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Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047 Open to Public Inspection

	A' Fo	or the 2	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	SEP 30, 2011
1	3 Ch ap	eck if plicable	C Name of organization	D Employer identification number
		Address change Name		06.0022204
		Initial	Doing Business As	06-0932294
		return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address) 715 BROAD STREET Room/su	te E Telephone number 919-684-6402
		Amender retum	City or town, state or country, and ZIP + 4	G Gross receipts \$ 6,519,170.
		Applica-	DURHAM, NC 27705	H(a) Is this a group return
		pending	F Name and address of principal officer JODEE NIMERICHTER	for affiliates? Yes X No
_			715 BROAD STREET, DURHAM, NC 27705	H(b) Are all affiliates included? Yes No
-			. 1	27 If "No," attach a list (see instructions)
_			▶ WWW.AMERICANDANCEFESTIVAL.ORG	H(c) Group exemption number
Г				ar of formation 1976 M State of legal domicile CT
Ł	Pai		Summary riefly describe the organization's mission or most significant activities ${ m TO}$ ENCOUR	ACE AND CUDDODT THE
	Activities & Governance	1 B	REATION OF NEW MODERN DANCE WORK BY BOTH EST	PARLISHED AND EMERGING
	nar		heck this box If the organization discontinued its operations or disposed of m	
) ve		umber of voting members of the governing body (Part VI, line 1a)	3 14
	ဗ္		umber of independent voting members of the governing body (Part VI, line 1b)	4 13
	SS		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5 40
⊗r.	žį.		otal number of volunteers (estimate if necessary)	6 230
20%	Ç	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	7a 10,522.
0 0		b N	et unrelated business taxable income from Form 990-T, pre-34	76 -15,891.
1≥1 €9			REVENUE	Prior Year Current Year
	و ا	8 C	ontributions and grants (Part VIII, line 1h)	1,718,691. 1,793,039.
NO.	Revenue		rogram service revenue (Part VIII, line 2g) 요한 제작 및 구 산비년	9 1,655,668. 1,648,028.
	Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d Ш	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10s, and 11er 1	3,401,831. 3,922,273.
氢	\rightarrow		otal revenue - add lines 8 through 11 (must equal Part VIII column)(A) (the 12)	303,009. 324,128.
SCANNED			rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)	0. 321/120.
Š	S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,029,925. 1,092,999.
("2)	nse		rofessional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	Expenses		otal fundraising expenses (Part IX, column (D), line 25) 208,536.	
	ω		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,116,807. 2,104,033.
		18 To	otal expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	3,449,741. 3,521,160.
_		19 R	evenue less expenses Subtract line 18 from line 12	-47,910. 401,113.
į	Fund Balances			Beginning of Current Year End of Year
-	Bala		otal assets (Part X, line 16)	7,097,555. 7,174,149.
4	2 E		otal liabilities (Part X, line 26)	932,576. 767,460. 6,164,979. 6,406,689.
r	Pai		et assets or fund balances. Subtract line 21 from line 20 Signature Block	0,104,979. 0,400,009.
L			es of perjury, I declare that I have examined this return, including accompanying schedules and stal	ements, and to the best of my knowledge and belief, it is
			and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	
=		1	Godos Nimarichtas	4/10/12
,	Sign	J	Signature of officer	Date
1	lere		JODEE NIMERICHTER, DIRECTOR	
_			Type or print name and title	
			Print/Type preparer's name Preparer's signature	Date Check PTIN
	aid		Henry White hall of	4-6-12 sett-employed P00295907
	repa	<u> </u>	Stancil & Company	Firm's EIN
ı	Jse 0	inly F	Firm's address 4909 Windy Hill Drive	Phone no 919-872-1260
-	1211	the IDS	Raleigh, NC 27609 Soliscuss this return with the preparer shown above? (see instructions)	Phone no 919-872-1260 X Yes No
ı	victy	いしつけん	A CHISTORIS TO THE COURT WITH THE DICTORIES SHOWED ADDIVEY (SEE MISSIDUCTIONS)	

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

4d	Other program services	(Describe in Sche	edule O

including grants of \$

) (Revenue \$

4e Total program service expenses ▶

2,829,170.

