

# 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)

## 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the 2008 calendar year, or tax year beginning <b>07/01, 2008</b> , and ending <b>06/30, 20 09</b>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;">           Please use IRS label or print or type. See Specific Instructions.         </td> <td style="width: 60%;"> <b>C</b> Name of organization <b>BOSTON BALLET INC</b>            Doing Business As            Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>19 CLARENDON STREET</b>            City or town, state or country, and ZIP + 4  <b>BOSTON, MA 02116</b> </td> <td style="width: 25%;"> <b>D</b> Employer identification number  <b>04 : 2312734</b>  <b>E</b> Telephone number            ( <b>617</b> ) <b>695-6950</b>  <b>G</b> Gross receipts \$ <b>27,181,530</b> </td> </tr> <tr> <td colspan="2"> <b>F</b> Name and address of principal officer: <b>Boston Ballet Inc</b>  <b>19 Clarendon Street, Boston, MA 02116</b> </td> <td> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶         </td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> <td></td> </tr> <tr> <td colspan="2"> <b>J</b> Website: ▶ <b>www.bostonballet.org</b> </td> <td></td> </tr> <tr> <td colspan="2"> <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> <td> <b>L</b> Year of formation: <b>1963</b> <b>M</b> State of legal domicile: <b>MA</b> </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>BOSTON BALLET INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>19 CLARENDON STREET</b> City or town, state or country, and ZIP + 4 <b>BOSTON, MA 02116</b>	<b>D</b> Employer identification number <b>04 : 2312734</b> <b>E</b> Telephone number ( <b>617</b> ) <b>695-6950</b> <b>G</b> Gross receipts \$ <b>27,181,530</b>	<b>F</b> Name and address of principal officer: <b>Boston Ballet Inc</b> <b>19 Clarendon Street, Boston, MA 02116</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <b>www.bostonballet.org</b>			<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1963</b> <b>M</b> State of legal domicile: <b>MA</b>
Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>BOSTON BALLET INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>19 CLARENDON STREET</b> City or town, state or country, and ZIP + 4 <b>BOSTON, MA 02116</b>	<b>D</b> Employer identification number <b>04 : 2312734</b> <b>E</b> Telephone number ( <b>617</b> ) <b>695-6950</b> <b>G</b> Gross receipts \$ <b>27,181,530</b>														
<b>F</b> Name and address of principal officer: <b>Boston Ballet Inc</b> <b>19 Clarendon Street, Boston, MA 02116</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶														
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>J</b> Website: ▶ <b>www.bostonballet.org</b>																
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1963</b> <b>M</b> State of legal domicile: <b>MA</b>														

### Part I Summary

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To sponsor and manage a professional dance company, for the cultural, educational and charitable benefit of all. Further, to establish and maintain quality educational programs to teach fundamentals, promote artistic growth and expand educational opportunities for students at all levels.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>33</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>33</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>		<b>612</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>183</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>		<b>0</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	Prior Year	Current Year
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>11,018,930</b>	<b>8,242,341</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>15,566,431</b>	<b>14,512,665</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>436,086</b>	<b>-347,022</b>
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>1,082,204</b>	<b>272,437</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>	<b>28,103,651</b>	<b>22,680,421</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0</b>	<b>0</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	<b>0</b>	<b>0</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>13,211,597</b>	<b>14,125,168</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,341,976</b>	<b>b</b>	<b>0</b>	<b>151,523</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>17</b>	<b>11,759,156</b>	<b>11,528,966</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>24,970,753</b>	<b>25,805,657</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>3,132,898</b>	<b>-3,125,236</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	Beginning of Year	End of Year
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>23,244,266</b>	<b>17,397,431</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>9,610,206</b>	<b>7,708,949</b>
<b>22</b>		<b>22</b>	<b>13,634,060</b>	<b>9,688,482</b>

### Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer _____ <b>Michell O'Hearn, Interim Director of Finance</b> Type or print name and title	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____ EIN ▶ _____ Phone no. ▶ ( ) _____

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:  
**To sponsor and manage a professional dance company, for the cultural, educational and charitable benefit of all. Further, to establish and maintain quality educational programs to teach fundamentals, promote artistic growth and expand educational opportunities for students at all levels.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**See Statement 1**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ **0** including grants of \$ **0**) (Revenue \$ **0**)

**4e Total program service expenses** ▶ \$ **20,189,779** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Part II.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		✓
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b> 76		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	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 . . . . .		
	<b>2a</b> 612		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		✓
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		✓
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<p>For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</p>			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>33</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>33</b>
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	<input checked="" type="checkbox"/>
<b>11</b>	Is there any officer, director or 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 . . . . .	<b>11</b>	<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions)	<b>15b</b>	<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT, MA, ME, NH, NY, RI** . . . . .
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ See Statement 2** . . . . .







