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SCANNED SEP 0 4 2012

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 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning	and	ending		
В	Check if	C Name of organization			D Employer identifi	cation number
	applicable	GELSEY KIRKLAND ACADEM	Y OF CLASSICAL			
	Addres change	S DATTEM THE				
Ē	Name change				27-1	623781
Ē	Initial return	Number and street (or P.O box if mail is not deli	vered to street address)	Room/su		
F	Termin		vereu to street address;	14W	1 = ·	703-6219
늗	lated]Amend			T # AA		
Η	⊥_lretum ∏Applica	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,789,486.
L	Lltion pendin	NEW TORK, NY 10025	TARE GUERATOU		H(a) is this a group re	
		F Name and address of principal officer MIC	HAEL CHERNOV		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates inc	
				or <u> </u>	· · · · · · · · · · · · · · · · · · ·	list (see instructions)
		e: > WWW.GELSEYKIRKLANDBALL		Т	H(c) Group exemption	
			sociation Other	L Y	ear of formation: 2009 N	State of legal domicile NY
P	T	Summary				
ė		Briefly describe the organization's mission or most				
auc]	DRAMATIC STORYTELLING IN	BALLET BY PROVI	DING	SPECIALIZED	TRAINING
Ĕ	2 (Check this box 🕨 📖 if the organization discor	ntinued its operations or dispo	sed of m	ore than 25% of its net as	ssets
Governance	3 1	Number of voting members of the governing body	(Part VI, line 1a)		3	5
	4 1	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	5
Activities &	5	Total number of individuals employed in calendar y	ear 2011 (Part V, line 2a)		5	35
ŧ	6	Total number of volunteers (estimate if necessary)			6	15
cţi	1	Fotal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form			7b	0.
			· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)			13,600.	36,718.
ĕ	9 1	Program service revenue (Part VIII, line 2g)	RECEIVED)	672,527.	1,453,485.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,	1		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		Ö	0.	299,283.
		Total revenue - add lines 8 through 11 (must equal		RS-O	686,127.	1,789,486.
_		Grants and similar amounts paid (Part IX, column (0.00,127.	151,200.
	I.	Benefits paid to or for members (Part IX, column (A			0.	0.
		Salaries, other compensation, employee benefits (F	191,055.	636,659.		
Expenses	16-		, , , , , , ,		0.	030,039.
en Sen	loai	Professional fundraising fees (Part IX, column (A), li	•	Λ h	<u>U •</u>	0.
X	_ B	Total fundraising expenses (Part IX, column (D), line	· · ·	0.	425 022	011 500
	1	Other expenses (Part IX, column (A), lines 11a-11d,	·	ŀ	435,032.	811,589.
	1	Total expenses Add lines 13-17 (must equal Part II		}	626,087.	1,599,448.
-0	19	Revenue less expenses Subtract line 18 from line	12		60,040.	190,038.
Net Assets or				-	Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		}	264,926.	389,974.
et A	21	Total liabilities (Part X, line 26)		}	204,886.	139,896.
N.	22	Net assets or fund balances Subtract line 21 from	line 20	l	60,040.	250,078.
_	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return,				y knowledge and belief, it is
true	e, correc	t, and complete Declaration of a eparer (other than office	r) is based on all information of w	hich prep		
					8-3-	12
Sıç	jn	Signature of officer			Date	
He	re		TIVE DIRECTOR			
	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check I	PTIN
Pai	d	MARTIN BERKOWITZ	inum sour		self-employ	ed P00154047
Pre	parer	Firm's name LUTZ AND CARR, C	PAS LLP		Firm's EIN ▶	13-1655065
	Only	Firm's address 300 EAST 42ND ST				
	-	NEW YORK, NY 100			Phone no. 2	12-697-2299
Ma	y the IF	RS discuss this return with the preparer shown abo				X Yes No
		LUA For Paparwork Paduation Act Natio	thet-it	·		Form 990 (2011)

Form 990 (2011) BALLET, INC.
Part IV Checklist of Required Schedules

			<u>res</u>	NO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		_^_
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		12
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Δ	
•	the organization's separate of consolidated infancial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • • • • • • • • • • • • • • • • • •		-23
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
4	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
13	complete Schedule G, Part III	19		Х
2 0a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_=			990 (2011)
		-	٧.	,

Form 990 (2011) BALLET, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	054		Х
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000	Х	
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	•		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 12
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 21
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 c	2011)

BALLET, INC.

