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30050,10/02/2010 Pg 2

Form

SCANNED NOV 0 8 2016

Department of the Treasury Internal Revenue Service

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)

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

OMB No_1545-0047 2009 Open to Public Inspection

<u></u>	For the 200	9 calendar y	ear, or tax year beginning , and ending			
$\overline{}$	Check if applical	use IRS	C Name of organization SILENT DANCE CENTER		D Emplo	oyer identification number
二	Name change	label or print or	Doing Business As		99-	0171997
二	_	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
\equiv	Initial return	See Specific	2535 S. KING STREET			
\square	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	epts \$ 180,901
	Amended return	tions.	HONOLULU HI 96826			
	Application pen	_{ding} F Nam	e and address of principal officer			a group return for
					affiliate H(b) Are all include If "No,"	affiliates
	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		}	
<u>J</u>	Website:				H(c) Group	exemption number
	Type of organia			L Year of formation		M State of legal domicile
<u></u>	art I 1 Brief	Summa				
Activities & Governance	1	NSTRUCT	he organization's mission or most significant activities , GUIDANCE & EDUC-YOGA/TAI CHI/MEDITATION. If the organization discontinued its operations or disposed of more to	han 25% of its net assets	s	
න	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	6
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	6
ΞĘ	5 Tota	I number of	employees (Part V, line 2a)		5	0
Act			volunteers (estimate if necessary)		6	0
	7a Tota	I gross unre	ated business revenue from Part VIII GOUNT (\$):III po 12		7a	
	b Net	unrelated bu	siness taxable income from Form 990=7-line 34	Prior Yea	7b	Current Year
	8 Con	tabutione an	900	550		
īe	1		d grants (Part VIII, line 1h) \tilde{R} 0CT 2 5 2010 $\overset{\circ}{Q}$	17	6,584	179,357
Revenue	10 Inve	stment incor		1,326	222	
æ	11 Othe	er revenue (f	ne (Part VIII, column (A), lines 3, hand 70 11 11 11 11 11 11 11 11 11 11 11 11 11		222	772
		•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17	9,032	180,901
	1		ar amounts paid (Part IX, column (A), lines 1–3)			
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
Ś	15 Sala	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
benses	16a Prof	essional fun	draising fees (Part IX, column (A), line 11e)			
ğ	b Tota	ıl fundraısıng	expenses (Part IX, column (D), line 25) ▶			
Ä	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		3,651	187,157
	ì	•	Add lines 13–17 (must equal Part IX, column (A), line 25)		3,651	187,157
_		enue less ex	penses Subtract line 18 from line 12	Beginning of Cu	4,619	-6,256 End of Year
Net Assets or	20 Tota	ıl assets (Pa	rt X. line 16)		8,030	71,760
Ass	21 Tota	•	Part X, line 26)		,,,,,,	
ž	22 Net	•	nd balances Subtract line 21 from line 20	7	8,030	71,760
	art II		re/Block//////			
Sig			ties of perury declare that have examined this return, including accompanying scl	hedules and statements, and n all information of which pre	to the best of	of my knowledge y knowledge
He	ere	Eignati Type o	Date			
Pa Pr	id eparer's	Preparer's signature	Plan.a	Date Check self-employ		Preparer's identifying number (see instructions) P00290046
	eparer s	Firm's name	CHINAKA & CO CPAS LLP		EIN	26-2411074
Je	Jiny	if self-emplo	yed), 3465 WAIALAE AVE., STE 250		Phone	000 505 1015
		address, an			no	808-737-1040
_			eturn with the preparer shown above? (see instructions)			Yes No
Fo DA		ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

orm 990 (2009)	SILENT DANCE CENT	ER 99-0:	L71997	Page 2
	Statement of Program Serv	ce Accomplishments		
	scribe the organization's mission CT, GUIDANCE & EDU	C-YOGA/TAI CHI/MEDITATION	r .	
the prior F	Form 990 or 990-EZ?	rogram services during the year which were not liste	ed on	Yes X No
3 Did the or services?		significant changes in how it conducts, any program	n	Yes X No
4 Describe t Section 50	01(c)(3) and 501(c)(4) organizations a	each of the organization's three largest program se nd section 4947(a)(1) trusts are required to report the venue, if any, for each program service reported		
		84,385 including grants of \$ S, DISCUSSION GROUPS, LEC) (Revenue \$	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
41.00				
4d Other pro	gram services (Describe in Schedule		evenue \$	١