<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	688,523				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b> Government grants (contributions).	<b>1e</b>	95,500				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,458,318				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		0				
	<b>h Total.</b> Add lines 1a-1f . . . . .		8,242,341				
	<b>Program Service Revenue</b>	<b>2a</b> Performance					
<b>b</b> School		711120	5,606,110	5,606,110	0	0	
<b>c</b> Touring Revenue		711120	204,577	204,577	0	0	
<b>d</b> Special Purpose		711120	16,377	16,377	0	0	
<b>e</b> . . . . .							
<b>f</b> All other program service revenue . . . . .			0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .			14,512,665				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			192,845	192,845	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .		0	0		
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		3,497,398	0		
		<b>c</b> Gain or (loss) . . . . .		4,037,265	0		
		<b>d</b> Net gain or (loss) . . . . .		-539,867	0	-539,867	0
	<b>8a</b> Gross income from fundraising events (not including \$ 688,523 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .		0	340,262		
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-340,262	-340,262	0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses. . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		291,754				
	<b>b</b> Less: cost of goods sold . . . . .		123,582				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		168,172	168,172	0	0	
Miscellaneous Revenue		Business Code					
<b>11a</b> Costume Rental			711120	245,929	245,929	0	0
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> All other revenue . . . . .			198,598	198,598	0	0
	<b>e Total.</b> Add lines 11a-11d . . . . .			444,527			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			22,680,421	14,438,080	0	0	

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,121,692	479,115	417,577	225,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	10,655,465	9,342,305	670,016	643,144
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	132,001	132,001		
9 Other employee benefits	1,014,953	897,664	82,828	34,461
10 Payroll taxes	1,201,057	981,106	140,243	79,708
11 Fees for services (non-employees):				
a Management				
b Legal	47,070	1,835	45,235	
c Accounting	45,500		45,500	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	151,523			151,523
f Investment management fees				
g Other	531,063	246,743	230,530	53,790
12 Advertising and promotion	1,480,344	1,480,122		222
13 Office expenses	183,643	76,530	88,082	19,031
14 Information technology				
15 Royalties				
16 Occupancy	1,972,243	1,440,691	531,552	
17 Travel	254,345	242,214	7,252	4,879
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,573	20,046	24,944	25,583
20 Interest	241,963	96,975	144,988	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	878,018	523,135	354,883	
23 Insurance	463,500	365,966	97,534	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Equipment Rental and Maintenance</b>	187,738	7,682	180,056	
b <b>Printing and Publications</b>	356,915	322,133	11,838	22,944
c <b>Bank Charges</b>	390,743	372,657	4,631	13,455
d <b>Bad Debt</b>	1,187,611	1,775	1,185,836	
e <b>Other Production Expenses</b>	3,237,697	3,159,084	10,377	68,236
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	25,805,657	20,189,779	4,273,902	1,341,976
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	418,852	<b>1</b>	313,572
	<b>2</b> Savings and temporary cash investments . . . . .	2,465,047	<b>2</b>	1,060,916
	<b>3</b> Pledges and grants receivable, net . . . . .	5,470,638	<b>3</b>	2,494,870
	<b>4</b> Accounts receivable, net . . . . .	26,059	<b>4</b>	22,942
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	94,925	<b>8</b>	87,659
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,222,054	<b>9</b>	697,610
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	16,400,369		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b 10,781,974		
		5,995,775	<b>10c</b>	5,618,395
	<b>11</b> Investments—publicly traded securities . . . . .	7,550,916	<b>11</b>	7,101,467
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	23,244,266	<b>16</b>	17,397,431	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,794,119	<b>17</b>	1,186,934
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	5,068,840	<b>19</b>	4,644,797
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,747,247	<b>23</b>	1,327,218
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	550,000
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,610,206	<b>26</b>	7,708,949
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-225,912	<b>27</b>	-1,948,786
	<b>28</b> Temporarily restricted net assets . . . . .	5,502,572	<b>28</b>	3,778,991
	<b>29</b> Permanently restricted net assets . . . . .	8,357,400	<b>29</b>	7,858,277
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	13,634,060	<b>33</b>	9,688,482	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	23,244,266	<b>34</b>	17,397,431	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8,782,152	7,247,527	8,314,453	12,221,064	8,242,341	44,807,537
<b>2</b> 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 . . . . .	10,783,816	14,224,260	14,152,768	15,891,279	15,125,363	70,177,486
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>6 Total.</b> Add lines 1-5 . . . . .	19,565,968	21,471,787	22,467,221	28,112,343	23,367,704	114,985,023
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						114,985,023