Fai	Check if Schedule O contains a response to any question in this Part V			
	Official Confedence of Confedence to any question in the fact of	r	Yes	No
40	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO
	Enter the number reported in Box 5 of Form 1055 Enter to 4 not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country	i		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		į	
	any contributions that were not tax deductible?	6a		<u>X</u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
b	Charles and the second	7.6		
С	to file Form 8282?	7c		х
d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	The second secon	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а		. !	!	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		
11	Section 501(c)(12) organizations. Enter			
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ		
10-	amounts due or received from them) [11b] [Section 4047(aV4) and average abovitable trusted in the organization filling Form 900 in liquid Form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	iza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13 a	to the state of th	13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O			
b	The state of the s			1
~	organization is licensed to issue qualified health plans			
С		<u> </u>		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
_		Form	990	(2011)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 82, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line 6a, 6b, 6r 10b below, describe the circumstances, processes, or changes in ochedule of See instructions			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
b	, , ,	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b	<u> </u>	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY	oo!!-	.lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the results of the result	avallat	и с	
	for public inspection. Indicate how you made these available. Check all that apply			
4-	Own website X Another's website X Upon request	٠. تعد	1	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u finar	icial	
00	statements available to the public during the tax year	+10= >		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MICHAEL CHERNOV - (917)703-6219	LIUH 🏓	_	
	400 CENTRAL PARK WEST NEW YORK NY 10025			

Form **990** (2011)

132008 01-23-12

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director			recto	Highest compensated carly semployee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CINDY MURPHY TEMPORARY CHAIRWOMAN	1.00	x						0.	0.	0.
(2) VICTOR SENDAX										
DIRECTOR	1.00	X						0.	0,	0.
(3) TAYLOR HANEX	1 00									•
DIRECTOR	1.00	X	_					0.	0.	0.
(4) SUSAN SANDFORD DIRECTOR	1.00	х						0.	0.	0.
(5) ALAN SWIEDLER DIRECTOR	1.00							0.	0.	0.
(6) JESSICA HOWARD SECRETARY	1.00			х				0.	0.	0.
(7) MICHAEL CHERNOV ARTISTIC CO-DIRECTOR	40.00			х				22,381.	0.	0.
(8) GELSEY KIRKLAND ARTISTIC CO-DIRECTOR	40.00			х				76,902.	0.	0 .
(9) FRANK L MERWIN EXECUTIVE DIRECTOR	40.00			х				26,650.	0.	0 .
(10) KEZIBAN EZZELL TEMPORARY EXECUTIVE DIRECTOR	40.00			х				13,077.	0.	0.
										-
			-							

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nple	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)		
(A)	(B)	(C)						(D)	(E)	İ	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Esti	mated
	hours per	box	, unle	ss pe	rson	is both	h an	compensation	compensation		ount of
	week (describe	<u> </u>	الم من		., 5010	., us	.00)	from	from related	1	ther
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	1	ensation m the
	related	900	ee			sated		(W-2/1099-MISC)	(***-2/1099-141130)		ni trie nization
	organizations	truste	institutional frustee		yee	mper		(** 2, 1000 111100)		1 -	related
	ın Schedule	ıdual	uts	a	Key employee	est co	iĝi.			organ	izations
	O)	Indi	ışı	Officer	Key	Highest compensated employee	Former				
			<u> </u>		İ						
		l									•
	1	<u> </u>						 		ļ	
		<u> </u>				لـــا		100 010			
1b Sub-total								139,010.	0.		0.
c Total from continuation sheets to Part V	I, Section A							0.	0.		0.
d Total (add lines 1b and 1c)						<u> </u>		139,010.	0.	,	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	OOV	e) wh	o re	eceived more than \$100	,000 of reportable		_
compensation from the organization								···			(22 212
2. Did the examination list and form or efficient	d							hh		<u>}</u>	es No
3 Did the organization list any former officer,		ıste	е, ке	у еп	npic	yee,	or	nignest compensated ei	mpioyee on		v
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su		lo 0/						har aamaanaatian frans	the every	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•		-						the organization		v
5 Did any person listed on line 1a receive or a			•						dual for convece	4	X
rendered to the organization? If "Yes," com					-		cial	ed organization or indivi	dual for services	5	Х
Section B. Independent Contractors	piete Scriedur	<u> </u>	UI S	icii,	Ders	011				1 5 1	A
Complete this table for your five highest co	mpensated inc	dene	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of compen	sation fro	·m
the organization Report compensation for									· · · · · · · · · · · · · · · · · · ·	000000000000000000000000000000000000000	
(A)		-	0	·· <u>·</u>		<u> </u>		(B)	, , , , , , , , , , , , , , , , , , , ,	(C)	
Name and business	address	N	ONE	2				Description of s	ervices	Compens	ation
									-		
							- 1				
	·										
							\neg				
							T				
2 Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se lis	sted	l above) who received m	ore than		
\$100,000 of compensation from the organi	zation 🕨				(0					
										Form 9	90 (2011)

