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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 1/1, 2010, and ending 12/31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
American Dancer CofA Association

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
6907 W ALFALFA LN

City or town, state or country, and ZIP + 4
Brookline, MA 02469-9580

D Employer identification number
462-1093707

E Telephone number
417-868-8166

F Group Exemption Number
►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► www.amerindancer.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2010)

SCANNED MAY 31 2011

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Part II **Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	135,718	22	130,853
23	Land and buildings	-	23	-
24	Other assets (describe in Schedule O)	-	24	-
25	Total assets	135,718	25	130,853
26	Total liabilities (describe in Schedule O)	-	26	-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,718	27	130,853

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? *To Preserve & Promote Dexter Coats*
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Register, Transfer and promote Dexter Cottle		
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	▶ ☐	31a
32	Total program service expenses (add lines 28a through 31a)	▶	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check ☐ if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>—</u>		
b Did the organization file Form 1120-POL for this year?		☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>—</u>		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a <u>—</u>		
b Gross receipts, included on line 9, for public use of club facilities 39b <u>—</u>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>—</u> ; section 4912 ▶ <u>—</u> , section 4955 ▶ <u>—</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>—</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>—</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		☒
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>JAMES W SMITH</u> Telephone no. ▶ <u>417-868-8166</u> Located at ▶ <u>6907 W ALPHEA LY BROOKLINE STA MO</u> ZIP + 4 ▶ <u>65619-9580</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		☒
If "Yes," enter the name of the foreign country: ▶ <u>—</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ <u>—</u>		☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>—</u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		☒

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		☒
45a		☒
46		☒

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		☒
48		☒
49a		☒
49b		☒

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 **►**

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **►**

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► ☐ Yes ☐ No

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

Sign Here

Signature of officer *Jama W Smith*
JAMA W SMITH Treasurer
 Type or print name and title

Date **5/1/11**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ►	Firm's EIN ►			
Firm's address ►	Phone no ►			

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Regional Directors

Region 1

Arkansas, Missouri, Illinois
(Term ends Next election: 12/31/2012)

Vance Mattson

154 S. Dade 235, Everton, MO 65646
(417) 788-2728 SacValleyRanch@yahoo.com

Region 2

Alaska, Idaho, Montana, Oregon, Washington,
British Columbia, Alberta
(Term ends 12/31/2012)

Monica Dexter

P.O. Box 416, Monroe, WA 98272
(425) 359-4948 monica@monicadexter.com

Region 3

West Texas
(Term ends 12/31/2013)

To be elected in 2010

Region 4

Arizona, California, Colorado, Hawaii, Nevada,
New Mexico, Utah, Wyoming
(Term ends 12/31/2012)

Judy Nocks (Interim Director)

7101 County Road 306, Parachute, CO 81635
(970) 285-2389 cjsfarm@gmail.com

Region 6

Kansas, Nebraska, Oklahoma
(Term ends 12/31/2010)

Clay Adams

7393 E. 109th St., Overbrook, KS 66524
(785) 836-3065 clay@kansasdexters.com

Region 7

Louisiana, East Texas
(Term ends 12/31/2010)

Pam Malcuit

17087 Dixie Farms Ln., Iola, TX 77861
(936) 394-2606 mornstarranch@cs.com

Region 8

South Carolina, North Carolina, Georgia,
Alabama, Mississippi, Florida, Tennessee
(Term ends 12/31/2010)

Warren Coad

320 Buckner Rd., Philadelphia, TN 37846
(865) 213-0590 adcaregion8@aol.com

Region 9

Delaware, District of Columbia, Kentucky, Mary-
land, Pennsylvania, Virginia, West Virginia
(Term ends 12/31/2011)

Robert Seddon (interim)

775 Spring Rd., Mineral, VA 23117
(540) 894-5571 robert5721@firstva.com

Region 10

Indiana, Michigan, Ohio
(Term ends 12/31/2011)

Linda Rininger

47962 27th St., Mattawan, MI 49071
(269) 668-3637 lrininger@netzero.net

Region 11

Connecticut, Maine, Massachusetts, New Hamp-
shire, New Jersey, New York, Rhode
Island, Vermont
(Term ends 12/31/2012)

Carol Koller

7179 Kidney Rd., Little Valley, NY 14755
(716) 244-3352 MidhillDexters@yahoo.com

Region 12

Iowa, North Dakota, South Dakota, Wisconsin,
Minnesota
(Term ends 12/31/2011)

Rick Seydel (interim)

1011 Chestnut Rd., Coon Rapids, IA 50058
712-684-5753 rmseydel@iowatelecom.net