Pa	t IV Checklist of Required Schedules			
	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	_1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ	Ì	
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	<u>A</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		.,	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			v
	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?	40	Х	
4.4	If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	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	11b	i ,	Х
С	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	11c		Х
ď	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		}	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	- U	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	445		Х
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		- A
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
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13-		1
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	[Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		T
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			}

operate one or more hospitals must attach audited financial statements (see instructions)

	990 (2010) AMERICAN DANCE FESTIVAL, INC. 06-0932	<u> 294</u>	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes'	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ·
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	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	-	-
	· · · · · · · · · · · · · · · · · · ·	240		
234	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
U				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	· · · · · · · · · · · · · · · · · · ·	250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	0.7	1	х
00	Schedule L, Part III	27		
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)	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь	-	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
	contributions? If "Yes," complete Schedule M	30		_^_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			x
	Schedule N, Part II	32		<u>^</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			\ \v
	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)?	_35		 ^ -
а	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," complete Schedule R, Part V, line 2 Yes X No	1	}	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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	1	1	1

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

	1990 (2010) AMERICAN DANCE FESTIVAL, INC. 06-0932	294	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	* Check if Schedule O contains a response to any question in this Part V			
		,	Yes	No
Ìa	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 134	4		
b	The state of the s	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	j	j	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ		
	filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>X</u> _	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Ì		1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country			
	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
С	The state of the s	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			}
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ĺ	
	were not tax deductible?	6b	<u> </u>	——
7	Organizations that may receive deductible contributions under section 170(c).	ĺ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	├	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	X
ď	, and the same same same same same same same sam	-		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	L.,	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a	 	
40 40	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9ь	 	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders N/A 11a	ĺ		
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) Section 4947(0)(4) and growth aboritable Average leads a section file of Ferra 200 to leave of Ferra 10412	1.0	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a	 	-
_		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10	 	+
а	•	13a	-	+
L	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of recognics on head.	1		
1/12	Enter the amount of reserves on hand	1		X
1-10	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 _	14

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

06-0932294 Form 990 (2010) AMERICAN DANCE FESTIVAL, INC. 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? 7ь b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O
Sec	ction R. Policies This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization contemporaneously document the meetings held or written actions undertaken during the year

0a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	·····
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		Х
3	Does the organization have a written whistleblower policy?	13	Х	
4	Does the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

by the following The governing body?

а

List the states with which a copy of this Form 990 is required to be filed ▶ None

Another's website

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Cynthia Wyse - 919-684-6402

715 Broad Street, Durham, NC 27705

b Each committee with authority to act on behalf of the governing body?

Form 990 (2010)

8a

8b

9

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	(B)	Jigo		((>)			(D)	(E)	(F)
Name and Title	Average hours per week	<u> </u>		Pos all f		app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
ROGER W. HOOKER, JR.	1 00	,,		,,				0		0
CHAIRMAN	1.00	X	<u> </u>	X		ļ		0.	0.	0.
CHARLES L. REINHART PRESIDENT	40.00	X		Х				201,741.	0.	32,097.
CURT C. MYERS										
SECRETARY/TREASURER	1.00	Х		X				0.	0.	0.
MIMI BULL									-	
BOARD MEMBER	1.00	Х						0.	0.	0.
RICHARD E. FELDMAN						Π				
BOARD MEMBER	1.00	X						0.	0.	0.
MEREDITH FREY		-								
BOARD MEMBER	1.00	X						0.	0.	0.
PAMELA M. GREEN										
BOARD MEMBER	1.00	X						0.	0.	0.
DONALD MCKAYLE]	}		
BOARD MEMBER	1.00	X					<u> </u>	0.	0.	0.
MARTHA MYERS		1								_
BOARD MEMBER	1.00	X				_	<u> </u>	0.	0.	0.
ALLEN D. ROSES, MD										_
BOARD MEMBER	1.00	X		ļ			<u> </u>	0.	0.	0.
TED ROTANTE										
BOARD MEMBER	1.00	Х		<u> </u>	-	_	<u> </u>	0.	0.	0.
BARBRA B. ROTHSCHILD										
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
JUDITH SAGAN				ŀ						
BOARD MEMBER	1.00	X	ļ _	ļ		ļ	ļ	0.	0.	0.
SEBASTIAN SCRIPPS	1 00			ŀ						0
BOARD MEMBER	1.00	X	ļ	-	ļ		<u> </u>	0.	0.	0.
JODEE NIMERICHTER	40.00			١				100 700	_	21 022
CO-DIRECTOR	40.00	X		X		-	-	106,708.	0.	31,933.
F.V. ALLISON, JR.	1 00	,,		1						^
BOARD MEMBER	1.00	X	-		-	-	+-	0.	0.	0.

