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# Form **990**

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)

2009

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

Open to Public Inspection

	A Fo	r the	2009 cal	endar	year, or tax	year beg	inning	OCT 1,	2009	and	ending S	EP	30, 2	010		
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		Name change	type		ng Business			<u></u> /				1	0	6-09	32294	
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-	$\overline{}$				Corporation			Association	Other		I Voor				State of logo	al domicile CT
	Par		Summa		Corporation		ust	ASSOCIATION	Other •		L Year	UI IOIIII	ation 12	7 O N	State of lega	I domicile C1
•					he organizat	'ion's miss	sion or mo	st significant	activities:	TO P	ROMOTE	. A	DVANC	E AN	ND	
	Activities & Governance							STANDI								
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	o e							ly (Part VI, lin						3		16
	2			_		_	_	overning boo	-	line 1b)				4		15
	es	5	Total num	ber of e	employees (F	Part V, line	e 2a)							5		38
	<u> </u>	6 1	Total num	ber of v	olunteers (e	estimate if	f necessar	y)						6		275
	¥ ct	7a 1	Total gros	s unrel	ated busines	ss revenu	e from Pa	rt VIII, columr	a (C), line 12	<u>}</u>				7a		12,146.
_	_	_b 1	Net unrela	ated bu	siness taxab	ole income	e from For	m 990-T, line	34					7b		-5 <b>,</b> 935.
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2018								8c, 9c, 10c, a			-	2	706 <b>,</b> 8			01,831.
7.								ial Part VIII, c		ine 12)			700,0	30.		03,009.
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MAY	Expenses	16a F	Profession	nal func	raising fees	(Part IX.	column (A	). Ime Y16 2		S						
≥	ē				expenses (F				1	63 1	89.	***********				
NAED	<u> </u>							ıd, 1-11-240 [				2,	290,5	12.		16,807.
¥		18 7	rotal expe	enses. A	Add lines 13	-17 (must	equal Par	telX, column	(A); line 25)	The state of the s			262,4			49,741.
Z					oenses. Sub								<u>555,6</u>	48.		47,910.
SCA	Balances										Ве		of Curren			of Year
(V)	Salai	20	Fotal asse	ets (Par	t X, line 16)						<u> </u>		956,2			97,555.
4	글달			•	art X, line 26	•					-		$\frac{290,1}{666}$			$\frac{32,576}{64,070}$
- Z					d balances.	Subtract	line 21 fro	m line 20					<u>666,0</u>	01.	0,1	64,979.
L	Par	T HE	Signat			hat I have ex	amined this n	etum including a	Companying s	chedules a	and statements.	and to th	e best of my	knowleda	e and belief, it i	is true, correct
		j	and comple	te Declar	ation of prepare	r (other than	officer) is bas	etum, including ac ed on all informat	ion of which pre	eparer has	any knowledge					
,	Sign	- }		$u_{c}$	V 1	60		31						5/2/	1,1	
	lere		Sign	ature of	officer		<u>~</u>	<u>~</u>					Date	-101		
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See Schedule O for Organization Mission Statement Continuation

916-23

Other program services. (Describe in Schedule O.)

including grants of \$ 3,033,003.

4e Total program service expenses ▶\$

) (Revenue \$

Form 990 (2009)

Form 990 (2009)	AMERICAN	DANCE	FESTIVAL,	INC.	06-0932294	
Part IV Checklist	of Required Sched	dules				
· ·						Υe

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI.		ļ	
•	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.			
•	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 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 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		J.	
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		X	<del> </del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Α_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	^
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446	1	X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	13	<del> </del>	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
	located outside the United States? If "Yes," complete Schedule F, Part III	1.0	<del> </del>	+
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <u>-</u> -		† <u></u>
18		18		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<b>†</b>	† <u></u>
19		19		X
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X
20	Old the organization operate one or more nospitals in res, complete ocheone in		990	(2009)

			Yes	Nó
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			٠,
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	.,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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 990-EZ? If "Yes," complete	]		i
	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			ĺ
	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? 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)	İ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		ŀ	
	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	1		
	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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		i	
	If "Yes," complete Schedule R, Part V, line 2	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38_	Х	<u></u>
		Form	990 (	(2009)

Par,	Statements Regarding Other IRS Fillings and Tax Compliance				
•		1 .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	101			
	U.S. Information Returns. Enter -0· If not applicable	1a 134			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortable gaming			
	(gambling) winnings to prize winners?	,	1c	X	
<b>2</b> a	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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	S?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see in	nstructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by this return?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	!	3ь	<u>X</u>	<b> </b> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 B	ank and			
	Financial Accounts.				,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b_		Α_
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	ding Prohibited	_		
	Tax Shelter Transaction?		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	•		Х
	any contributions that were not tax deductible?		6a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gitts	٥.		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods and services	7-	Х	
	provided to the payor?		7a 7b	X	<del> </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	e required	70	- 1	<del>                                     </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	7c		х
	to file Form 8282?	7d	<del></del>		<del> </del>
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
е	benefit contract?	31001101	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
g 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 org	anizations. Did the			
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce				
	at any time during the year?		8		I
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь	ļ.,	1,
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10ь			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	<u> </u>	1
			Form	agn	(2009)