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	19,565,968	21,471,787	22,467,221	28,112,343	23,367,704	114,985,023
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	206,218	112,222	521,382	219,750	77,206	1,136,778
<b>c</b> Add lines 10a and 10b . . . . .	206,218	112,222	521,382	219,750	77,206	1,136,778
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	521,774	627,849	195,294	97,878	0	1,442,795
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						117,564,596

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	<b>97.81</b> %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	<b>82</b> %

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	<b>0.97</b> %
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	<b>1</b> %

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

BOSTON BALLET INC

Employer identification number

04 2312734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors... Yes No, 6 Did the organization inform all grantees, donors, and donor advisors... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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, violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following 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 financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	7,170,271				
<b>b</b> Contributions	736,810				
<b>c</b> Investment earnings or losses	-1,075,569				
<b>d</b> Grants or scholarships	0				
<b>e</b> Other expenditures for facilities and programs	0				
<b>f</b> Administrative expenses	62,661				
<b>g</b> End of year balance	6,768,851				

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 0%
- b** Permanent endowment ▶ 98%
- c** Term endowment ▶ 2%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	7,769,718	0	3,818,927	3,950,791
<b>c</b> Leasehold improvements	2,607,311	0	2,089,702	517,609
<b>d</b> Equipment	1,487,776	0	1,176,360	311,416
<b>e</b> Other	4,535,564	0	3,696,985	838,579
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,618,395



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	<b>22,680,421</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	<b>25,805,657</b>
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	<b>-3,125,236</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	<b>-820,342</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>	<b>0</b>
<b>6</b>	Investment expenses	<b>6</b>	<b>0</b>
<b>7</b>	Prior period adjustments	<b>7</b>	<b>0</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	<b>0</b>
<b>9</b>	Total adjustments (net). Add lines 4–8	<b>9</b>	<b>-820,342</b>
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	<b>-3,945,578</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>21,860,079</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>-820,342</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>0</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>-820,342</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>22,680,421</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	<b>0</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>0</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	<b>22,680,421</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>25,805,657</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>0</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	<b>0</b>
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>25,805,657</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	<b>0</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>0</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	<b>25,805,657</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

-----

**See Statement 5**

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>Spring Ball</b> (event type)	<b>Special Event</b> (event type)	<b>0</b> (total number)	(Add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>659,872</b>	<b>28,651</b>		<b>688,523</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	<b>659,872</b>	<b>28,651</b>		<b>688,523</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>5</b> Non-cash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>7</b> Other direct expenses . . . . .	<b>318,967</b>	<b>21,295</b>		<b>340,262</b>
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				<b>( 340,262 )</b>
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				<b>348,261</b>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ .....			
	Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b>	If "Yes," enter name and address:			
	Name ▶ .....			
	Address ▶ .....			
<b>16</b>	Gaming manager information:			
	Name ▶ .....			
	Gaming manager compensation ▶ \$ .....			
	Description of services provided ▶ .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**BOSTON BALLET INC**

Employer identification number  
**04 2312734**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Any related organization? . . . . . If "Yes" to line 5a or 5b, describe in Part III.		<input checked="" type="checkbox"/>
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Any related organization? . . . . . If "Yes" to line 6a or 6b, describe in Part III.		<input checked="" type="checkbox"/>
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .		<input checked="" type="checkbox"/>



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 8	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

<b>Name of the organization</b> <b>BOSTON BALLET INC</b>	<b>Employer identification number</b> <b>04   2312734</b>
---	--

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
See Statement 10										
<b>Total</b>				▶ \$	<b>17,333</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No



Name of the organization

**BOSTON BALLET INC**

Employer identification number

**04 | 2312734**

Area with horizontal dashed lines for supplemental information.