184,385

4e Total program service expenses ▶

Pa	art IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ĺ			
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		Х
3	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	ŀ	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II	ľ	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-		
•	complete Schedule D, Part III		8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		-		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		$ \mathbf{x} $
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
••	VII, VIII, IX, or X as applicable		11	x	
_	■ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
•	Schedule D, Part VI				
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	-			
•	of its total assets reported in Part X, line 16? if "Yes, complete Schedule D, Part VII	Ì			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	[
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's separate of consolidated limited statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	<u> </u>	12		Х
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes	No	-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		4a		X
b		<u> </u>			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	1	4b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		<u> </u>		
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		••		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	[18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-			T
	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X

Part IV Checklist of Required Schedules (continued)

	treative Checklist of Required Schedules (Continued)		V	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ı
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ı
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ı
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			ı
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			, , , , , , , , , , , , , , , , , , ,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	Ē		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
-	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		<u></u>
	19? Note . All Form 990 filers are required to complete Schedule O	38		x
			m 99 0	(2009)
		, 5,,		,

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)				1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y			-	
	this return?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other finances	ial				x
L	account)?			4a		_
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 Bar	ماه				
	and Financial Accounts	ik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			<u> </u>		
•	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ог				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal parallel contract?	onai				
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7e 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
b h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter		İ			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	امدا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
12a	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11b	i	12a		Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
<u>.</u>	in 100, Chief the amount of tax exempt interest received of accrete during the year	120	<u></u>		990	(0000

Form 990 (2009) SILENT DANCE CENTER

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

form? form Schedule O the process, if any, used by the organization to review this Form 990 for officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? for one officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? for one officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? for one officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? for one officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? for one officers, directors or trustees, and key employees or disclose annually interests that could give nse to conflicts? for one officers in Schedule O how this is done described in Schedule O how this is done described in Amount of the deliberation and decision? for the organization have a written whistleblower policy? for 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? for the organization's CEO, Executive Director, or top management official for other officers or key employees of the organization for 'ves' to line 15a or 15b, describe the process in Schedule O (See instructions) for 'ves' to line 15a or 15b, describe the process in Schedule O (See instructions) for 'ves' to line 15a or 15b, describe the process in Schedule O (See instructions) for 'ves' to line 15a or 15b, describe the process in Schedule or openization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization and opted a written policy or procedure requiring the organi	Sec	tion A. Governing Body and Management			
be Enter the number of voteing members that are independent 2 Did any officer, director, tristee, or key employee have a family relationship or a business relationship with any other officer, director, tristee, or key employee have a family relationship or or under the direct supervision of offices, directors tristees, or key employees to a management company or other person? 3 X 4 Did the organization become aware tristees, by the yemployees to a management company or other person? 4 Did the organization become aware during the year of a malerial diversion assets? 5 Did the organization become aware during the year of a malerial diversion assets of the person and the organization assets? 5 Did the organization have members or stockholders? 6 Does the organization thave members, stockholders, or other persons who may elect one or more members of the governing body? 7a X 5 Did the organization thave members, stockholders, or other persons or other persons? 7b X 8 Did the organization thave members, stockholders, or other persons? 8 Did the organization thave members, stockholders, or other persons? 9 Leve and the profit of the poverning body? 9 Leve and the organization thave members, stockholders, or other persons? 10 Leve and the organization thave with a stockholders, or other persons? 10 Leve and the organization that the organization of the organization that the organization of the organization of the organization of the org				Yes	No
2 Did any officior, director, fursition, or key employee have a family reliationship or a business relationship with any other officer director, fursition, or key employee? 3 Did the organization delegate control over management dubes customanly performed by or under the direct supervision of officers, directors or fursities, or key employee is a management company or other person? 3 X 4 Did the organization make array significant changes to its organizational documents since the prior Form 950 was filed? 4 X 5 Did the organization have members or stockholders or of the organizations assets? 5 EX 6 Doess the organization have members, stockholders, or other persons who may elect one or more members of the governming body? 5 Are any decisions of the governming body subject to approval by members, stockholders, or other persons? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7 Ta X 8 The governming body? 8 Each committee with authority to act on behalf of the governming body? 9 Is there any officer, director, fursities, or it eye imployee lised in Part VII, Section A, who cannot be reached at the organization is maling address? If Yes, provide the names and addresses in Schedule O. 9 I X 8 Section B, Policies (This Section B requests information about policies not required by the Internal Reverue Code). 100 101 102 103 104 105 105 105 105 105 105 106 107 107 107 107 108 109 109 109 109 109 109 109	1a				
any other officer, director, trustee, or key employee? 3 Did the organization and edegate control over management duties customany performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a material diversion of the organization's sessets? 5 Did the organization become aware during the year of a material diversion of the organization's sessets? 6 Did the organization have members or stockholders? 7 Dies the organization have members or stockholders? 8 Did the organization have members, stockholders? 9 Dies the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Are any discosion of the governing body subject to approval by members, stockholders, or other persons? 10 Are any discosion of the governing body subject to approval by members, stockholders, or other persons? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each governing body? 12 Each committee with authority to act on behalf of the governing body? 13 Each committee with authority to act on behalf of the governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Each stee any officer, director, trustee, or key employee lasted in Part VII, Section A who cannot be reached at the organization have members in Privacy provide the names and addresses an Schedule O. 18 Each committee with authority to act on behalf of the governing body? 19 Each the organization have authority to act on the providers and addresses and providers of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 19 Each the organizatio	b	Enter the number of voting members that are independent			
3 Did the organization delegate control over management duties outsinanyly performed by or under the direct supervision of officies, directors or fruitates or, they employees to a management company or other person? 4 Did the organization make any significant changes to its organization duties of offices, directors or fruitates or, they employees to a management company or other person? 5 Dos the organization have members a doscholders? 6 Doss the organization have members and socholders? 7 Doss the organization have members and socholders? 8 Dos the organization have members and socholders? 8 Dos the organization have members and socholders? 9 Doss the organization have members and socholders? 10 Doss the organization have free members and socholders. 10 Doss the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 11 Doss the organization that summary to act on behalf of the governing body? 12 Doss the organization that summary to act on behalf of the governing body? 13 List organization that summary to act on behalf of the governing body? 14 List organization is mailing address? If "res," provide the names and addresses in Schedule O 15 List organization and the summary of the governing body before the summary of the summ	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
supervision of officers, directors or furthers, or key employees to a management company or other person? 4		any other officer, director, trustee, or key employee?	2		<u>X</u>
4 Dut the organization make any significant changes to its organizational documents ence the prior form 990 was filed? 5 Dut the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 A X X Does the organization have members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 1 Sea The governing body? 1 Sea The governing body? 2 Sea The governing body? 3 Section B. Politicies (This Section B requests information about policies not required by the Internal Section B. Politicies (This Section B requests information about policies not required by the Internal Section B. Politicies (This Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B requests information about policies not required by the Internal Section B request by Internal Section B requests information about policies not required by the Internal Section B requests information and addresses in Schedule O Section B request by Internal Section B request by Internal Section B request by Internal Section B request B re	3	Did the organization delegate control over management duties customarily performed by or under the direct			
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Form **990** (2009)