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

Sec	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body	a 16			
b	Enter the number of voting members that are independent	ь 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	pers of the			17
	governing body?		7a		$\frac{x}{x}$
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other person		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ring the year			
	by the following:			v	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Λ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the	1		v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	لــــــا	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code )			
40	Decition of the contract of th		10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	antera offiliator	IVa		
D	If "Yes," does the organization have written policies and procedures governing the activities of such characteristics.	apters, amiliates,	10ь		
44	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing	the form?	111	X	
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g the form.			
12a			12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could	alve rise	120		
U	to conflicts?	give rise	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es." describe	1.20		
·	in Schedule O how this is done	,	12c		X
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	y independent			<del></del>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt with a			
	taxable entity during the year?		16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ate its participation		W.W.	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organi		16.00		Marie la
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure			_	
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5	i01(c)(3)s only) availabl	e for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	flict of interest policy,	and fina	incial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the organiz	ation: 🕨	<b></b>	
	Cynthia Wyse - 919-684-6402				
	715 Broad Street, Durham, NC 27705				
-			Form	990	20091

932006 02-04-10

# 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."
- 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.

<b>(A)</b> Name and Title	(B) Average			() Pos	C) Ition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	Individual trustee or director	ec setsual frustee			Highest compensated do		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
		Indind	Institu	Officer	Keyen	Higher	Former			organizations
ROGER W. HOOKER, JR.	1 00			v		1		0.	0.	0
CHAIRMAN	1.00	X		X	⊢	<del> </del> -	_	<u> </u>	0.	0
CHARLES L. REINHART	40.00	X		х				201,741.	0.	22 410
PRESIDENT	40.00	^	-	^		├-	<del> </del>	201,741.		32,419
CURT C. MYERS	1.00	X		X	1			0.	0.	0
SECRETARY/TREASURER	1.00	^		^	├	<del> </del> -	-			
F.V. ALLISON, JR BOARD MEMBER	1.00	X	1					0.	0.	0
MIMI BULL	1.00	1		<del> </del>	-	┢╌	-			
BOARD MEMBER	1.00	Х		ĺ			1	0.	0.	0
NATHAN CLARK		+==		├-	-	┢				
BOARD MEMBER	1.00	X			ļ			0.	0.	0
RICHARD E. FELDMAN		T						· · · · · · · · · · · · · · · · · · ·	<del></del>	
BOARD MEMBER	1.00	X	ļ					0.	0.	0
MEREDITH FREY										
BOARD MEMBER	1.00	X	ļ			_		0.	0.	0
PAMELA M. GREEN						Γ				
BOARD MEMBER	1.00	X			_			_0.	0.	0
DONALD MCKAYLE										
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	0
MARTHA MYERS			ļ							
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	_	_	_	0.	0.	0
ALLEN D. ROSES, MD										_
BOARD MEMBER	1.00	X	<u> </u>	╙	_	<u> </u>	_	0.	0.	0
TED ROTANTE		Ì		1						
BOARD MEMBER	1.00	X	<del> </del>	<u> </u>	<u> </u>	┼	1	0.	0.	0
BARBRA B. ROTHSCHILD	1 2 00								_	_
BOARD MEMBER	1.00	X	-	_	<del> </del> -		<del>  -</del>	0.	0.	0
JUDITH SAGAN	1 00	,,					1		_	^
BOARD MEMBER	1.00	X	-	<del> </del>	-		$\vdash$	0.	0.	0
SEBASTIAN SCRIPPS	1 00	U						0.	0.	^
BOARD MEMBER	1.00	X	-	-	┼	╁	$\vdash$	<u> </u>		0
JODEE NIMERICHTER	40.00			x				106,000.	0.	35,516
CO-DIRECTOR	40.00	X	١	Λ	<u> </u>	Ь_	<u> </u>	100,000.	0.	Form <b>990</b> (200

932007 02-04-10

Form **990** (2009)

