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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable: <input checked="" 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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> VELOCITY DANCE CENTER		<b>D Employer identification number</b> 91-2030037
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1621 12TH AVENUE 100		<b>E Telephone number</b> (206) 325-8773
		City or town, state or country, and ZIP + 4 SEATTLE, WA 98122		<b>F Group Exemption Number</b> . . . ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>G Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

**I Website:** ▶ WWW.VELOCITYDANCECENTER.ORG

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

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** . . . ▶ \$ 424,702.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	331,588.
	2	Program service revenue including government fees and contracts . . . . .	2	85,665.
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	84.
	5a	Gross amount from sale of assets other than inventory . . . . .	5c	
	5b	Less cost or other basis and sales expenses . . . . .		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 27,279. of contributions reported on line 1) . . . . .	6a	6,349.
6b	Less direct expenses other than fundraising expenses . . . . .	6b	9,821.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a), . . . . .	6c	-3,472.	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
7b	Less cost of goods sold . . . . .	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ ATCH 4 ) . . . . .	8	1,016.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	414,881.	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>SEE ATTACHMENT A</b> . . . . .	10	10,125.
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	114,625.
	13	Professional fees and other payments to independent contractors . . . . .	13	12,986.
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	62,901.
	15	Printing, publications, postage, and shipping . . . . .	15	3,725.
	16	Other expenses (describe ▶ ATCH 5 ) . . . . .	16	39,430.
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	243,792.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	171,089.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	107,654.
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	278,743.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . . ATCH 6	42,379.	77,418.
23	Land and buildings . . . . .	32,341.	152,868.
24	Other assets (describe ▶ ATCH 7 ) . . . . .	43,934.	53,230.
25	<b>Total assets</b> . . . . .	118,654.	283,516.
26	<b>Total liabilities</b> (describe ▶ ATCH 8 ) . . . . .	11,000.	4,773.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	107,654.	278,743.

SCANNED DEC 23 2010



Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	List the states with which a copy of this return is filed. ▶ WA,		
42a	The organization's books are in care of ▶ FREYA WORMUS Telephone no ▶ 206-325-8773 Located at ▶ 1621 12TH AVENUE, SUITE #100 SEATTLE, WA ZIP + 4 ▶ 98122		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country.▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48 X
- 49b If "Yes," was the related organization a section 527 organization? 49a X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
ATTACHMENT 11		135,256.

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer  14 Nov 10  
 Date

Ahsan Kabir, Board President  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature Date NOV 12 2010  
 Check if self-employed  Preparer's identifying number (See instructions) P00292832

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN 91-1501421  
 BADER MARTIN, P.S. 1000 SECOND AVENUE, 34TH FLOOR SEATTLE, WA Phone no 206-621-1900

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



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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	87,040.	111,757	157,748.	130,121.	331,588	818,254.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	177,515	182,013.	226,117	174,970	92,014.	852,629
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	264,555	293,770	383,865	305,091	423,602.	1,670,883.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	6,787	9,357.	8,305	9,067.	71,730.	105,246.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	4,912	4,150.	14,043	18,308.	2,721	44,134
c Add lines 7a and 7b. . . . .	11,699	13,507.	22,348	27,375	74,451	149,380
8 Public support (Subtract line 7c from line 6) . . . . .						1,521,503.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	264,555.	293,770.	383,865.	305,091	423,602.	1,670,883.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	22	51	161	283	84.	601
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	22.	51.	161	283	84.	601
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) <u>ATCH 1</u> . . . . .	3,498	3,191	4,509	2,530	1,016	14,744
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	268,075	297,012	388,535	307,904	424,702	1,686,228.
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. . . . . <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	90.23%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	93.35%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	.04%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.00%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization  X

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS REVENUE	3,498.	3,191.	4,509.	2,530.	1,016.	14,744.
TOTAL	<u>3,498</u>	<u>3,191</u>	<u>4,509</u>	<u>2,530</u>	<u>1,016</u>	<u>14,744</u>