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and 36,718. similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 36,718 Total. Add lines 1a-1f Business Code 711120 ,171,227.1,171,227 Program Service Revenue TUITION INCOME 253,710. 253,710. INSTRUCTOR INCOME 711120 28,548 711120 28,548 PERFORMANCE INCOME All other program service revenue **▶** 1,453,485 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 261,073 6 a Gross rents b Less rental expenses 261.073 Rental income or (loss) 261,073. 261,073 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscelfaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 38,210. 38,210 d All other revenue 38,210. e Total, Add lines 11a-11d 0. 789,486.1 0 Total revenue See instructions.

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	151,200.	151,200.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				- · - · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	139,010.	111,177.	27,833.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	433,754.	321,638.	112,116.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,876.	1,999.	2,877.	
10	Payroll taxes	59,019.	24,199.	34,820.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	36,174.	14,831.	21,343.	
С	Accounting	17,930.	7,351.	10,579.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	13,740.	5,633.	8,107.	
12	Advertising and promotion	4,534.	1,859.	2,675.	
13	Office expenses	107,146.	43,930.	63,216.	
14	Information technology				
15	Royalties				
16	Occupancy	370,121.	151,750.	218,371.	
17	Travel	18,772.	7,696.	11,076.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,011.	12,715.	18,296.	
23	Insurance	2,134.	875.	1,259.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				_
а	INSTRUCTOR FEES	92,034.	92,034.		
b	PRODUCTION EXPENSES	56,719.	56,719.		
С	MISCELLANEOUS EXPENSES	32,621.	13,374.	19,247.	
d	DUES AND SUBSCRIPTIONS	28,653.	26,911.	1,742.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,599,448.	1,045,891.	553,557.	(
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	į			

132010 01-23-12

Form 990 (2011)

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Form 990 (2011)

Part X | Balance Sheet (A) Beginning of year End of year 109,798. 14,358. 1 Cash · non-interest bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 351. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 26,207. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 251,826. basis Complete Part VI of Schedule D 10a 45,808 215,568. 206,018. 10c b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 35,000. 47,600. 15 15 Other assets See Part IV, line 11 264,926. 389,974. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 79,517. 11,394. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 43,482. 2,668. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 57,711. 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 150,010. 25 Schedule D 139,896. 204,886. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 60,040. 27 250,078. Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 250,078. 60,040. 33 Total net assets or fund balances 33 389,974. 264,926 34 Total liabilities and net assets/fund balances

Form 990 (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

207

Open to Public

OMB No 1545-0047

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.

Inspection
Employer identification number

Name of t	the organizati	on GELSEY	KIRKLAND ACA	DEMY	OF CL	ASSIC	AL	E	mployer ic	dentificati	on numbe	r	
-		BALLET,				 			27	-1623	781		
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t) See inst	tructions					
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)						
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)						
2 X	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	chedule E)									
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iiı).						
4 🔲			operated in conjunction					(b)(1)(A)(ı	ıı). Enter th	e hospital	's name,		
	city, and stat								·	·			
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or of	perated by	a governi	nental un	it described	d in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)				-						
6 🔲	A federal, sta	te, or local governm	ent or governmental uni	it described	d in sectio	n 170(b)(1)(A)(v).						
7			eives a substantial part					r from the	e general pu	ublic desci	ribed in		
	section 170(b)(1)(A)(vi). (Complete Part II)												
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9 🗌			eives (1) more than 33			rom contri	butions, m	nembersh	ip fees, and	gross rec	ceipts from		
			nctions - subject to certa										
			axable income (less sec										
	See section	509(a)(2). (Complete	Part III)										
10	An organizati	on organized and op	perated exclusively to te	st for publ	c safety S	See sect ic	n 509(a)(4	l).					
11 🔲	An organizati	on organized and op	perated exclusively for the	he benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	urposes o	f one or		
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See sec	tion 509((a)(3). Chec	k the box	that		
	describes the	type of supporting	organization and compl	lete lines 1	1e through	11h							
	a Type I	b 🗀	Type II (с 🔙 Тур	e III - Func	tionally in	tegrated		d 🗌	Type III - C	Other		
e 🔙	By checking	this box, I certify tha	it the organization is not	t controlled	I directly o	r indirectly	by one or	more dis	qualified pe	ersons oth	er than		
	foundation m	anagers and other t	han one or more publicl	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or se	ection 509	(a)(2)		
f	if the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting of	ganization, check th	nis box										
g	Since August	17, 2006, has the c	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	lescribed i	n (II) and ((III) below,		Yes No		
	the gove	erning body of the si	upported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?	?						11g(iı)	`		
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)								
			r	.,				,					
(ı) Name	of supported	(ii) EIN	(iii) Type of organization				u notify the	(vı) Is organizati	s the	(vii) Am	rount of		
orga	anızatıon		(described on lines 1-9	in col. (i) lis	sted in your document?	organizat	IOH III COI	(ı) organiz	zed in the	supp	port		
			above or IRC section	<u> </u>		<u> </u>		0.8					
			(see instructions))	Yes	No	Yes	No	Yes	No				
						ļ							
								. <u> </u>	1			_	
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Total							Ì						