Par	VII Section A. Officers, Directors, Tru	ustees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)				•
	(A)	(B)			(C				(D)	(E)	l		(F)	•
	Name and title	Average	١.,		Posi				Reportable	Reportable	ļ		imate	
		hours	(cl	heck	allt	hat	арр	ly)	compensation from	compensation from related	1		ount o	of
		per week	actor						the	organizations			oensa	tion
		Week	Individual trustee or director	<b>R</b>	'		Highest compensated employee		organization	(W-2/1099-MIS			om th	
			uste	Institutional frustee		88	npens		(W-2/1099-MISC)		•	orga	anızat	ion
			Jual t	tonal		ol <del>g.</del>	stcon						l relat	
			ludiw India	Institu	Officer	Кеу етріоуее	Highe	Former				orga	nızatı	ons
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			-	├─				-						
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		+	<del> </del>			$\vdash$	$\vdash$	$\vdash$	<del> </del>		$\dashv$			
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		+	1	<del> </del>	1		<del> </del>	$\vdash$			$\dashv$			
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		<del>                                     </del>	t		<u> </u>	$\vdash$	$\vdash$	İ			$\dashv$			
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			╁					$\vdash$	<del></del>	-				
					ļ									
			$\vdash$		$\vdash$	_	1							
				t	T		T							
				1			1			1				
1 b	Total	<u></u>	1				▶		307,741.		0.	6	7,9	35.
2	Total number of individuals (including but	not limited to t	hose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable	 е			
_	compensation from the organization						•							2
		-											Yes	No
3	Did the organization list any former officer	, director or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		,	,	1
_	line 1a? If "Yes," complete Schedule J for						•		-			3		X
4	For any individual listed on line 1a, is the s			omp	ens	atio	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or	accrue compe	ensa'	tion	from	an	y uni	relat	ted organization for sen	rices rendered to				
	the organization? If "Yes," complete Scheen	dule J for such	pen	son								5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	end	ent c	cont	ract	ors 1	that received more than	\$100,000 of com	ipens	ation f	rom	
	the organization. NONE													
	(A)								(B)		_	(C	;)	
	Name and busines	s address							Description of	services		ompe	nsatio	on
									ļ					
									<del></del>				_	
									l		<del>,-</del>			
2	Total number of independent contractors		not i	limite	ed to			iste	d above) who received r	nore than	•			
	\$100,000 in compensation from the organ	nzation 🕨					0							
												Form	990	(2009)

Pa	rt V	111	Statement of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a					
gra		þ	Membership dues	1b					
ts,		C	Fundraising events	1c					
gif		d	Related organizations	1d					
ns,		e	Government grants (contribut	ions) 1e	278,390.				
ıtio er s		f	All other contributions, gifts, gran						
ig t			similar amounts not included abo	ve <u>  1f   1 , </u>	440,301.				
Contributions, gifts, grants and other similar amounts		g	Noncash contributions included in lines	: 1a-1f \$	138,639.				
0 6		h	Total. Add lines 1a-1f			1,718,691.			
					Business Code	006 555	006 577		
ce	2	a	TUITION		611600	996,577.			
e S		b	PERFORMANCE FEE	<u> </u>	711190	427,998.	427,998.	-	
r S		С	ROOM AND BOARD		611600	231,093.	231,093.		
<u>ğ</u> ğ		d							
Program Service Revenue		e		<del></del>					
_			All other program service reve	enue	<b></b>	1,655,668.			
_	3	g	Total. Add lines 2a-2f Investment income (including	dividends intere		1,033,000.			
	3		other similar amounts)	dividends, intere	sst, and	204,199.			204,199.
	4		Income from investment of ta	x-exempt bond o	roceeds				
	5		Royalties	x exempt bond p	<b>•</b>				
			Tioyanioo	(i) Real	(II) Personal			The state of the s	
	6	а	Gross Rents	, , , , , , ,					
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<b>&gt;</b>				
	7	а	Gross amount from sales of	(i) Secunties	(II) Other				
			assets other than inventory	1540182.					
		b	Less: cost or other basis						
			and sales expenses	1818260.					
			Gain or (loss)	-278078.	L	220 020			270 070
			Net gain or (loss)		<b>•</b>	-278 <b>,</b> 078 <b>.</b>			<u>-278,078.</u>
ě	8	а	Gross income from fundraising	_					,
Other Revenue			including \$	of					
æ			contributions reported on line	-					
her		_	Part IV, line 18	a b	<del></del>			,	
ਠ			Less: direct expenses  Net income or (loss) from fundamental transfer from the company of the co	_			Ì	ŕ	
	١		Gross income from gaming a						
	9	•	Part IV, line 19	a a					
		h	Less: direct expenses	b	-				
			Net income or (loss) from gar	_	<b>•</b>		Ì		
	10		Gross sales of inventory, less						
		_	and allowances	. a	23,106.				
		ь	Less: cost of goods sold	b	10,960.				
			Net income or (loss) from sale	es of inventory	<b></b>	12,146.		12,146.	
			Miscellaneous Reveni	ue	Business Code				
	11	а	PROGRAM ADS		900099	42,207.			
		b	CONTRACT SERVI	CES	900099	31,924.			-
		С	MISCELLANEOUS		900099	15,074.	15,074.		ļ
		d	All other revenue			00 205	<del> </del>		ļ
		е	Total. Add lines 11a-11d		<b>P</b>	89,205.	1,744,873.	12,146.	-73,879.
9320	12		Total revenue. See instructions			D,401,031.	11144,013.	12,140.	Form <b>990</b> (2009)
02-0	09 4-10								(2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	303,009.	303,009.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			to reconstruction of the lateral control of t	titi selle laterelle alter el con el c
<b>4</b> 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	375,677.	331,955.	35,950.	7,772.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	3,3,4	501,750		
_	persons described in section 4958(c)(3)(B)	523,566.	335,377.	85,473.	102,716.
7	Other salaries and wages	3237300.	33373771	03/1.01	2027.203
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,638.	18,324.	1,928.	3,386.
9	Other employee benefits	34,021.	26,407.	2,765.	3,386. 4,849.
10	Payroll taxes	73,023.	51,116.	9,201.	12,706.
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
'' a	, , , , , ,				
b	*				
c					
d					
e	District of the district of the Control of the United 17		, , , , , , , , , , , , , , , , ,		
f	Investment management fees	9,332.		9,332.	
9	<u> </u>	151,370:	113,336.	36,486.	1,548.
12	Advertising and promotion	6,846.	6,711.	89.	46.
13	Office expenses	111,540.	87,659.	10,666.	13,215.
14	Information technology				,
15	Royalties				
16	Occupancy	75,355.	74,706.	312.	337.
17	Travel	284,090.	249,625.	21,407.	13,058.
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	7,313.		7,313.	
23	Insurance	18,206.		18,206.	
24	Other expenses, Itemize expenses not covered				arra indonesia (j. 1879). Sinta india india (j. 1888).
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	ARTISTIC FEES	908,087.	908,087.		
ŧ		279,302.	277,047.	2,255.	
		93,077.	89,156.	3,225.	696.
	CREDIT CARD CHARGES AND	65,351.	63,951.	1,400.	
•	FOOD AND HOUSING ASSIST	33,704.	32,279.	950.	475.
1		73,234.	64,258.	6,591.	2,385.
25	Total functional expenses. Add lines 1 through 24f	3,449,741.	3,033,003.	253,549.	163,189.
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			<u> </u>	