\$100,000 in compensation from the organization

	990 (2010)	AMERICAN	DANCE F	E	ST]	[V	ΊL		INC	C	06-09	3229	4	Page 8
Par	1 VII Section A.	Officers, Directors, Tru		nplo	yee			ligh	est	Compensated Employ	ees (continued)			
		A)	(B)			_ (((D)	(E)		(F	
	Name	and title	Average hours per	(0)		Pos		app	LA.	Reportable	Reportable		Estim	
			week (describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	-	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C) c	oth ompen from organiz and re organiz	sation the ation lated
1 b	Sub-total		*		1					308,449.		0.	64,	030.
С	Total from contin	uation sheets to Part VI	I, Section A							0.		0.	_	0.
<u>d</u>	Total (add lines 1	b and 1c)						>		308,449.		0.	64,	030.
2		idividuals (including but n m the organization	ot limited to th	ose	liste	ed al	OOV	e) wł	no r	eceived more than \$100),000 in reportable	€		2
													Ye	s No
3	Did the organization	on list any former officer,	director or trus	stee	, ke	y em	plo	yee,	or h	nighest compensated er	mployee on			
	fine 1a? If "Yes," c	complete Schedule J for s	uch individual									-	3	X
4	•	listed on line 1a, is the su	•								the organization			_
	-	izations greater than \$150										-	4 X	
5	• •	ted on line 1a receive or a	•				-		elat	ted organization or indiv	idual for services		_	U
		ganization? If "Yes," com	iplete Schedule	e <i>J f</i>	or s	uch	pers	son			 ····		5	<u> X</u>
Sec 1		le for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensati	on fron	n
	the organization	NONE									···-			
		(A) Name and business	address							(B) Description of s	services	Con	(C) npensa	ition
					-									
														 -

	rendered to the organization? If "Yes," complete Schedule J for such person		5	<u>X</u>
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that rece the organization NONE	ived more than \$100,000 of co	ompensation fro	om
	(A) Name and business address	(B) Description of services	(C) Compens	sation
2	Total number of independent contractors (including but not limited to those listed above)	who received more than		