**Statement 1 : Program Service Accomplishments**

**Statement 2 : The Books Are In Care Of**

**Statement 3 : Form990 PartVII SectionA**

**Statement 4 : Contractor Compensation**

**Statement 5 : Schedule D - Supplemental Information**

**Statement 6 : Fundraiser Activity Information**

**Statement 7 : Licensed States**

**Statement 8 : Description of Individuals' Compensation**

**Statement 9 : Explanation of Questions Regarding Compensation**

**Statement 10 : Description of Loans to and/or From Interested Persons**

**Statement 11 : Additional Information for Responses to Specific Questions for The Form 990 or Others**

Statement 1

BOSTON BALLET INC

Form: 990

04-2312734

Page: 2

Line Number: Part III Line 4a

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Dance Instruction: Students ages 2 years to adult enrolled in a variety of dance and enrichment classes through the Boston Ballet Center for Dance Education. Over 8,500 students of all ages participated in CDE programs this past year: 850 in the Childrens Program (ages 2-7), 540 in the Classical Ballet Program and 100 in the Pre-Professional program. The summer programs reached over 950 students and approximately 375 adults participate each week in adult Open classes and enrolled Introductory workshops. The Centers outreach projects reached over 6000 students. (8500 Students)	\$5,096,212		\$0
	Ballet Programs: The company performed 6 productions: Cinderella, Black and White, Jewels, Sleeping Beauty, Ballet Russes and Nutcracker. The season opened on October, 2008 and closed in May 2009 with 80 performances and serving an audience of over 143,000.	\$15,093,567	\$0	\$0
<b>Total:</b>		<b>\$20,189,779</b>	<b>\$0</b>	<b>\$0</b>

**Statement 2**

Form: 990

Page: 6

Line Number: Part VI Section C Line 20

**BOSTON BALLET INC**

**04-2312734**

---

**The Books Are In Care Of**

---

**Name and address:**

**Telephone Number**

Michelle O'Hearn  
19 Clarendon Street  
Boston, MA 02116

---

(617)456-6259



Statement 3

BOSTON BALLET INC

Form: 990

04-2312734

Page: 7

Line Number: Part VII Section A

Form990 PartVII SectionA

Name	Title	Hours	C1	C2	C3	C4	C5	C6	Reportable Comp From Organization	Reportable Comp From Related Orgs	Other Compensation
Lyle J Micheli MD	Trustees	0.00	Yes						\$0	\$0	\$0
Brian M Kinney	Trustee	0.00	Yes						\$0	\$0	\$0
Mark W Blodgett	Trustees	0.00	Yes						\$0	\$0	\$0
Timothy Diggins	Trustees	0.00	Yes						\$0	\$0	\$0
Charles Dougherty	Trustees	0.00	Yes						\$0	\$0	\$0
Tremania Henderson	Trustees	0.00	Yes						\$0	\$0	\$0
Marjie Kargman	Trustees	0.00	Yes						\$0	\$0	\$0
Eleanor Pao	Trustees	0.00	Yes						\$0	\$0	\$0
Melinda Rabb	Trustees	0.00	Yes						\$0	\$0	\$0
Janet T Tobin	Trustees	0.00	Yes						\$0	\$0	\$0
Margaret B Ruttenberg	Trustee	0.00	Yes						\$0	\$0	\$0
Charles L Cooney	Trustees	0.00	Yes						\$0	\$0	\$0
Stewart F Grossman	Trustees	0.00	Yes						\$0	\$0	\$0
Anne Hanford	Trustees	0.00	Yes						\$0	\$0	\$0
Stephen P Jonas	Trustees	0.00	Yes						\$0	\$0	\$0
Brigitte Moufflet	Trustees	0.00	Yes						\$0	\$0	\$0
Stephen M Weiner	Trustees	0.00	Yes						\$0	\$0	\$0
Lisa Blumenthal	Trustees	0.00	Yes						\$0	\$0	\$0
Nina Fialkow	Trustees	0.00	Yes						\$0	\$0	\$0
Pamela Humphrey	Trustees	0.00	Yes						\$0	\$0	\$0
Audrey Epstein Reny	Trustees	0.00	Yes						\$0	\$0	\$0
Darlene Martin	Trustees	0.00	Yes						\$0	\$0	\$0
Kenneth T Schiciano	Trustees	0.00	Yes						\$0	\$0	\$0
Robert M Boyda	Trustee	0.00	Yes						\$0	\$0	\$0
Lawrence H Curtis	Trustee	0.00	Yes						\$0	\$0	\$0
Ruth Littlechild	Trustee	0.00	Yes						\$0	\$0	\$0
Joseph C McNay	Trustee	0.00	Yes						\$0	\$0	\$0
Marie L Schwartz	Trustee	0.00	Yes						\$0	\$0	\$0
Kristine L Scoon	Trustee	0.00	Yes						\$0	\$0	\$0
Martina Flynn	Trustee	0.00	Yes						\$0	\$0	\$0