Form 990 (2009) SILENT DANCE CENTER

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	(C) osition (check all			hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK SINCELL										
TREASURER	1.00	X		X				0	0	0
CHRISTINE HAVENER										
PRESIDENT	3.00	X		X				0	0	0
JANE KIRTON										
DIRECTOR	1.00	x						0	0	0
DUANE WENZEL									"	
SECRETARY	1.00	X		X				0	0	0
EVELIA PINEDA TOR	RES									
DIRECTOR	1.00	X						0	0	0
GRETCHEN VALENTIN										,
VICE-PRESIDENT	1.00	X	ŀ	X				l 0	0	0

Part VII'	(A) lame and Title	(B) Average			(0	C)	hat ap	ply)	d Highest Compensated E (D) Reportable	(E) Reportable		(F)	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	mount of other opensation rom the panization delated anizations	
													
			_										
4h Total		<u> </u>	<u> </u>					Ļ					
	number of individuals (incable compensation from				ose	liste	d abo	ove)	who received more than \$1	00,000 in			
emplo 4 For an the org individ	yee on line 1a? If "Yes," y individual listed on line ganization and related or ual	complete Schedu 1a, is the sum o ganizations grea	ule J f repe ter th	for s ortab an \$	uch i de co 150,	indiv ompe 0007	ridual ensat ? If "Y	ion : 'es,"	ee, or highest compensated and other compensation fro complete Schedule J for su unrelated organization for	m		Yes 3	X X
servic	es rendered to the organ Independent Contract	uzation? If "Yes,"										5	Х
1 Comp	lete this table for your fivensation from the organization	e highest compe zation	nsate	ed inc	depe	nde	nt co	ntrad	ctors that received more tha				
	Name and	(A) I business address						<u> </u>	Descrip	(B) otion of services		(C) Compens	ation
	 				-		_						
	•						to th	nose	listed above) who received				·
DAA more	than \$100,000 in compe	nsation from the	orgal	ıızatl	IUII 🏴						<u></u>	0 Form 99	0 (2009