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Part II	Support S	chedule for Org	ganizations D	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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·					
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf				Ì		
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	,			-		
	The portion of total contributions			1			
Ü	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,	1					
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	etion B. Total Support	<u></u>			·	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(4)		1 107 - 5 5	(4)	(0) = 0	
	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					1	
	business is regularly carried on					1	
10	Other income Do not include gain						
	or loss from the sale of capital	<u> </u>					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years If the Form 990 is for	•	•	rd. fourth. or fifth ta	ax vear as a sectio		
	organization, check this box and stor	•	- ···, , ··	,	,	(-)(-)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2010. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	zation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts and-circumstan	ces" test, check t	this box and stop I	nere. Explaın ın Pa	rt IV how the organ	nization
	meets the "facts and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization	_	ightharpoons
b	10% -facts-and-circumstances tes	=				17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-		· · · ·		s
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						:
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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	<u>'</u>					
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	İ					
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						1
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	<u> </u>					
<u>Se</u>	ction B. Total Support					,	
Cal	endar year (or fiscal year beginning in) ► '	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					<u> </u>	
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties		:				
	and income from similar sources					ļ	
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				-
	c Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·			ļ	<u> </u>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	ļ				ļ <u>.</u>	
12	Other income Do not include gain or loss from the sale of capital						1
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	L		l	<u> </u>	<u> </u>	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
-	check this box and stop here	in Commant Da				-	
	ction C. Computation of Publ			1 (0)		T45	
	Public support percentage for 2011 (. , ,	, ,	column (1))		15	<u>%</u>
	Public support percentage from 2010 ction D. Computation of Investigation					16	%
						147	
	Investment income percentage for 20			ne 13, column (I))		17	<u>%</u>
	Investment income percentage from			on line 14 and lin	o 15 ie mara than	18 33 1/3% and line	17 is not
19	a 33 1/3% support tests - 2011. If the	_					IT IS HOL
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the	•	-	•	•		and .
	• •						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
<u> 20</u>	r invate fourtuation, if the organization	in did not check a	DUA UN INTE 14, 13	a, or rob, crieck t	THE DOT WITH SEC III	and Chons	

SCHEDULE D

(Form-990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

GELSEY KIRKLAND ACADEMY OF CLASSICAL

Employer identification number 27-1623781

	BALLET, INC.			27-1623	
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or A	Accou	nts. Complete r	f the
	organization answered "Yes" to Form 990, Part IV, line 6				
	(a) Donor advised funds		(b) Fund	ds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	<u> </u>			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	dused for	nda		
3	· · · · · · · · · · · · · · · · · · ·	uviseu iui	iius		[] N
6	are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car			L Yes	∟ No
6	· · · · · · · · · · · · · · · · · · ·		•		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	ose conte	rring		
Pai	impermissible private benefit?			Yes	No
		0. Part IV	, line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply)				
	Preservation of land for public use (e.g., recreation or education) - Preservation of an	n historica	illy impo	rtant land area	
	Protection of natural habitat Preservation of a	certified h	nstoric s	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a c	onserva	ition easement or	n the last
	day of the tax year				
				Held at the End of	the Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure included in (a)		2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic sti	ucture			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the orga	nization	during the tax	
	year▶	. 5		3	
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling				
-	violations, and enforcement of the conservation easements it holds?	,		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	ts dunna	the vear		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du	_			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	-		·	
Ü	and section 170(h)(4)(B)(ii)?	170(13)(4)(טאיט	Yes	□ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expe	anco etata	· mont a		
3	include, if applicable, the text of the footnote to the organization's financial statements that describe				
	conservation easements	Des line Oi	yanızatı	on's accounting	101
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	r Other	Simils	ar Assats	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	. • • • • • • • • • • • • • • • • • • •	Ollinic	ai 7,000 to.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st	atamant a			
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furth				
		ierance o	r public :	service, provide,	in Part XIV,
	the text of the footnote to its financial statements that describes these items				
a	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance o	t public se	ervice, p	rovide the follow	ing amounts
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	§ §	
	(II) Assets included in Form 990, Part X		. 🕨 🕏	·	
2	If the organization received or held works of art, historical treasures, or other similar assets for final	ncıal gaın	, provide	Э	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	S	
b	Assets included in Form 990, Part X		▶ \$	§	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