**Statement 3**

**BOSTON BALLET INC**

Jack R Meyer	Chair	0.00	Yes			\$0	\$0	\$0
Pamela D Gormley	Vice Chair, Internal Operations	0.00	Yes			\$0	\$0	\$0
Eve S Rounds	Vice Chair, External Operations	0	Yes			\$0	\$0	\$0
Mikko P Nissinen	Artistic Director/Co-CEO	50	Yes	Yes	Yes	\$308,636	\$0	\$15,955
Belinda Herrera Termeer	Secretary	0.00	Yes			\$0	\$0	\$0
Barry Hughson	Executive Director	50		Yes		\$0	\$0	\$0
Bruce Bernier	CFO	40		Yes	Yes	\$146,489	\$0	\$10,021
Steven Solomon	Director of Development	50			Yes	\$163,746	\$0	\$7,290
David Tompkins	General Manager	40			Yes	\$144,762	\$0	\$1,187
Trinidad Vives	Assistant Artistic Director	50			Yes	\$125,240	\$0	\$6,924
Elizabeth Benjes	Dir of Dance Educ	40			Yes	\$160,872	\$0	\$5,282
Jonathan McPhee	Music Director	40			Yes	\$153,719	\$0	\$8,775
Sharon Rice	Director of Marketing & Communications	40			Yes	\$107,395	\$0	\$3,166
Valerie Wilder Perry	Former Executive Director	50			Yes	\$274,582	\$0	\$3,361
<b>Total:</b>						<b>\$1,585,441</b>	<b>\$0</b>	<b>\$61,961</b>

C1 = Individual Trustee Or Director

C2 = Institutional Trustee

C3 = Officer

C4 = Key Employee

C5 = Highest Compensated Employee

C6 = Former

**Statement 4**

Form: 990

Page: 8

Line Number: Part VII Section B

**BOSTON BALLET INC****04-2312734****Contractor Compensation**

<b>Name and address:</b>	<b>Description Of Services</b>	<b>Compensation</b>
Interactive Media Associates Inc 1719 Route 10 Suite 230 Parsippany, NJ 07054	Web Design	\$271,387
SDA Telemarketing Services 101 Continental Blvd El Segundo, CA 90245	Telemarketing	\$234,908
Blue Outdoor LLC 341 E 62nd St PH New York, NY 10065	Marketing	\$197,000
Fulfillment Express Inc 265 Bear Hill Road Waltham, MA 02451	Marketing	\$184,995
Boston Globe PO Box 415071 Boston, MA 02241	Advertising	\$180,491
<b>Total:</b>		<b>\$1,068,781</b>