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S Royalties		4		exemp	t hand pro	oceeds •				
(i) Real (iii) Personal b Less rental exps c Rental in cri (fess) d Net rental income or (foss) 7				олол. _Г		•				
Ga Gross Rents b Less rental exps c Rental in corne or (loss)			•	I	(n) F	Personal				
Description of the treat income or (loss) C Rental income or (loss) d Net rental income or (loss) 7a Gress amount from (i) Securities (ii) Other seles of assets of assets of the interenting of the interenting bears & sales exps c Gann or (loss) d Net gann or (loss) d Net gann or (loss) a Gross income from fundraising events (into including \$ of contributions reported on line 1c) See Part IV, line 18 a b contributions reported on line 1c) See Part IV, line 19 a b contributions from fundraising events See Part IV, line 19 a b contributions from gaming activities See Part IV, line 19 a b contributions from gaming activities See Part IV, line 19 a b contributions from gaming activities See Part IV, line 19 a b contributions from gaming activities See Part IV, line 19 a b contributions from gaming activities In a Gross sales of inventory, less returns and allowances a b contributions and solice and a b contribution of gaming activities In a Gross sales of inventory, less returns and allowances a b contributions also of inventory Miscellaneous Revenue Busn. Code 11a MISCELLANEOUS INCOME b c All Other revenue e Total. Add lines 11a–11d		62			(.,, -		1			
d Net rental income or (loss) d Net rental income or (loss) 77 Gross amount from sales of assets other than inventory b Less cost or other bass & sales exps c Gain or (loss) d Net gain or (loss) 8 Gross income from fundraising events (not including \$\frac{5}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities To Not income or (loss) from gaming activities less direct expenses b c Net income or (loss) from gaming activities Net income or (loss) from gaming activities To Not income or (loss) from gaming activities In MISCELLANEOUS INCOME b C d All other revenue e Total. Add lines 11a-11d 772							1			
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Table Continue C		١.					Ť			
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returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a MISCELLANEOUS INCOME 772 772 b c d All other revenue e Total. Add lines 11a–11d		с	Net income or (loss) from game	ing acti	vities	•				
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Miscellaneous Revenue Busn. Code		b	Less cost of goods sold	b						
Miscellaneous Revenue Busn. Code		С	Net income or (loss) from sales	s of inv	entory	•				
b c d All other revenue e Total. Add lines 11a–11d						Busn. Code				
b c d All other revenue e Total. Add lines 11a–11d T772		11a	MISCELLANEOUS INCOME				772	772		
c d All other revenue e Total. Add lines 11a–11d ▶ 772										
d All other revenue e Total. Add lines 11a–11d Total. Add lines 11a–11d										
e Total. Add lines 11a–11d			All other revenue						,	
							772			
				ns		▶ 「		180,129	0	222

Form 990 (2009)

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).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
С	Accounting	1,200	1,200		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				··· ·-
12	Advertising and promotion				
13 14	Office expenses Information technology				
15	Royalties				
16	Occupancy	53,191	53,191		
17	Travel	,	, , , , , , , , , , , , , , , , , , , ,		
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			. 	
22	Depreciation, depletion, and amortization	817	817		
23	Insurance			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	<u> </u>
24	Other evenence Herring average				
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)				Ī
а	YOGA TEACHERS	121,626	121,626		
b	ADVERTISING	4,544	4,544		
С	INSURANCE	2,227		2,227	
d	UTILITIES	832	832	 	
0	REPAIRS & MAINTENANCE	689	689		
f	All other expenses	2,031	1,486	545	
25_	Total functional expenses. Add lines 1 through 24f	187,157	184,385	2,772	
26	Joint costs. Check here ▶ ☐ 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				
DAA	to the control of the				F 990 (2000)