; Sche	GELSEY dule D (Form 990) 2011 BALLET,	KIRKLAND INC.	ACAD	EMY	OF	CLASSI	CAL	27-	L623781	, , , , , , , , , , , , , , , , , , ,
	† III Organizations Maintaining C		Art. Hi	storic	al Tr	reasures. o	or Other			
3	Using the organization's acquisition, accessi									
	(check all that apply)			·		J	J			
а	Public exhibition		d [Loan	or exc	change progra	ams			
b	Scholarly research		e \Box	Other						
c	Preservation for future generations		•	_ 00.						
4	Provide a description of the organization's co	allostions and av	nlain hairi	thay fu	-thart	the erganizati	an'a avam	nt auraga in l	7a+ VIV	
									-art Arv	
5	During the year, did the organization solicit of					•	er sımılar a	issets	— ,,	
Par	to be sold to raise funds rather than to be m						n\		Yes	No_
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		пріете іт ті	ne orga ———	nizatio	on answered	"Yes" to F	orm 990, Part	.v, line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interr	mediary fo	or contri	bution	ns or other as	sets not in	cluded		
	on Form 990, Part X?								Yes	No.
b	if "Yes," explain the arrangement in Part XIV	and complete the	e following	g table						
									Amount	
С	Beginning balance							1c		
d	Additions during the year							1d		
е	Distributions during the year							1e		
f	Ending balance							1f		
2a	Did the organization include an amount on F	orm 990 Part X	line 212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV									
Pai			answere	d "Yes"	' to Fo	orm 990 Part	IV line 10			
		(a) Current yea		Prior ye		(c) Two year) Three years ba	ok (a) Four	rears back
4_	Beginning of year balance	(a) Current year	(0)	FIIOI ye	- ai	(C) Two year	S Dack 10	ij ililee yeals ba	ck (e) roury	real S Dack
1a				······································		 				
b	Contributions					1				
C.	Net investment earnings, gains, and losses					<u> </u>				
d	Grants or scholarships					 				
е	Other expenditures for facilities						ı			
	and programs									
f	Administrative expenses									
g	End of year balance									·
2	Provide the estimated percentage of the cur	rent year end bal	ance (line	1g, col	umn (a	a)) held as				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	9	6							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the orga	ınızatıon t	hat are	held a	and administe	red for the	organization		
	by	· ·						J	5	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as require	ed on Sch	edule B	2				3b	
4	Describe in Part XIV the intended uses of the								35	
	rt VI Land, Buildings, and Equipm									
						t or other	(0) 000	umulatad	(d) Doole	
	Description of property	(a) Cost of basis (inve		-	-	t or other (other)		umulated eciation	(d) Book	value
	t and	Dasis (IIIV			na313	(Ounel)	aepre	CHAUCH		
1a	Land		 						····	
b	Buildings	_				70 000		25 115		
С	Leasehold improvements					79,383.		25,446.		<u>,937.</u>
d	Equipment		_		7	72,443.		20,362.	<u>52</u>	<u>,081.</u>
е	Other			1				j		

206,018. Schedule D (Form 990) 2011

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011 BALLET, IN	C		27-1623781 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line		
(a) Description of security or category (including name of security)	(b) Book value	, ,	ethod of valuation nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		· -	
(C)			
(D)			
(E)	 		
(F)			
(G)			
(H) (I)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	·		
Part VIII Investments - Program Related.	See Form 990 Part X Iro		
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			Particular de la constantina della constantina d
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr	ne 15	 	
	a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) SECURITY DEPOSIT			47,600.
(2)			
(3)			
(4)			
(5)			
(6)		···	
(7)			
(8)			
(9)		 	
(10)			45.600
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X		·	<u>▶</u> 47,600.
() December of behalf	X, IIIne 25	(b) Book value	
(1) Federal income taxes		(b) Book value	
(2)			
(3)		7.1	
(4)			
(5)			
(6)			
(7)			
(8)		· · · · · · · · · · · · · · · · · ·	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) II. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740)	ne 25)		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740)	to the organization's financial st	atements that reports the organization's I	lability for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 2011