art '				E FESTIV	THC.		06-0932	294 Page!
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>S</u> 1	а	Federated campaigns	1a					
and other similar amounts	b	Membership dues	1b					
Ě	С	Fundraising events	1c					
<u> </u>	d	Related organizations	1d					
Ē	е	Government grants (contribut	ions) 1e	186,569.				
S	f	All other contributions, gifts, gran	ts, and					
Ĕ		similar amounts not included abo	ve 1f	1606470.				
ğ	g	Noncash contributions included in lines	1a-1f \$	53,383.				
ō	<u>h</u>	Total. Add lines 1a-1f		•	1793039.			
Ì				Business Code				
2	a	TUITION		611600	1051149.)
<u>u</u>	ь	PERFORMANCE FEE	S	711190	382,545.			
	С	ROOM AND BOARD		611600	214,334.	214,334.		
2 vevenue	d							
	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	1648028.			
3	l	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	266,552.			266,552
4	•	Income from investment of ta	x-exempt bond p	proceeds 🕨				
5		Royalties		>				
			(ı) Real	(II) Personal				
6	а	Gross Rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
7	а	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,688,713.	9,824.				
	b	Less cost or other basis						
1		and sales expenses	2,556,303.					
	С	Gain or (loss)	132410.	-20246.				
	d	Net gain or (loss)			112,164.			112,164
8	а	Gross income from fundraising	g events (not					
8		including \$	of	[
		contributions reported on line	1c) See					
		Part IV, line 18	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from fund	fraising events					
9	а	Gross income from gaming ac	tivities See]				
		Part IV, line 19	а					
1	b	Less direct expenses	b					
	C	Net income or (loss) from gam	ing activities					
10	а	Gross sales of inventory, less	returns					
		and allowances	а	21,046.				
	b	Less cost of goods sold	b	10,524.				
	с	Net income or (loss) from sale	s of inventory	>	10,522.		10,522.	
		Miscellaneous Revenu	e	Business Code				
		PROGRAM ADS		900099	41,229.	41,229.		
11	b	CONTRACT SERVIC	ES	900099	26,000.	26,000.		
11		MISCELLANEOUS		900099	24,739.	24,739.		
11	С	DOBBERT BOOK						
11	-	All other revenue						
11	d			>	91,968.			

Form 990 (2010) AMERICAN DANCE FESTIVAL, INC. Part IX Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are i	not required to complete	e columns (B), (C), and (D)	
	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	324,128.	324,128.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4	See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
J	trustees, and key employees	356,290.	148,844.	173,137.	34,309.
6	Compensation not included above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(c)(3)(B)	000,2500	210/0111	110,1011	
7	Other salaries and wages	547,281.	363,181.	75,330.	108,770.
8	Pension plan contributions (include section 401(k)	52.,201.			
_	and section 403(b) employer contributions)	72,275.	41,536.	19,914.	10,825.
9	Other employee benefits	72,275. 42,212.	41,536. 25,700.	10,697.	10,825. 5,815. 11,244.
10	Payroll taxes	74,941.	42,178.	21,519.	11,244.
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	16,500.		16,500.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
9	Other	121,460.	101,550.	18,858.	1,052.
12	Advertising and promotion	9,422.	9,422.		
13	Office expenses	81,961.	61,278.	6,836.	13,847.
14	Information technology				
15	Royalties			~ ~ ~ .	
16	Occupancy	75,816.	59,155.	7,024.	9,637. 8,946.
17	Travel	217,364.	181,304.	27,114.	8,946.
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	7 222	· · · · · · · · · · · · · · · · · · ·	7,232.	
22	Depreciation, depletion, and amortization	7,232. 17,152.		17,152.	
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A)	17,132.		17,132.	
	amount, list line 24f expenses on Schedule 0) ARTISTIC FEES	948,461.	948,461.		
a	ROOM AND BOARD ASSISTAN	252,344.	252,044.	300.	
b	EQUIPMENT RENTAL & MAIN	115,536.	109,609.	4,034.	1,893.
C	CREDIT CARD CHARGES AND	91,982.	45,014.	46,968.	1,055.
d	FOOD AND HOUSING ASSIST	37,843.	36,038.	855.	950.
e f	All other expenses	110,960.	79,728.	29,984.	1,248.
25	Total functional expenses Add lines 1 through 24f	3,521,160.	2,829,170.	483,454.	208,536.
26	Joint costs Check here Juf following SOP	0,021,100.			
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	ţ			