Pa	πX	Balance Sheet					
•					(A) Beginning of year		(B) End of year
	Γ.						l
	1	Cash - non-interest-bearing			18,609.	1_	114,135.
	2	Savings and temporary cash investments			1,959,587.	2	931,138.
	3	Pledges and grants receivable, net		-	241,833.	3_	524,052. 4,491.
	4	Accounts receivable, net			13,450.	4	4,491.
	5	Receivables from current and former officers, di		•			
		employees, and highest compensated employe	es. Co	mplete Part II			
		of Schedule L		-		5_	
	6	Receivables from other disqualified persons (as					
	ĺ	4958(f)(1)) and persons described in section 49	58(c)(3	)(B). Complete			
		Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net		Į.	10.001	7_	10.455
\ss	8	Inventories for sale or use			18,221.	8	19,477. 21,383.
•	9	Prepaid expenses and deferred charges			18,080.	9	21,383.
	10a	Land, buildings, and equipment: cost or other	1	104 600			
	j	basis. Complete Part VI of Schedule D	10a	104,622. 83,930.	22 775		00.600
	i .	Less: accumulated depreciation	10b	83,930.	22,775. 3,752,088.	10c	20,692. 4,942,047.
	11	investments · publicly traded securities	3,752,088.		4,942,047.		
	12	Investments - other securities. See Part IV, line	[		12		
	13	Investments - program-related. See Part IV, line	11	_		13	
	14	Intangible assets	011 601	14	500 140		
	15	Other assets. See Part IV, line 11	911,601.	15	520,140.		
	16	Total assets. Add lines 1 through 15 (must equ	34)	6,956,244.	16	7,097,555. 353,883.	
	17	Accounts payable and accrued expenses		305,265.	17	353,883.	
	18	Grants payable		-		18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities	_			20	
ies	21	Escrow or custodial account liability Complete		T	· / · · · · · · · · · · · · · · · · · ·	21	<del></del>
Liabilities	22	Payables to current and former officers, directo		· · · · · · · · · · · · · · · · · · ·			
<u>Lia</u>		highest compensated employees, and disqualif	led per	sons Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties	984,918.	24	579 602
	25	Other liabilities. Complete Part X of Schedule D		}	1,290,183.	25	578,693. 932,576.
	26	Total liabilities. Add lines 17 through 25		V	1,290,103.	26	932,370.
		Organizations that follow SFAS 117, check h	ere 🕨	A and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			103,807.	27	657,936.
lan l	28	Temporarily restricted net assets		}	225,347.	28	170,136.
8	29	Permanently restricted net assets			5,336,907.	29	5,336,907.
Ĕ	25	Organizations that do not follow SFAS 117, c	book l	nere 🕨 🔲 and		-25	3/330/307.
Ē		complete lines 30 through 34.	HECK I	iere P and			
ls o	20	<del>-</del>				30	1
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea		ant fund		31	<del></del>
t As	31	• • • • • • •		ľ		32	<del> </del>
Z	32	Retained earnings, endowment, accumulated in	icome,	or other lunus	5,666,061.	33	6,164,979.
	33	Total net assets or fund balances		}	6,956,244.	34	7,097,555.
	34	Total liabilities and net assets/fund balances			0,750,244.	34	1,001,000.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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	X	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	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.	3ь		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b Form	9	90