Statement 5

Form: Schedule D

Page: 4

Line Number: Part XIV

BOSTON BALLET INC

04-2312734

Schedule D - Supplemental Information

Reference	Explanation
Schedule D, Part V, Line 4	The Ballet's endowment consists of approximately ten individual funds established to provide for long-term support of the Organization.
Schedule D, Part X	The uncertainties of any tax positions were accounted for under the guidance in Statement of Accounting Standards 5, Accounting for Contingencies. Under this approach, disclosure is not required of a loss contingency involving an unasserted claim or assessment unless it is considered probable that a claim will be asserted and there is a reasonable possibility that the outcome will be unfavorable. In June 2006, the Financial Accounting Standards Board (FASB) released FASB Interpretation No. 48 (FIN 48), Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement 109. FIN 48 provides guidance for how uncertain tax positions should be recognized, measured, presented and disclosed in the financial statements. FIN 48 requires the evaluation of tax positions taken in the course of preparing the Ballet's tax returns to determine whether tax positions are "more-likely than-not" of being sustained by the applicable tax authority. On December 30, 2008, the FASB Staff issued FASB Staff Position (FSP) FIN 48-3, Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises, which defers the adoption of the provisions of FIN 48 for the Ballet until fiscal 2010. At this time, the Ballet's management is evaluating the implications of FIN 48.

**Statement 6**

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

**BOSTON BALLET INC**

**04-2312734**

**Fundraiser Activity Information**

<b>Name</b>	<b>Activity</b>	<b>C1</b>	<b>Gross Receipts</b>	<b>Amount Or Retained By Contractor</b>	<b>Net To Organization</b>
SD & A	Professional fundraising	No	\$305,203	\$258,027	\$47,176
<b>Total:</b>			<b>\$305,203</b>	<b>\$258,027</b>	<b>\$47,176</b>

C1 = Fundraiser control of funds?

**Statement 7**

Form: Schedule G

Page: 1

Line Number: Part I Line 3

**BOSTON BALLET INC**

**04-2312734**

---

**Licensed States**

---

**States**

---

CT

MA

ME

NH

NY

RI

Description of Individuals' Compensation

	Base compensation (\$)	Bonus and incentive compensation (\$)	Other compensation (\$)	Deferred compensation (\$)	Nontaxable benefits (\$)	Total Comp reported prior 990	
<b>Mikko P Nissinen</b>							
From org.	\$283,636	\$25,000	\$0	\$10,000	\$5,955	\$324,591	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Elizabeth Benjes</b>							
From org.	\$160,872	\$0	\$0	\$0	\$5,282	\$166,154	
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Jonathan McPhee</b>							
From org.	\$153,719	\$0	\$0	\$0	\$8,775	\$162,494	
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Bruce Bernier</b>							
From org.	\$146,489	\$0	\$0	\$0	\$10,021	\$156,510	
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Valerie Wilder Perry</b>							
From org.	\$274,582	\$0	\$0	\$2,115	\$1,246	\$277,943	\$0
From related orgs	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Statement 9**

Form: Schedule J

Page: 3

Line Number: Part III

**BOSTON BALLET INC**

**04-2312734**

**Explanation of Questions Regarding Compensation**

<b>Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a	First class or charter travel provided to Executive Directors of the Organization per contractual agreements and not included as taxable compensation to such individuals.
Schedule J, Part I, Line 4	Steven Soloman \$45,000, Sharon Rice \$45,000, Valerie Wilder Perry \$206,280



Statement 10

Form: Schedule L

Page: 1

Line Number: Part II

BOSTON BALLET INC

04-2312734

Description of Loans to and/or From Interested Persons

Name and purpose	Loan to	Loan from	Default	Approved	Written	Original principal amount	Balance due
Barry Hughson Relocation		Yes	No	Yes	Yes	\$20,000	\$17,333

**Total:** **\$17,333**

Loan to = Loan to organization?

Loan from = Loan from organization?

Approved = Approved by board?

Written = Written agreement?

**Statement 11**

Form: Schedule O

Page: 1

Line Number: ScheduleO

**BOSTON BALLET INC**

**04-2312734**

**Additional Information for Responses to Specific Questions for The Form 990 or Others**

<b>Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, Line 10	The Form 990 and required schedules has been reviewed by the Executive Director and Interim Director of Finance prior to its filing with the IRS.
Form 990, Part VI, Section B, Line 12c	The Organization regularly monitors and enforces compliance with the conflict of interest policy through renewal of contracts.
Form 990, Part VI, Section B, Line 15	Compensation for Executive/Artistic Director positions are reviewed and approved by the board of directors. This process was last undertaken during 2009.
Form 990, Part VI, Section C, Line 19	Providing copies on request.