		(2009) SILENI DANCE CENIER			-01/199/		Page 11
<u>P</u>	art X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			14,444	1	16,714
	2	Savings and temporary cash investments		ļ	59,532	2	51,787
	3	Pledges and grants receivable, net		1		3_	
	4	Accounts receivable, net			······································	4	•
	5	Receivables from current and former officers, directors, tro	ustees,	key			
		employees, and highest compensated employees Comple	ete Par	t II of			‡ ‡
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un			‡		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete			•
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net		<u> </u>		7	
SS	8	Inventories for sale or use		<u> </u>		8	
⋖	9	Prepaid expenses and deferred charges		,		9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	11,743			!
	b	Less accumulated depreciation	10b	10,484	2,054	10c	1,259
	11	Investments—publicly traded securities		_		11	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	2,000	15	2,000		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			78,030	16	71,760
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of S	Schedu	ile D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				1
ğ		employees, highest compensated employees, and disqual	lıfied				1
Ë		persons Complete Part II of Schedule L		_		22	
	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	Unsecured notes and loans payable to unrelated third part	ties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25				26	
S		Organizations that follow SFAS 117, check here ▶ └	and				‡
Balances		complete lines 27 through 29, and lines 33 and 34.					
ā	27	Unrestricted net assets				27	
ä	28	Temporarily restricted net assets				28	
Б	29	Permanently restricted net assets	_		. , ,	29	
Ī	1	Organizations that do not follow SFAS 117, check her	<u>X</u>]				
ō		and complete lines 30 through 34.					‡
ş	30	Capital stock or trust principal, or current funds			30	<u> </u>	
Se	31	Paid-in or capital surplus, or land, building, or equipment f	und	ļ		31	
As	32	Retained earnings, endowment, accumulated income, or	other fo	ınds	78,030	32	71,760
Net Assets or Fund	33	Total net assets or fund balances		ļ	78,030		71,760
Z	34	Total liabilities and net assets/fund balances			78,030	34	71,760

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

99-0171997

Department of the Treasury Internal Revenue Service Name of the organization

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SILENT DANCE CENTER

art	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
e org	anization is not a private foundation because it is (For lines 1 through 11, check only one box)
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
: [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state
; [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

► Attach to Form 990 or Form 990-EZ.

acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

b | Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section

509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

described in section 170(b)(1)(A)(vi). (Complete Part II)

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(ı) 11g(n)

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in cot (i) ti	organization sted in your document?	the organ	rou notify nization in of your port?	organizat	zed in the	(vii) Amount of support
		(See mondens),	Yes	No	Yes	No	Yes	No	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SILENT DANCE CENTER

Part II Support Schedule for Organizations Described in

Page 2

Pa	rt II Support Schedule for Or	ganizations [Described in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A	۸)(vi)	
	(Complete only if you che							
	tion A. Public Support							
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	}	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4						$-\!\!\!\!-\!$	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1	1				
11	Total support. Add lines 7 through 10	L	<u>‡</u>	<u> L</u>	<u></u>	<u> </u>		
12	Gross receipts from related activities, etc (•				(O)	12	
13	First five years. If the Form 990 is for the c	-	secona, thira, tour	in, or fiπn tax year a	s a section 501(c)	(3)		. [
500	organization, check this box and stop here tion C. Computation of Public Su		tago					
			-	(6)		· · · · ·	44	0/
14	Public support percentage for 2009 (line 6,	• •	•	(1))			14	<u></u> %
15	Public support percentage from 2008 Sche 33 1/3 % support test—2009. If the organi			2 and line 14 is 22	1/2 % or more, ob	ack this hav	15	%_
16a	and stop here . The organization qualifies a			3, and line 14 is 33	1/3 /6 Of Hibre, Chi	SCK IIIIS DOX		▶ [
_	33 1/3 % support test—2008. If the organi		-	or 16a, and line 15	io 22 1/2 0/ or mor	o obook thio		
D	• • • • • • • • • • • • • • • • • • • •			•	18 33 1/3 % 01 11101	e, check this		▶ □
172	box and stop here. The organization qualif	•			or 16h and line 1/	Lie 10% or		
17a	10%-facts-and-circumstances test—200	_						
	more, and if the organization meets the "fac organization meets the "facts-and-circumst					v now the		▶ □
	<u> </u>		•		•	no 15 io 10%	or	
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "factorial factorial factoria	-					UI	
	organization meets the "facts-and-circumst			-	,	A HOM IIIC		▶ [
18	Private foundation. If the organization did		-			netrijetione		
	- Trate roundation. It the organization did	THOU ORIGINA DUX U		. ra, or tru, check	and box and see I	1311 40110113		

Page 3

Schedule A (Form 990 or 990-EZ) 2009

SILENT DANCE CENTER

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.)