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		<u>AMERICA</u>	N DANCE FEST	IVAL,	INC.				06	-0932	294
art I	Reason f	or Public Char	ity Status (All organiza	ations mus	st complete	e this part	.) See inst	ructions.			
e organi	zation is not a	private foundation	because it is (For lines 1	through 1	1, check o	only one b	ox )				_
	A church, con	vention of churches	s, or association of churc	hes descr	ıbed ın <b>se</b> d	ction 170(	b)(1)(A)(i).				
X	A school desc	cribed in section 17	<mark>'0(b)(1)(A)(ii).</mark> (Attach Sch	nedule E.)							
	A hospital or a	a cooperative hospi	tal service organization d	described (	n section	170(b)(1)(	A)(iii).				
	A medical res	earch organization	operated in conjunction v	with a hos	pital descri	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii	). Enter th	e hospital'	s name,
	city, and state										
	An organization	on operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	d In	
	section 170(	<b>b)(1)(A)(iv).</b> (Comple	ete Part II.)								
		•	ent or governmental unit								
	-		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ibed in
	section 170(b	o)(1)(A)(vi). (Comple	ete Part II.)								
	•		section 170(b)(1)(A)(vi). (						_		
) [			eives: (1) more than 33 1								
			nctions - subject to certa								
			axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the organ	nization a	πer June 3	0, 1975.
. —		509(a)(2). (Complete		-4 6	a andatu. C	· co coetio	- E00/a\/A				
			perated exclusively to tes perated exclusively for th						out the r	ourooses o	f one or
l []			perated exclusively for the ations described in sections.								
			organization and comple				.,. Occ <b>300</b>		.,( <b>0</b> ). Onc.	ok the box	····
	a Type I		<b>¬</b>		e III - Func		egrated		d 🔲	Type III · C	Other
e 🗀			at the organization is not			-	_	more disc	ualified p	• •	
·			than one or more publicly								
f			tten determination from t								
•		ganization, check t									[
g			organization accepted an	ny gift or c	ontribution	from any	of the folk	owing pers	ions?		
•			directly controls, either al								Yes 1
			supported organization?							11g(i)	
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) abovi	e?					11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s).						
(i) Name	of supported	SUDDUITEU I SIDEIN I		•	od in your organization in col organ			mzauon m cor j		(vii) Amount of	
orga	anization	ation (described on I		scribed on lines 1-9 governing document? (i) of your support?		(i) organiz	(i) organized in the US?		port		
			above or IRC section		No	Yes	No	Yes	No		
			(see instructions))	Yes	NO	162	140	1 163	140		
		<del></del>		<del> </del>			<del> </del>	<del> </del>	<del>                                     </del>		
									] ]		
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				1							
								_			

932021 02-08-10

Form 990 or 990-EZ.

Part II Support Schedule for O	ranizations	Docoribad :-	Sections 470	h\/4\/A\/;\ ==	d 470/h\/4\/A\/	Page 2
Part II Support Schedule for O (Complete only if you checked to	_		Sections 170	(b)(1)(A)(IV) an	d 170(b)(1)(A)(v	1)
Section A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	/6 Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2003	(b) 2000	(6) 2001	(d) 2000	(6) 2009	(f) Total
Tax revenues levied for the organ- ization'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					13-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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						r
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4						
Section B. Total Support				L	-t <sub></sub>	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						<del>-</del>
dividends, payments received on securities loans, rents, royalties						
and income from similar sources					ļ	
Net income from unrelated business activities, whether or not the						
business is regularly carried on						
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10		<u> </u>				· <del>-</del>
12 Gross receipts from related activities, e	tc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for the	he organization'	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	
organization, check this box and stop t					<del></del>	▶□
Section C. Computation of Public	Support Pe	rcentage			·	
4 Public support percentage for 2009 (lin	e 6, column (1) c	livided by line 11, o	column (f))		14	
15 Public support percentage from 2008 S	ichedule A, Part	II, line 14			15	9
I6a 33 1/3% support test - 2009.If the org		بحم يرمط مطف باممطم ف	Line 12 and line 1	A in 22 1/204 or a	nara abasil this be	

Schedule A (Form 990 or 990-EZ) 2009

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

**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

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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

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					<u> </u>	
membership fees received. (Do not		}				ļ
Include any "unusual grants ")						l
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						
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		1	<del> </del>		<del>                                     </del>	
7a Amounts included on lines 1, 2, and		†			<del></del>	
3 received from disqualified persons		}				1
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			<del>-</del>			
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				<u></u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses		}	1	}	1	,I
acquired after June 30, 1975						
c Add lines 10a and 10b  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.)			·			
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	1	<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thi	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
check this box and stop here						▶
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2009 (lii			column (f))		15	
16 Public support percentage from 2008		<del>-</del>			16	
Section D. Computation of Inves						
17 Investment income percentage for 200				<del></del>	17	
18 Investment income percentage from 2			(7)		18	<del></del>
19a 33 1/3% support tests - 2009. If the			on line 14, and line	a 15 is more than	L	17 is not
more than 33 1/3%, check this box an						i5.liot ▶□
						and
<b>b 33 1/3% support tests - 2008.</b> If the						
line 18 is not more than 33 1/3%, chec		top nere. The orga		as a publicly supp		
20 Private foundation. If the organization	and the second second second		40L - 1 1 11			