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL FUNDRAISER	27,279.
TOTAL	<u>27,279.</u>

ATTACHMENT 3

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SPECIAL FUNDRAISER	6,349.	9,821.	-3,472.
TOTALS	<u>6,349.</u>	<u>9,821.</u>	<u>-3,472.</u>

FORM 990EZ, PART I - OTHER REVENUE

CONCESSIONS	998.
VIDEO/DVD/PHOTO INCOME	18.
TOTALS	<u>1,016.</u>

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,361.
DEPRECIATION	7,156.
PROGRAM EXPENSES	19,535.
ADMINISTRATIVE EXPENSES	10,940.
MOVING EXPENSES	438.
TOTAL	<u>39,430.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	11,011.	35,848.
SAVINGS	31,368.	41,570.
TOTALS	<u>42,379.</u>	<u>77,418.</u>

ATTACHMENT 7FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	2,314.	6,395.
PLEDGES RECEIVABLE	35.	22,000.
GRANTS RECEIVABLE	20,000.	0.
RENT DEPOSITS	21,585.	21,585.
PREPAID RENT	0.	3,250.
TOTALS	<u>43,934.</u>	<u>53,230.</u>

ATTACHMENT 8FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	2,131.	0.
MORTGAGES AND OTHER NOTES PAYABLE	12.	1,100.
RENT DEPOSITS	6,090.	0.
GIFT CERTIFICATES PAYABLE	2,661.	1,841.
PAYROLL LIABILITIES	106.	1,832.
TOTALS	<u>11,000.</u>	<u>4,773.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

VELOCITY DANCE CENTER IS A CENTER FOR SEATTLE'S PERFORMING ARTS COMMUNITY. THE ORGANIZATION PROVIDES CLEAN, ATTRACTIVE FACILITIES AND A CREATIVE ENVIRONMENT WHERE LOCAL ARTISTS CAN TEACH, REHEARSE, STUDY, AND PERFORM. LOCAL, NATIONAL, AND INTERNATIONAL ARTISTS ARE PRESENTED BY VELOCITY DANCE CENTER IN PERFORMANCES AFFORDABLE TO THE COMMUNITY.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MARI LONDON 1621 12TH AVENUE 100 SEATTLE, WA 98122	PAST PRESIDENT 2.00	0.	0.	0.
JEREMY STEWARD 1621 12TH AVENUE 100 SEATTLE, WA 98122	SECRETARY 2.00	0.	0.	0.
FUMI MURAKAMI 1621 12TH AVENUE 100 SEATTLE, WA 98122	TREASURER 2.00	0.	0.	0.
ISABELLE BOUANNA 1621 12TH AVENUE 100 SEATTLE, WA 98122	DIRECTOR 2.00	0.	0.	0.
AHSAN KABIR 1621 12TH AVENUE 100 SEATTLE, WA 98122	PRESIDENT 2.00	0.	0.	0.
KARA O'TOOLE (NON-VOTING) 1621 12TH AVENUE	EXECUTIVE DIRECTOR 40.00	43,327.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
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100  
SEATTLE, WA 98122

ELIZA LARSON  
1621 12TH AVENUE  
100  
SEATTLE, WA 98122

JOSH WINDSOR  
1621 12TH AVENUE  
100  
SEATTLE, WA 98122

LAURA HENDERSON  
1621 12TH AVENUE  
100  
SEATTLE, WA 98122

GRAND TOTALS

DIRECTOR 2.00 0. 0. 0.

DIRECTOR 2.00 0. 0. 0.

DIRECTOR 2.00 0. 0. 0.

43,327. 0. 0.

990EZ, PART VI- FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORSATTACHMENT 11

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
MODEL REMODEL LLC 103 NEWELL STREET SEATTLE, WA 98109	CONSTRUCTION	135,256.
	TOTAL COMPENSATION	<u>135,256.</u>

Depreciation and Amortization (Including Information on Listed Property)

2009

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return

Identifying number

VELOCITY DANCE CENTER

91-2030037

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 13 rows for Section 179 election. Columns include description, cost, elected cost, and various limitations. Line 13 total is 16,438.