	Complete only if you che	CREU THE DOX O	il lille 3 Ol I al	. 1.,			
	tion A. Public Support					() 0000	
Cal	lendar 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.")	1,581	714		900	550	3,745
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	225,587	201,214	200,673	176,584	180,129	984,187
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	227,168	201,928	200,673	177,484	180,679	987,932
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						987,932
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	227,168	201,928	200,673	177,484	180,679	987,932
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,022	1,763	1,997	1,326	222	6,330
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,022	1,763	1,997	1,326	222	6,330
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			853	222		1,075
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	228,190	203,691	203,523	179,032	180,901	995,337
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	> [
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2009 (line 8,	, ,	•	f))		15_	99.26%
16	Public support percentage from 2008 Sche			<u> </u>		16	99.29%
<u>Sec</u>	ction D. Computation of Investme		_				
17	Investment income percentage for 2009 (lin		-	olumn (f))		17	1 %
18	Investment income percentage from 2008					18	1 %
19a b	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the orga	ox and stop here. T	he organization qu	alifies as a publicly	supported organiza	ation	► X
~	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did		_				▶

Schedule A (Form 990 or 990-EZ) 2009 SILENT DANCE CENTER

99-0171997

Page 4

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

PART III, LINE 12 - OTHER INCOME DETAIL

\$

1,075

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 99-0171997 SILENT DANCE CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009 SILENT DA	NCE CENTER		99-01	.71997	Page 2
	rt III Organizations Maintaining	Collections of Art,	Historical Treas	ures, or Other	Similar Assets	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, chec	k any of the following	that are a significant	use of its	
а	Public exhibition	d Loan	or exchange program	ns		
b	Scholarly research	e 🗌 Othe	r		. _	
C	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV	ections and explain how th	ney further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part of the	ne organization's colle	ction?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am			ation answered "	Yes" to Form 9	90, Part
1a	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?	•				Yes No
b	If "Yes," explain the arrangement in Part XIV as	nd complete the following	table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on For	m 990, Part X, line 21?			_	Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Compl	ete if organization a	inswered "Yes" to	o Form 990, Par	t IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships		-			
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end balance held as				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization the	at are held and admin	stered for the		
	organization by	-				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Sche	edule R?			3b
4	Describe in Part XIV the intended uses of the	organization's endowment	t funds			
Pa	art VI Investments—Land, Buildi	ings, and Equipme	nt. See Form 990), Part X, line 10).	
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her (c) Ad	cumulated	(d) Book value
		(investment)	basis (othe	r) dep	reciation	
1a	Land					
b	Buildings					
	Leasehold improvements					
	Equipment		11	.,743	10,484	1,259
	Other					
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, col	umn (B), line 10(c))		•	1,259

Schedule D (Form 990) 2009 SILENT DANCE CENTER		99-0171997	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests	-		
Other	-		
	-		
	-		
	-		
	-	<u> </u>	
	-	 	
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation	n
		Cost or end-of-year market	
· · · · · · · · · · · · · · · · · · ·			
Tatal (Oaksan (b) mark and Farm 000 Bat V and Extra 40)		-	·····
Total. (Column (b) must equal Form 990, Part X, coi (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>		<u></u>
(a) Description		1 0	b) Book value
			2, 2001. 10.00
			
			<u></u>
		·····	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	. 05	<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line			
1 (a) Description of liability Federal income taxes	(b) Amount	-	
receial income taxes		-	
· · · · · · · · · · · · · · · · · · ·		-	
		-	
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		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	>		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the org	anization's financial statement	s that reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 SILENT DANCE CENTER		0171997	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financia	l Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial S		per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:] [
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b	40	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
_	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expens	- 1 	
1	Total expenses and losses per audited financial statements	Otatomonto vvia Expono	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
		2d		
	Other (Describe in Part XIV) Add lines 2a through 2d	_ Zu		
_	Subtract line 2e from line 1		2e 3	
3) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, 5, and 9,			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Par	t XIII, lines 2d and 4b. Also compl	ete	
nis p	art to provide any additional information			
				
				
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Sched	ule [۲) (Fo	rm 99	0) 200	9	S	LLE	INI	CD	AN	CE	CE	NTI	ΞR							9	9-	01'	719	97						Page 5
Sched Par	t X	IV	Sup	pler	nen	tall	Info	rma	atio	n (cont	inue	<u>d)</u>																		
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SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SILENT DANCE CENTER

Employer identification number 99-0171997

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172 2009

> ttachment equence No 67

Name(s) shown on return

SILENT DANCE CENTER

► See separate instructions.