#### 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.

2009 ... Open to Public Inspection

Name of the organization

AMERICAN DANCE FESTIVAL, INC

Employer identification number 06-0932294

Pa	t I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
L 5 3	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	lsed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	of deficit devices, or for any exiter purpos	Yes No
Pa		panization answered "Yes" to Form 990.	
ن <u>تنت</u> 1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		ustorically important land area
	Protection of natural habitat	· —	ortified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	- 4, 5, 11, 5, 12, 7, 5, 11, 11, 11, 11, 11, 11, 11, 11, 11,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	_
5	Does the organization have a written policy regarding the pe		f
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durir	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements		· · · · · · · · · · · · · · · · · · ·
Pa	rt III. Organizations Maintaining Collections o		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, no		
	treasures, or other similar assets held for public exhibition, e		public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		► \$ 30,070.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 AMERICAL	N DANCE FEE	TIVAL,	INC.		06-0	932294	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	al Treasures,	or Other	Similar As:	sets (continu	Jeď)
3	Using the organization's acquisition, accession	on, and other records	s, check any o	of the following th	nat are a sig	nificant use of i	ts collection i	tems
	(check all that apply):							
а	X Public exhibition	d	Loan o	r exchange prog	grams			
ь	Scholarly research	е	X Other	FOR SALI	$\Xi$			
С	Preservation for future generations		_		•	•		
4	Provide a description of the organization's co	llections and explain	how they fur	ther the organiza	ation's exem	pt purpose in F	Part XIV.	
5	During the year, did the organization solicit or							
_	to be sold to raise funds rather than to be ma				_		Yes	X No
Par	t IV Escrow and Custodial Arran				es" to Form	990, Part IV, II	ne 9. or	
(	reported an amount on Form 990, Par	-						
1a	Is the organization an agent, trustee, custodi		ary for contrib	outions or other	assets not II	ncluded		
	on Form 990, Part X?		,				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:					
-	ii 100, oxplain the arrangement iii at raiv	and complete and le	g table				Amount	
_	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
4	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990 Part X line	212			<del>- 11</del>	Yes	□ No
	If "Yes," explain the arrangement in Part XIV.				-			
Par			swered "Yes"	to Form 990. Pa	art IV. line 10	).	-	
	Endownion and compact	(a) Current year	(b) Prior ye	1		d) Three years ba	ick (e) Four	ears back
1a	Beginning of year balance	5,336,907.			0010 D0011 1	<u> </u>	107.001	
b	Contributions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	<del></del>	· · · · · · · · · · · · · · · · · · ·			
0		Net investment earnings, gains, and losses						
ن ب	Grants or scholarships		· · · ·		<del></del>			
d	·							······
е	Other expenditures for facilities				1			
	and programs	<del></del>		<u> </u>				
T _	Administrative expenses	5,336,907.	5.336.9	07	<del></del>	+	<del></del>	<del> </del>
9	End of year balance Provide the estimated percentage of the yea	· · · · · · · · · · · · · · · · · · ·		<u> </u>			£	
2	Board designated or quasi-endowment	ir end balance neld a	s. %					
	Permanent endowment > 100.00		_70					
Ь		% %						
	Are there endowment funds not in the posse		ation that are	held and admini	etered for th	e organization		
Ja		ession of the organiza	ation that are	neid and admini	stered for th	ic organization	[·	Yes No
	by:						3a(i)	X
	(i) unrelated organizations						3a(ii)	$\frac{x}{x}$
	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations	a listed on required a	n Sahadula B	2	-		3b	
	Describe in Part XIV the intended uses of the	· · · · · · · · · · · · · · · · · · ·				•	[ 00 ]	<u> </u>
Par					ne 10		· · · · · · · · · · · · · · · · · · ·	
FAI	<del></del>		1		1	cumulated	(d) Book	value
	Description of investment	(a) Cost or o basis (investr	1 -	) Cost or other basis (other)	1	preciation	(d) Book	. value
1a	Land							
b	Buildings .							
c	Leasehold improvements							
d	Equipment			104,622	•	83,930.	20	,692.
	Other							
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B)	, line 10(c).)		<b></b>	20	,692.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation st or end-of-year market	
Financial derivatives				
Closely-held equity interests			··	
Other				
			·	
	<del> </del>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.	(a) Math and a familia atte	
(a) Description of investment type	(b) Book value	Co	(c) Method of valuation st or end-of-year marke	
			St of choof year marke	· · · · · · · · · · · · · · · · · · ·
		<del></del>	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>	<del></del>		
7 A-1 (0.1/1)			······································	······································
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. See Form 990, Part X, II				
	(a) Description			(b) Book value
SECURITY DEPOSITS	(d) Bosonphion			3,661.
ART COLLECTION				30,070.
FUNDS WITH DEFICIENCIES				486,409.
TONDO WITH DEFICIENCE				
				·····
	<del></del>	<del></del>		
		······································		
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )		<b>•</b>	520,140.
Part X Other Liabilities. See Form 990, Part	X. line 25.			
1 (a) Description of liability		(b) Amount		
Federal income taxes				
PENSION OBLIGATION		92,284		
AMOUNTS DUE TO FUNDS WITH D	EFICIENCIES	486,409	• • • • • • • • • • • • • • • • • • • •	9 199
			<b>]</b>	7.
			1	e s
			7	,
			7	
			] , ,	
	<del></del>		7	
			1	•
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)	578,693	•	
Total. [Column to) must equal total soo, t at N, corto)		ation's financial statemen	to that ranged the area	arration's liability for