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

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

Table with 3 rows for Special Depreciation Allowance. Line 16 total is 16,438.

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

Section A

Table with 2 rows for MACRS deductions. Line 17 total is 16,438.

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

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

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

Table with 5 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 22 total is 16,438.

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

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

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

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

Table with 11 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with 6 main columns for vehicles (a-f) and 6 rows (30-36) for mileage and availability questions.

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

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

Table with 2 columns (Yes/No) and 5 rows (37-41) for employer questions regarding vehicle use policies.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.







**Velocity Dance Center  
 Grants Paid Detail  
 January through December 2009**

<b>Name</b>	<b>EIN</b>	<b>Address</b>	<b>Memo</b>	<b>Amount</b>
The Philadelphia Dance Company	23-7161084	Exempt: 501(c)(3) 9 North Preston Street, Philadelphia, PA 19104	For Dance Tour	3,375
Southern Theater Foundation	41-1313132	Exempt: 501(c)(3) 1420 Washington Avenue South, Minneapolis, MN 55454	For Dance Tour	3,375
Oberlin Dance Collective	34-1191163	Exempt: 501(c)(3) 351 Shotwell Street, San Francisco, CA 94110	For Dance Tour	3,375
<b>Total</b>				<u>10,125</u>

**VELOCITY DANCE CENTER  
PROGRAM DESCRIPTIONS**

**2009 Expenses**

**Studio/Theater Operation & On-Going Classes**

\$71,030

Provide the only dance-exclusive venue in Seattle for dance artists to rehearse and self-present. Velocity rents studio and theater space to over 150 dance artists/year, including the majority of Seattle's leading contemporary choreographers. Velocity also offers over 1,500 classes/year taught by renowned local instructors, and attended by over 3,000 adult students.

**The Bridge Project**

\$7,661

Velocity commissions three choreographers to create a new work with a cast of local dancers in a three-week residency. The new works are presented to an audience of 300 on the final weekend of the project. Grant received for this program: Horizons Foundation \$2,000.

**SCUBA-National Touring Network for Dance**

\$19,691

A visionary Velocity program in partnership with The Southern Theater in Minneapolis, Philadelphia Dance Projects and ODC in San Francisco. The SCUBA program was initiated by Velocity in 2002 as a way for regional dance centers to bring attentions to the artists that emerge from their own vibrant dance communities, and to engage in exchange with other dance communities across country.

**TOTAL**

\$98,382

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization VELOCITY DANCE CENTER	Employer identification number 91-2030037
	Number, street, and room or suite no. If a P O box, see instructions 915 E PINE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SEATTLE, WA 98122	

### Check type of return to be filed (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ FREYA WORMUS

Telephone No ▶ 206 325-8773 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2009 or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of Exempt Organization: VELOCITY DANCE CENTER; Employer Identification number: 91-2030037; Address: 915 E PINE STREET, SEATTLE, WA 98122

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

Form 990, Form 990-PF, Form 990-BL, Form 990-T (sec 401(a) or 408(a) trust), Form 990-EZ, Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of FREYA WORMUS; Telephone No 206 325-8773; FAX No; If the organization does not have an office or place of business in the United States, check this box; If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an additional 3-month extension of time until 11/15/2010; For calendar year 2009, or other tax year beginning and ending; If this tax year is for less than 12 months, check reason; State in detail why you need the extension ALL THE INFORMATION NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE RETURN IS NOT CURRENTLY AVAILABLE, PRECLUDING THE FILING OF THE RETURN BY THE DUE DATE.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax, 0. 8b: refundable credits, 0. 8c: Balance Due, 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: BADER MARTIN, P.S.; Title: CPA; Date: 8/27/10

BADER MARTIN, P.S.
1000 SECOND AVENUE, 34TH FLOOR
SEATTLE, WA 98104-1022