26	55,941
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,119	27	128,475

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? THE SPRINGFIELD BALLET IS DEDICATED TO THE EFFORTS OF CREATING A BALLET COMPANY, TO HELP EXPAND PUBLIC AWARENESS, PARTICIPATION IN AND APPRECIATION OF A BROADER RANGE OF THE ARTS	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title		
28 CONSERVATORY, PUBLIC PERFORMANCES & COMMUNITY OUTREACH- EDUCATES AND DEVELOPS DANCERS IN THE ART AND HISTORY OF BALLET, AS WELL AS PROVIDING PROFESSIONALLY TRAINED DANCERS FOR PERFORMANCES PROVIDED TO THE GENERAL PUBLIC. NUMEROUS PERFORMANCES WERE PRESENTED DURING THE YEAR, INCLUDING OUR ANNUAL PERFORMANCE OF THE NUTCRACKER, WHICH IS PROVIDED TO EVERY SECOND GRADER IN THE SPRINGFIELD, MISSOURI R-12 SCHOOL DISTRICT. OUR OUTREACH PROGRAMS ARE PROVIDED TO THE CITY OF SPRINGFIELD, AS WELL AS THE SURROUNDING COMMUNITIES, WHICH INCLUDE BUT ARE NOT LIMITED TO TRAVELING PERFORMANCES, SCHOLARSHIPS, AND AFTERSCHOOL PROGRAMS (SUCH AS DANCE CHANCE AND CUSP) (Grants \$ 10,155)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a 178,618
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
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	178,618

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

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.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: 2011-05-31

CHERYL HOM, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: WAYNE E HLAVACEK Date: 2011-07-28 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: HLAVACEK MORRIS MCINTYRE YATES DANIELSON
1200 E WOODHURST DR STE S100
SPRINGFIELD, MO 658044214

Preparer's identifying number (See instructions):
EIN: _____
Phone no: (417) 882-2650

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SPRINGFIELD BALLET INC

Employer identification number

43-1089752

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 **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 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	
Total									

Part II Support Schedule for Organizations Described in IRC 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 Total. 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 Public Support. 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

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

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

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 for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 IRC 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.")	45,718	100,893	38,470	87,134	76,276	348,491
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	165,051	182,648	168,177	166,685	170,665	853,226
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 through 5	210,769	283,541	206,647	253,819	246,941	1,201,717
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						1,201,717

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	210,769	283,541	206,647	253,819	246,941	1,201,717
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,275	5,171	1,887	1,619	1,509	16,461
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,275	5,171	1,887	1,619	1,509	16,461
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.)	79,609	28,420	43,597	-252		151,374
13 Total support (Add lines 9, 10c, 11 and 12)	296,653	317,132	252,131	255,186	248,450	1,369,552
14 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 <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	87.750 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	85.700 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.000 %

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.** 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






Additional Data

Software ID:
Software Version:
EIN: 43-1089752
Name: SPRINGFIELD BALLET INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ANNE-MARY MCGRATH 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	PRESIDENT 0	0		
JOE EASTER 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	CO-VP 0	0		
CHERYL HOM 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	CO-VP 0	0		
BROOKE TADLOCK 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	TREASURER 0	0		
BRANDI LUNA 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	SECRETARY 0	0		
COREY CRAVEN 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
CORINA GRIGORE 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
LAILA HADI 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
MARGARET HOLDEN 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
LIZ JOHNSON 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
LATEASCHIA LEWIS 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
CAROLYN ROBERTS 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
KRISTIN WALKER 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
RUTH BARNES 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
HOLLY GRAY 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
JAY KIRKSEY 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ERIC MAXWELL  411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
KRISTIE STODDARD  411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
WHITNEY WILSON  411 N SHERMAN PKWY SPRINGFIELD, MO 65802	DIRECTOR 0	0		
KATIE CORNWELL  411 N SHERMAN PKWY SPRINGFIELD, MO 65802	BSNS MGR 0	42,058		
ASHLEY PAIGE WILLIAMS  411 N SHERMAN PKWY SPRINGFIELD, MO 65802	SCHOOL DIR 0	43,355		

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-f, h, i.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns (a-f) for Vehicle 1-6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows include 42, 43, and 44.

TY 2009 Compensation Explanation

Name: SPRINGFIELD BALLET INC

EIN: 43-1089752

Person Name	Explanation
ANNEMARY MCGRATH	
JOE EASTER	
CHERYL HOM	
BROOKE TADLOCK	
BRANDI LUNA	
COREY CRAVEN	
CORINA GRIGORE	
LAILA HADI	
MARGARET HOLDEN	
LIZ JOHNSON	
LATEASCHIA LEWIS	
CAROLYN ROBERTS	
KRISTIN WALKER	
RUTH BARNES	
HOLLY GRAY	
JAY KIRKSEY	
ERIC MAXWELL	
KRISTIE STODDARD	
WHITNEY WILSON	
KATIE CORNWELL	
ASHLEY PAIGE WILLIAMS	

TY 2009 Other Assets Schedule

Name: SPRINGFIELD BALLET INC

EIN: 43-1089752

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE		500
ACCOUNTS RECEIVABLE	4,192	6,447
FURNITURE, FIXTURES, & EQUIPMENT	66,282	187,834
LESS ACCUMULATED DEPRECIATION		123,212
ENDOWMENT FUND- SPFD BALLET MO CULT	7,561	8,962
ENDOWMENT FUND- SPFD BALLET ENDOWMEN	70,856	77,148
ENDOWMENT FUND- GENERAL FUND	14,017	14,272
SPFD BALLET GUILD	2,441	4,731
	165,349	176,682

TY 2009 Other Changes in Net Assets Schedule**Name:** SPRINGFIELD BALLET INC**EIN:** 43-1089752

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	9,207
PY IN-KIND TRADES ON BOOKS NOT ON TAX RETURN	6,485

TY 2009 Other Expenses Schedule**Name:** SPRINGFIELD BALLET INC**EIN:** 43-1089752

Description	Amount
EXPENSES	
ADVERTISING & MARKETING	16,281
TRAVEL	4,303
INTEREST EXPENSE	3,664
INSURANCE	7,071
OUTSIDE INSTRUCTION & SER	16,600
THEATRE & SPACE RENTAL	13,102
GUILD EXPENSES	7,366
IN-KIND TRADES	7,134
SETS, PROPS, COSTUMES, ET	6,248
OFFICE EXPENSES	4,563
FUNDRAISING EXPENSES	3,543
STORAGE	1,882
TRAINING & CONTINUING EDU	1,496
POSTAGE & SHIPPING	976
WATER COOLER RENTAL & SUP	657
OUTREACH EXPENSES	650
BAD DEBT EXPENSE	596
FEES & CHARGES	475
OTHER SCHOOL EXPENSES	125

TY 2009 Other Liabilities Schedule

Name: SPRINGFIELD BALLET INC

EIN: 43-1089752

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,594	760
UNSECURED NOTES AND LOANS PAYABLE	61,592	52,853
DUE TO SUPPORTERS- IKSE	6,232	
PAYROLL LIABILITIES	1,073	992
STATE WITHHOLDING		1,186
MO EMPLOYMENT SECURITY		150
	71,491	55,941

TY 2009 Other Revenues Schedule

Name: SPRINGFIELD BALLET INC

EIN: 43-1089752

Description	Amount
BIRTHDAY PARTIES	450