22

ı	•	GELSEY	KIRKLAND A	CADEMY OF	CLASSICA	L		t	•
	dule D (Form 990) 2011	BALLET,	INC.				27-1	<u>623781</u>	Page 4
Par	t XI Reconciliation of	Change in	Net Assets from	m Form 990 to	Audited Fina	incial St	atements	<u> </u>	
1	Total revenue (Form 990, Part					1			
2	Total expenses (Form 990, Par					2			
3	Excess or (deficit) for the year.					3			
4	Net unrealized gains (losses) of		S			4			
5	Donated services and use of fa	acilities			-	5			
6	Investment expenses					6			
7	Prior period adjustments					7			
8	Other (Describe in Part XIV)		. 0			9			
9	Total adjustments (net) Add li Excess or (deficit) for the year	•		Combine lines 2 and	10	10			
<u>10</u> Par	t XII Reconciliation of	Revenue i	per Audited Fina	ancial Statemer	nts With Rev		r Return		
1	Total revenue, gains, and other					<u> </u>	1		
2	Amounts included on line 1 bu								
	Net unrealized gains on invest		1000, 1 art 1111, 11110 1	_	2a				
b	Donated services and use of f				2b				
c	Recovenes of prior year grants				2c	······			
	50 5 1 5 1	•			2d				
	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1						3		
4	Amounts included on Form 99	0. Part VIII. III	ne 12, but not on line	1					
а	Investment expenses not inclu				4a				
b	Other (Describe in Part XIV)				4b				
С	Add lines 4a and 4b						4c		
5	Total revenue Add lines 3 and	d 4c. (This mu	st equal Form 990, P	art I, line 12)			5		
Pa	rt XIII Reconciliation of	Expenses	per Audited Fin	ancial Stateme	ents With Exp	penses p	er Retur	n	
1	Total expenses and losses pe	r audited fina	ncial statements				1		
2	Amounts included on line 1 but	ut not on Forn	n 990, Part IX, line 25	•					
а	Donated services and use of f	acılıtıes			2a				
þ	Prior year adjustments				2b				
С	Other losses				2c	·· -			
d	Other (Describe in Part XIV)				2d		i		
е	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1						3		
4	Amounts included on Form 99				1				
а	Investment expenses not incli	uded on Form	i 990, Part VIII, line 71	b	4a				
р	Other (Describe in Part XIV)				_ 4b				
	Add lines 4a and 4b	- 1 A (Thurs		Cont. Long 10.1			4c		
5 Pa	Total expenses Add lines 3 a rt XIV Supplemental Inf		iust equal Form 990,	Part I, line 18)			5		
	plete this part to provide the de		aurod for Port II. linos	2 5 and 0 Part III	lines 1a and 4	Part IV Inc	ne 1h and 2	h Part V line /	1 Dart
	e 2, Part XI, line 8, Part XII, line								r, r arc
, nn	5 2, 1 are XI, III 6 5, 1 are XII, III 6	5 Eu ana 45, 1	ario i are xiii, iiiloo 2a	and to the comp	ioto tino part to p	,, o v. a o a ,	add.ii.oria. i		
	· · · · · · · · · · · · · · · · · · ·					·			
									

Schedule D (Form 990) 2011

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Name of the organization

GELSEY KIRKLAND ACADEMY OF CLASSICAL BALLET, INC.

Employer identification number 27-1623781

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain			
	If you need more space, use Part II	3_	X	
	THE ORGANIZATION STATES ITS NONDISCRIMINATORY POLICY ON THE			
	COMPANY WEBSITE			
4	Does the organization maintain the following?	į		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		X
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	POLICIES ARE IN PROGRESS AND BEING FORMULATED BY			
	ADMINISTRATIVE STAFF.			
_				
5	Does the organization discriminate by race in any way with respect to			7.7
	Students' rights or privileges?	5a		X
	Admissions policies?	_5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies? Use of facilities?	5e 5f		X
	Athletic programs?	5g		X
_	Other extracurricular activities?	<u>5g</u>		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	<u> </u>		-23
	The your answersed Tree to any or the above, picase explain the your need space, also hare the			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		ΙĀ
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
	For December 19 Add Notice of the Language Control of the Control	00 00	10 F71	(0044)

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

Schedule E (Form 990 or 990-EZ) (2011)

		GELSEY	KIRKLAND	ACADEMY	OF	CLASSICAL	•	•
Schedule E	(Form 990 or 990-EZ) (201						27-1623781	Page 2
Part II	Supplemental Info	rmation. Con	nolete this part to	nrovide the expl	anatio	ns required by Part I	lines 3, 4d, 5h, 6h, and 7	<u> </u>
L <u>'</u>	as applicable Also comp	lete this part to	provide any other	additional infor	mation	i	lines 3, 4d, 5h, 6b, and 7,	
	·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
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			.				11. F/F 200 200 =	
132062 01-23	-12			25		Sche	dule E (Form 990 or 990-E	.Z) (2011)