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
•	1	Cash · non-interest-bearing	114,135.	1	471,385.
	2	Savings and temporary cash investments	931,138.	2	644,834.
	3	Pledges and grants receivable, net	524,052.	3	207,154.
	4	Accounts receivable, net	4,491.	4	11,719.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section	1		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s,		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	10 477	7_	27 520
As	8	Inventories for sale or use	19,477.	8	37,539. 17,725.
	9	Prepaid expenses and deferred charges	21,383.	9	17,725.
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 107, 732 10b 88, 963	20 602		10 760
			20,692.	10c	18,769. 5,436,879.
	11	Investments - publicly traded securities	4,942,047.	I	5,430,879.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	<u></u>	13	
	14	Intangible assets	520 140	14	220 145
	15	Other assets See Part IV, line 11	520,140. 7,097,555.	15	7 174 149
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	353,883.	16 17	328,145. 7,174,149. 333,332.
	17 18	Accounts payable and accrued expenses	333,003.	18	3337332
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
un .	21	Escrow or custodiał account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ę.	~~	highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	578,693.	25	434,128.
	26	Total liabilities. Add lines 17 through 25	932,576.		767,460.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Ž.	27	Unrestricted net assets	657,936.		1,036,768.
3ala	28	Temporarily restricted net assets	170,136.		196,814.
ק ק	29	Permanently restricted net assets	5,336,907.	29	5,173,107
Fur		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	6,164,979.	33	6,406,689
	34	Total liabilities and net assets/fund balances	7,097,555.	34	7,174,149.

Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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.

Form 990 (2010)

За

3b

Х

separate basis, consolidated basis, or both

X Separate basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Internal Revenue Service

Employer identification number 06-0932294 AMERICAN DANCE FESTIVAL, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s)

(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the US?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
				(
				ļ <u>-</u>					
						<u> </u>			
tal									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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	edule A (Form 990 or 990-EZ) 2010						Page 2
P	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke				on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	s listed below, plea	se complete Part	111.)			
Se	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					Ì	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			}	Į.		1
	ization's benefit and either paid to						ļ
	or expended on its behalf						
3	The value of services or facilities						i i
	furnished by a governmental unit to						[
	the organization without charge				<u> </u>	<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			j			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>			
<u>Se</u>	ction B. Total Support		· · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	,
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				Ì	1	
	securities loans, rents, royalties					1	
	and income from similar sources			<u> </u>		<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				ļ	ļ	
10	- · · · · · · · · · · · · · · · · · · ·		,				
	or loss from the sale of capital						
	assets (Explain in Part IV)				ļ		
11	Total support. Add lines 7 through 10			<u> </u>	1		1
12	· ·	•	•			12	
13	First five years. If the Form 990 is for	•	s first, second, thii	d, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
<u>~</u>	organization, check this box and stop ction C. Computation of Publ		rcentage				
						14	0/
14 15	Public support percentage for 2010 (Public support percentage from 2009)		•	Column (i))		15	<u>%</u>
	33 1/3% support test - 2010.If the o			n line 13 and line	14 is 33 1/3% or i	·	
100	stop here. The organization qualifies	-			14 19 00 170 70 01 1	nore, check this be	▶ □
	33 1/3% support test - 2009.If the o	. , .,	•		1 line 15 ie 33 1/39	% or more check th	als box
•	and stop here. The organization qual	•			, mie 10 i3 00 1/0;	o or more, oneck ti	▶ □
17-	a 10% -facts-and-circumstances tes				e 13 16a or 16b	and line 14 is 10%	or more
. , ,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"					an in non the orga	▶
	10% -facts-and-circumstances tes	_			=	17a and line 15 ie	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		▶ □
18	Private foundation. If the organization		*				ns 🕨

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II I	f the organization fails to
qualify under the tests listed below, please complete Part II.)	