Identifying number 99-0171997

	ess or activity to which this form relates		<u></u>						
_	NDIRECT DEPRECIATI						<u>.</u>		
Pa	ert I Election To Expen	-	•				.a. I		
4	Note: If you have a				ı com	piete Pai	πį.	1	250,000
1	Maximum amount See the instructi Total cost of section 179 property p	-		ses				2	230,000
2		•	•	atruations)				3	800,000
3 4	Threshold cost of section 179 proper	•	•	structions)				4	300,000
5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line		·	rand filing congrataly, a	oo inatrii	atrono		5	
6	(a) Description		less, enter -0- il mai	(b) Cost (business us			lected cost		<u> </u>
<u> </u>	(a) Description	i or property		(5) 555 (555) 155		(0) -	iceted oost		
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro		ın column (c) lines	s 6 and 7	<u> </u>			8	<u> </u>
9	Tentative deduction Enter the sma	•	00.0 (0),	, o and ,				9	
10	Carryover of disallowed deduction f		108 Form 4562					10	
11	Business income limitation Enter th	•		than zero) or line 5	(see ins	tructions)		11	
12	Section 179 expense deduction Ad		•	•	(,		12	
13	Carryover of disallowed deduction t			_	13	<u> </u>			
	: Do not use Part II or Part III below f							-	Fi
Pa	rt II Special Depreciati	on Allowance a	nd Other Depr	reciation (Do n	ot incl	ude liste	d prope	rty.)	(See instr.)
14	Special depreciation allowance for o	qualified property (oth	er than listed prop	erty) placed in servi	ce				
	during the tax year (see instructions	s)						14	
15	Property subject to section 168(f)(1) election		•				15	
16	Other depreciation (including ACRS	3)				_		16	
Pa	rt III MACRS Depreciati	on (Do not inclu	de listed prop	erty) (See instr	uction	ıs)			
			Sect	ion A					
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning befo	ore 2009			_	17	817
18	If you are electing to group any assets pla							.	11-11-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Section B—	Assets Placed in Se	 	-	e Gene	ral Deprec	iation Sy	stem	y
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only–see instruc	ent use	y (e) (Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
Ç	7-year property				\bot				
d	10-year property				4				
е	15-year property								
f	20-year property				-				
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs	+	MM	S/L		
	property			27 5 yrs	+	MM	S/L		
i	Nonresidential real property			39 yrs	+	MM	S/L		
_		l ssets Placed in Serv	ioo During 2009 7	Fay Year Using the	Altorn	MM	S/L		<u></u>
20-	· · · · · · · · · · · · · · · · · · ·	ssets Flaced III Serv	nce During 2009	lax real Using the	Aitem	ilive Debie			
	Class life	1		12 150	-		S/L		
	12-year			12 yrs		NANA	S/L		<u> </u>
	40-year art IV Summary (See ins	tructions \	<u> </u>	40 yrs		MM	S/L		<u> </u>
<u>Г</u> а 21	Listed property Enter amount from							21	
21 22	Total. Add amounts from line 12, lin		ae 10 and 20 in aa	dumn (a) and line ?	1 Enter	here		 	
	and on the appropriate lines of your	<u> </u>			. Linei	11016		22	817
23	For assets shown above and place	•	•			<u> </u>		<u>. **</u>	
	portion of the basis attributable to s	=	our on your, ent	J. 410	23				
	F = 1. 1. 51. 51. 51. 51. 51. 51. 51. 51. 5					L			<u> </u>

Form 8868

(Rev April 2009)

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.