SCHEDULE 1 (Form 990)			Grants and	Other Assistance	Grants and Other Assistance to Organizations,			OMB No 1545-0047	}
			Governments	s, and Individuals	Governments, and Individuals in the United States	tes		1107	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" to For ➤ Attach to Form 990.	' to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection	•
Name of the organization	on GELSEY KIRKLAND BALLET, INC.	1	ACADEMY OF CL.	CLASSICAL	:	:	ш	Employer identification number 27-1623781	a _
Part I General In	Ĕ	sistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selection	[
criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	? es for monito	the use of grant f	of grant funds in the United States	States			Yes X No	9
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ments and	Organizations in the	United States. C	omplete if the orga	Inization answered "\	res" to Form 990, Part IV	/, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Check this	box if no one recipien	t received more th	an \$5,000 Part II	can be duplicated if	Part II can be duplicated if additional space is needed	♠ pe	
1 (a) Name and ac or gov	1 (a) Name and address of organization (to or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									1
									1
									1
									1
									1
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ernment org	anizations listed in the	e line 1 table					
٦,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instruction	ons for Form 990.					Schedule I (Form 990) (2011)	15

GELSEY KIRKLAND ACADEMY OF CLASSICAL BALLET,

Schedule I (Form 990) (2011)

Part III

Page 2

27-1623781

(f) Description of non-cash assistance · (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information O. FMV (d) Amount of non-cash assistance 151,200 (c) Amount of cash grant (b) Number of recipients 20 (a) Type of grant or assistance SCHOLARSHIPS Part IV

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

"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.

Inspection

Schedule L (Form 990 or 990-EZ) 2011

Name of the organization	0.22			D ACAI	DEMY OF	CLASSI	LCAL					ication n	umber
Part I Excess E				tion 501(c)(3) and section	1 501(c)(4) org	ganızatıoı	ns only)	l -	<u>, / - 1 0</u>	14370	<u>, T</u>	
Complete r	f the organ	nzation ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or 25	b, or For	n 990-E	Z, Part	V, line 40)b	т	
1 (a) Name of disqualified person (b) Description of transaction (c) Cor Yes													
· · ·												Yes	No
Part I Excess Benefit Transactions (section 501(c)(Complete if the organization answered "Yes" on Form: 1 (a) Name of disqualified person 2 Enter the amount of tax imposed on the organization managers section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form: (a) Name of interested person and purpose (b) Loan to or from the organization? and MICHAEL CHERNOV - X 7 MICHAEL CHERNOV - X 7 MICHAEL CHERNOV - X 7 Total Part III Grants or Assistance Benefiting Interested Complete if the organization answered "Yes" on Form:													
	molete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Description of transaction (c) Corrected Yes No (a) Name of disqualified person (b) Description of transaction (c) Corrected Yes No (c) Corrected Yes No (d) Description of transaction (e) Indiana Ind												
				- 			acor 25b, or Form 990-EZ, Part V, line 40b b) Description of transaction Colorrected? Yes No						
	-		·									(c) Corrected? Yes No (g) Written agreement? Yes No X	
2 Enter the amount o	f tay impos	sed on the c	raanizatio	n manager	s or disquialifi	ad pareone di	uring the	vear un	dor				
	· tax impo	300 011 1110 0	n garnzane	ar manager	o or disquaini	ou persons u	aring the	year um	J ¢(> \$			
3 Enter the amount o	f tax, if any	y, on line 2,	above, rei	mbursed by	the organiza	tion							
Dort II Loone to		Fuere led		Davasa									
						lma 06 Far	· 000 F	7 0	. l 00)_			
										(f) App	oroved	(a) W	ritten
person and purpo	ose			ar ar	nount	(d) Balano				comm	ard or uttee?		
			From					Yes		Yes		Yes	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or 25b, or Form 990-EZ, Part V, line 25a or Form 990-EZ, Part V, line 25a or Form 990-EZ, Part V, line 25a or Form 990-EZ, Part V, line 26a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line 27a or Form 990-EZ, Part V, line	X		X	<u> </u>	<u> </u>								
		t Transactions (section 501(c)(3) and section 501(c)(4) organizations only) anization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [c] Correct Yes [d] Description of transaction [d] Description of transaction [e] Correct Yes [e] C											
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

GELSEY KIRKLAND ACADEMY OF CLASSICAL BALLET, INC.