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

	dule D (Form 990) 2009 AMERICAN DANCE FESTIVAL, IN					<u>0932294</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Stat	emen		
1 *	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,401	,831.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		3,449	,741.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		•-	3		-47	,910.
4	Net unrealized gains (losses) on investments			4			,480.
5	Donated services and use of facilities			5			, <u></u>
6	Investment expenses			6			
_	·			7			
7	Prior period adjustments					12	210
8	Other (Describe in Part XIV.)			8		516	,348. ,828.
9	Total adjustments (net). Add lines 4 through 8			9		100	$\frac{,020.}{,918.}$
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		ith Daves	10	Data		,910.
	t XII Reconciliation of Revenue per Audited Financial Statemer	nts vv	ith Rever	iue per			171
1	Total revenue, gains, and other support per audited financial statements				1	4,055	,1/1.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			2 400			
а	Net unrealized gains on investments	2a	53	3,480	- 1		
ь	Donated services and use of facilities	2b	10	8,900	<u>.</u>		
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	642	,380.
3	Subtract line 2e from line 1				3	642 3,412	<del>,</del> 791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	-1	0,960	.		
-	Add lines 4a and 4b				4c	-10	.960.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	-10 3,401	.831.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses pe			,
1	Total expenses and losses per audited financial statements		Б.ро	po	1	3,569	.601.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u> </u>	3,303	70010
2		2a	10	8,900			
a	Donated services and use of facilities	-		0,000	ᅴ		
b	Prior year adjustments	2b	<del></del>		4		
C	Other losses	2c			-		
d	Other (Describe in Part XIV.)	2d			$\dashv$ .	100	000
e	Add lines 2a through 2d				2e	108 3,460	<u>,900.</u>
3	Subtract line 2e from line 1				_3	3,460	, /01.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	1	0,960	<u>•</u>		
С	Add lines 4a and 4b				4c		<u>,960.</u>
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	3,449	,741.
Pai	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines	la and 4; Pa	rt IV, lines	1b and	2b; Part V, line	e 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						
	t III, line 4: THE DISPLAY OF ARTWORK RELA						
DAN	ICE SERVES TO EDUCATE THE PUBLIC ABOUT THE	VAR	IOUS T	YPES	OF D	ANCE TA	UGHT
<u> </u>	101 01110 10 110 110 110 110 110 110						
TO	ASPIRING DANCERS, ANY PROCEEDS FROM THE SA	ALE	OF ART	WORK	IS U	SED TO	
COZ	VER COSTS OF DANCE AND PERFORMANCE.						
Dai	ct X: ADF is a not-for-profit organization	exe	mpt fr	.Om			
					- 0-	a mb	
	come taxes under Section 501(c)(3) of the						
Int	ternal Revenue Service has determined that	ADF	is a	publi		support	
93205 02-01-	4				20110		,

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 06-0932294 AMERICAN DANCE FESTIVAL, INC.

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	}		ĺ
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Schedule O (Form 990)	3		X
	ORGANIZATION DOES NOT SOLICIT STUDENTS THROUGH THE MEDIA.			1
4	Does the organization maintain the following?	١.		v
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		X
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		_ <u>^</u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		v	
	admissions, programs, and scholarships?	4c	X	<del> </del>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ
	If you answered 'No' to any of the above, please explain. If you need more space, use Schedule O (Form 990).  ORGANIZATION HAS NOT YET RECORDED THE RACIAL COMPOSITION.			
	ORGANIZATION HAS NOT TEL RECORDED THE RACTAL COMPOSITION:			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a	1	Х
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e	<del> </del>	X
	Use of facilities?	5f	t -	X
	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		X
"	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
	in job and its and its and its about of process original in job from their operating and admitted a first in obtain			
		1		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
•	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990).	7	X	<u>L</u>
HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule E (Form	990 or	990-E	Z) 2009

complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ■ Attach to Form 990.  AMERICAN DANCE FESTIVAL, INC.  Bart : General Information on Grants and Assistance	י אבייליגילים ליים	Severaments and Individuals in the United States	es			6002
STIVAL,	n answered "Yes" on Fo	on Form 990, Par	t IV, line 21 or 22.		Open to Publ Inspection	Open to Public Inspection
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Employer identification number 06-0932294	on number 32294
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	No No	
criteria used to award the grants or assistance?	:	i i			\ \ \	2
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tunds in the United	States.	>	1 trod 000 mag 04 "00"	V line 21 for any	
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the Organization answered the Total School of Schoo	• United States. Co	omplete if the orga	Inization answered T	(Form 990) if additions	V, lille 2.1, 101 any	
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of organization (e) Amount of organization (f) Method of (g) Description of (h) Purpose (h) Purpose (ash grant assistance or	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant se
Enter total number of section 501(c)(3) and government organizations						
Enter total number of other organizations	for Form 990.				Schedule I (Form 990) 2009	n 990) 2009