OMB No 1545-1709

If you are f	iling for an Automatic 3	-Month Extension	n complete only	Part Land check the	s hox	▶ X
• If you are f	iling for an Additional (I te Part II unless you hav	Not Automatic) 3	-Month Extensio	n, complete only Pa	rt II (on page 2 of this	form)
Part I Auto	matic 3-Month Exter	nsion of Time.	Only submit oria	inal (no copies nee	eded).	
	required to file Form 99					nplete
Part I only	· · · · · · · · · · · · · · · · · · ·					▶ 📖
time to file inco	orations (including 112 ome tax returns.					
one of the re- electronically returns, or a co	ng (e-file). Generally, you turns noted below (6 of (1) you want the add omposite or consolidate the details on the electro	months for a co ditional (not auto ed From 990-T I	prporation require matic) 3-month e nstead, you must	d to file Form 990 extension or (2) you submit the fully cor	i-T) However, you ca file Forms 990-BL, 6 mpleted and signed pa	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form
Type or	Name of Exempt Organi	zation			Employer	identification number
print	SILENT DANCE C	ENTER			99-017	1997
File by the	Number, street, and roo	m or suite no If a P	O box, see instructi	ons		
due date for filing your	C/O CHINAKA & (UITE 250	······
return See	City, town or post office		e For a foreign addr	ess, see instructions		
instructions		96816				
	f return to be filed (file			urn)		
X Form 990			(corporation)	(a) A	Form 4720	
Form 990		$\overline{}$	(sec 401(a) or 408		Form 5227 Form 6069	
Form 990		Form 1041	「(trust other than ab .a	love)	Form 8870	
7 0111 990	-1 	1 01111 10411				
If the organIf this is for for the whole or	No ► 808-737-10- nization does not have a a Group Return, enter to group, check this box. Ns of all members the 6	an office or place the organization's If it is fo	of business in the four digit Group ir part of the grou	Exemption Number (k this box	If this is
until AUG	st an automatic 3-m GUST 15 20 ganization's return for calendar year 2009	$\frac{0.10}{0.00}$, to file the	ns for a corpo e exempt organiza	eration required to ation return for the o , and ending	o file Form 990-T) organization named a	extension of time bove. The extension is
2 If this tax	tax year beginning	months check re	eason Initu	·	I return Change	in accounting period
_ 11 1110 102	, your 10 101 1000 than 12	- months, on one			, o	in accounting period
nonrefund b if this ap made. Ind c Balance	oplication is for Form 9 dable credits See instruplication is for Form 99 clude any prior year over Due. Subtract line 3b for coupon or, if requins.	uctions 90-PF or 990-T, e rpayment allowe from line 3a Incl	enter any refunda d as a credit. ude your paymer	ble credits and estin	mated tax payments	3a \$ 3b \$ 3c \$ 0
Caution. If you	are going to make an	electronic fund w	thdrawal with this	Form 8868, see Fo	rm 8453-EO and Form	n 8879-EO
for payment in	structions.					
For Privacy A	ct and Paperwork Red	uction Act Notice	, see Instructions			Form 8868 (Rev 4-2009)

 If vou ar 	v 22009) e filing for an Additional (Not Automatic) 3-Month Extension, complete on	ly Part II and check this box	Page 2 ► X
	complete Part II if you have already been granted an automatic 3-month ex		
	e filing for an Automatic 3-Month Extension, complete only Part I (on page		
	Additional (Not Automatic) 3-Month Extension of Time. Only		needed).
	Name of Exempt Organization	Employer identification	
Type or print	SILENT DANCE CENTER	99-0171997	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	
extended due date for	C/O 3465 WAIALAE AVENUE, SUITE 250	接到	
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
retum See instructions	HONOLULU, HI 96816		
X Forr	e of return to be filed (File a separate application for each return) n 990 Form 990-PF n 990-BL Form 990-T (sec 401(a) or 408(a) trust) n 990-EZ Form 990-T (trust other than above)	Form 1041-A Form 4720 Form 5227	Form 6069 Form 8870
	not complete Part II if you were not already granted an automatic 3-mo ks are in the care of ► DAVID M. CHINAKA	onth extension on a previously	filed Form 8868.
 If the org If this is for the whilst with the 4 I requ 5 For c 6 If this 7 State 	The No ► 808-737-1040 FAX No ► 808 granization does not have an office or place of business in the United States, for a Group Return, enter the organization's four digit Group Exemption Number of group, check this box ► If it is for part of the group, check the names and EINs of all members the extension is for less an additional 3-month extension of time until NOVEMBER 15, 201 alendar year 2009 , or other tax year beginning tax year is for less than 12 months, check reason Initial return in detail why you need the extension ADDITIONAL TIME IS NEEDE URN.	check this box	ccounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the fundable credits. See instructions	e tentalive tax, less any 8a	\$ 0.00
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab ayments made Include any prior year overpayment allowed as a credi	t and any amount paid	e 0 00
	ously with Form 8868 ice Due. Subtract line 8b from line 8a. Include your payment with this form	8b	\$ 0.00
	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		s 0
Under penalti	Signature and Verification es of perjury, I declare that I have examined this form, including accompanying schedules act, and complete, and that I am authorized to prepare this form	n	·
	Dar Ch_ Title D Q P	A Date ▶	2/1 /