Employer identification number 27-1623781

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR GIFTED STUDENTS AND BY ESTABLISHING A CLASSICALLY-ORIENTED STUDIO
COMPANY CAPABLE OF CREATING NEW DRAMATIC WORKS.
FORM 990, PART VI, SECTION A, LINE 8B: THERE WERE NO COMMITTEES FORMED YET
AS OF 12/31/2011.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS
DISTRIBUTED TO THE GOVERNING BOARD FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBER ALAN SWIEDLER
MONITORS POLICIES AND GIVES DIRECTIVES TO THE CO-ARTISTIC DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

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FORM

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	Asset No	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868**

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

nternal Rever	nue Service File a Ser	parate app	ilcation for each return.			· · · · · · · · · · · · · · · · · · ·	
-	re filing for an Automatic 3-Month Extension, comple	-				. ▶	X
If you a	re filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II (on page 2 of	this form).	•		
Do not co	mplete Part II unless you have aiready been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868		
Electronic	filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6 months fo	r a corpo	ration
equired to	o file Form 990-T), or an additional (not automatic) 3-mi	onth extens	sion of time. You can electronically f	ile Form 8	868 to reque	est an ex	tension
f time to	file any of the forms listed in Part I or Part II with the ex	xception of	Form 8870, Information Return for	Transfers .	Associated \	With Cerl	ain
ersonal E	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details	on the elec	ctronic filing	of this fo	rm,
ısıt <u>www.</u> Part I	irs.gov/efile and click on e-file for Chanties & Nonprofite Automatic 3-Month Extension of Tim		submit original Ino conies ne	eded)			
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art I only	tion required to file Form 990-T and requesting an auto	mauc o-mo	onth extension - check this box and	complete		_	\Box
•		C ·		et an ovtor	Islan of tima		LJ
	me tax returns	viios, and t	rusts must use i omi 1004 to reques	ot an exter	ision or unic		
		uotione		Employe	r identification	on numbe	er (EIM) or
ype or	Name of exempt organization or other filer, see instr GELSEY KIRKLAND ACADEMY OF		CTCAT.	Linbioye	i identinicati	JII HUMBI	51 (E114) OI
print		CDMO	SICAL	\mathbf{x}	27-16	2279	1
ile by the	BALLET, INC.						
lue date for ling your	Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	cunty numb	er (22IV)	
eturn See	355 BROADWAY, 2ND FLOOR						
nstructions	City, town or post office, state, and ZIP code. For a	toreign add	iress, see instructions				
	NEW YORK, NY 10013						
							01
nter the	Return code for the return that this application is for (fi	le a separa	te application for each return)				0 1
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pplication	on	Return	Application				Return
s For		Code	Is For			-	Code
orm 990		01	Form 990-T (corporation)				07
orm 990-	BL	02	Form 1041-A				08
orm 990	EZ	01	Form 4720				09
orm 990	PF	04	Form 5227				10
orm 990	T (sec 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-	T (trust other than above)	06	Form 8870				12
	THE ORGANIZATI	ON					
The bo	oks are in the care of 355 BROADWAY,	2ND F	<u>LOOR - NEW YORK, N</u>	<u>Y 100</u>	<u> 13</u>		
Teleph	one No ▶ <u>(212)600-0047</u>		FAX No 🕨				
If the o	rganization does not have an office or place of busines	ss in the Ur	nited States, check this box			>	
	s for a Group Return, enter the organization's four digit						
oox 🕨 🛚	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the exte	nsion is	for
1 I red	quest an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time	until			
	AUGUST 15, 2012 , to file the exem	pt organiza	tion return for the organization name	ed above.	The extensi	on	
ıs fo	or the organization's return for.						
▶[X calendar year 2011 or						
▶[tax year beginning	, an	d ending				
			-				
2 If th	e tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	ח		
	Change in accounting period						
		, ,					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069 e	nter the tentative tax less any	T			
	refundable credits. See instructions	, 01 0003, 6	The the terrative tax, less any	За	\$		0.
	is application is for Form 990-PF, 990-T, 4720, or 6069		refundable gradite and		_ -		
	• •	•		24	,		0.
	mated tax payments made Include any prior year over			3b	\$		<u> </u>
	ance due. Subtract line 3b from line 3a Include your p	-		_			0
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$		0.
_	If you are going to make an electronic fund withdrawal			orm 8879-			
HA F	or Privacy Act and Paperwork Reduction Act Notice	, see Instr	uctions.		Form (3868 (Re	v. 1-2012)
23841							
4 04 40							