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 303,009 (c) Amount of cash grant (b) Number of recipients 205 INDIVIDUALS WHO ARE ACCEPTED INTO THE SCHOOL BASED THE ORGANIZATION AWARDS SCHOLARSHIPS TO (a) Type of grant or assistance ON ABILITY AND FINANCIAL NEED.

Schedule I (Form 990) 2009

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06-0932294

AMERICAN DANCE FESTIVAL,

Schedule I (Form 990) 2009
Part III Grants and Othe

#### **SCHEDULE J** (Form 990)

Department of the Treasury

### **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization Attach to Form 990. ► See separate instructions.

AMERICAN DANCE FESTIVAL, INC.

**Employer identification number** 06-0932294

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	n 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	İ		
	First-class or charter travel  X Housing allowance or residence for pers	sonal use		
	Travel for companions Payments for business use of personal i	residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fe	es		
	Discretionary spending account Personal services (e.g., maid, chauffeur,	, chef)		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>	X_	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, d	directors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization	า's		
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation	committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion		
	contingent on the revenues of			
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	į "		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ilon		
	contingent on the net earnings of:	İ		
а	The organization?	6a	<u> </u>	X
ь	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.	i un	100	100
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen	1		
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u>L</u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the		
	Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	. В		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u>L</u>	
LHA	A For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forr	n 990)	2009

Schedule J (Form 990) 2009 AMERICAN DANCE FESTIVAL, INC. 06-0932294

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(0)		(E)	(7)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	6	201,741.	0	0	0	32,419.	234,160.	0
CHARLES L. REINHART	€	0	0	0	0	0	0	0
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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

AMERICAN DANCE FESTIVAL, INC.

Employer identification number 06-0932294

Par	Types of Property						
		(a) Check If applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(c Method of c rever	determining	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art · Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		-				
9	Securities - Publicly traded	X	1	5,049.			
10	Securities - Closely held stock						
11	Securities · Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	1					
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate · Residential			<u></u> _			
16	Real estate - Commercial						
17	Real estate · Other						
18	Collectibles						
19	Food inventory	X		6,557.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens		<del> </del>				
24	Archeological artifacts			00.000			
25	Other (USE OF FACILI)	X	1				
26	Other (ENVELOPES/INV)	X	O	<del></del>			
27	Other (MARKETING)	X	C				
28_	Other (EQUIPMENT REN)	X	C	<del>'</del>			
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowled	gment 29		Yes	No
30a	During the year, did the organization receive t	ov contributio	on any property re	ported in Part I, lines 1-28 th	at it must hold for		
	at least three years from the date of the initial						
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.	•			•	794	779
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	X
32a							
	contributions?			•		32a	X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

33

b If "Yes," describe in Part II.

describe in Part II.

## **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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  AMERICAN DANCE FESTIVAL, INC.	Employer identification number 06-0932294
Form 990, Part I, Line 1, Description of Organization Mis	sion:
INTEREST IN, THE FIELDS OF DANCE, MUSIC, DRAMA, LITERATUR	E AND THE
VISUAL ARTS.	
Form 990, Part VI, Section B, line 11: THE BOARD OF DIREC	TORS REVIEWS THE
FINANCIAL STATEMENT AUDIT AND COMPARES THE FINANCIAL STAT	EMENTS TO
FINANCIAL REPORTS PROVIDED TO THEM BY THE FINANCE DIRECTO	R. THE PRESIDENT
AND TREASURER OF THE BOARD REVIEWS THE 990 AND COMPARES I	T TO INFORMATION
INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR ANY SIGNIFICANT	
DISCREPANCIES OR INCONSISTENCIES.	
Form 990, Part VI, Section B, Line 15a: DIRECTOR APPROVES	
PAY RAISES FOR ALL EMPLOYEES EXCEPT FOR HIS OWN AND THE C	
EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND DECIDES ANY	CHANGES IN
COMPENSATION FOR THE DIRECTOR AND CO-DIRECTOR.	
Form 990, Part VI, Section C, Line 19: THE GOVERNING DOCU	MENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE	TO THE PUBLIC
UPON REQUEST. THE GOVERNING DOCUMENTS ARE FILED WITH THE	SECRETARY OF
STATE IN THE STATE OF INCORPORATION.	