quality direct the tests listed b	DIOW, DICAGE COIN	pioto i dit iiij					
Section A. Public Support				,		·	
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	\perp ((e) 2010	(f) Total
1 Gifts, grants, contributions, and							
membership fees received (Do not			ļ				
include any "unusual grants.")		<u> </u>		<u> </u>			
2 Gross receipts from admissions,							
merchandise sold or services per-		ļ					
formed, 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 bus-		İ		1			
				ļ			
iness under section 513		 		 			
4 Tax revenues levied for the organ		ŀ			1		
ization's benefit and either paid to							
or expended on its behalf				<u> </u>	4		ļ
5 The value of services or facilities							
furnished by a governmental unit to							İ
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons				1			
b Amounts included on lines 2 and 3 received		1			1		
from other than disqualified persons that						ļ	
exceed the greater of \$5,000 or 1% of the			}		}	l	
amount on line 13 for the year c Add lines 7a and 7b		 	 	 	+		
		 		 	+-		
8 Public support (Subtract line 7c from line 6)		<u></u>		1			L
Section B. Total Support		#1.00==	4.0000	1,0000		(-) 00:10	(n. T.)
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	+'	(e) 2010	(f) Total
9 Amounts from line 6		 		ļ	+		
10a Gross income from interest, dividends, payments received on							
securities loans, rents, royalties					-	ł	
and income from similar sources							
b Unrelated business taxable income						·	
(less section 511 taxes) from businesses							1
acquired after June 30, 1975		1	1			,	
c Add lines 10a and 10b							
11 Net income from unrelated business		 		1	1		
activities not included in line 10b,		1				ŀ	[
whether or not the business is						1	
regularly carried on 12 Other income Do not include gain		+		 	+		
or loss from the sale of capital						ļ	
assets (Explain in Part IV)		 	 	 			
13 Total support (Add lines 9, 10c, 11, and 12)			L	<u> </u>			L
14 First five years. If the Form 990 is for	the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a sect	ion 501	i (c)(3) organız	ation,
check this box and stop here	 						<u> </u>
Section C. Computation of Publi	c Support Pe	rcentage					
15 Public support percentage for 2010 (li	ne 8, column (f) c	divided by line 13, o	column (f))		15		
16 Public support percentage from 2009	Schedule A, Par	t III, line 15			16		
Section D. Computation of Inves							
17 Investment income percentage for 20					17		
18 Investment income percentage from 2					18	1	
19a 33 1/3% support tests - 2010. If the			on line 14, and lin-	e 15 is more than		3% and line 1	17 is not
	=						17 is not ►
more than 33 1/3%, check this box ar	•		· · · · · · · · · · · · · · · · · · ·				, _
b 33 1/3% support tests - 2009. If the	organization did	not check a box or	Time 14 or line 19a	a, and line 16 is n	nore th	an 33 1/3%,	ano
		-					► 1
line 18 is not more than 33 1/3%, che Private foundation If the organization							▶

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.

2010' Open to Public Inspection

Name of the organization

AMERICAN DANCE FESTIVAL, INC.

Employer identification number

D.	AMERICAN DANCE FES				06-0932294
Pa			ner Similar Fund	is or Accou	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				
		(a) Donor a	dvised funds	(b) Fun	ds 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 asse	ets held in donor adv	sed funds	
	are the organization's property, subject to the organization's	exclusive legal conf	trol?		Yes No
6	Did the organization inform all grantees, donors, and donor a			e used only	
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?			.	Yes No
Pa	······································	anization answered	d "Yes" to Form 990.	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati				
•	Preservation of land for public use (e.g., recreation or e		Preservation of an h	istorically impo	ortant land area
	Protection of natural habitat		Preservation of a ce		
	Preservation of open space		1 reservation of a ce	Tuiled motorie	Structure
2		find concentration of	antribution in the form	n of a concent	ation agrament on the last
_	Complete lines 2a through 2d if the organization held a qualif day of the tax year	ied conservation co	onthodition in the form	ii oi a conseiva	ation easement on the last
	day of the tax year				Held at the End of the Tax Year
_	Total number of conservation accompate			20	THEIR ALTHE LINE OF THE TAX TEAT
a	Total number of conservation easements			2a	
ь	Total acreage restricted by conservation easements		-1	2b	
С	Number of conservation easements on a certified historic str		•	2c	
d	Number of conservation easements included in (c) acquired	after 8/1 //Ub, and r	ot on a historic struc		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguishe	d, or terminated by th	ne organizatior	n during the tax
	year ►				
4	Number of states where property subject to conservation ear			-	
5	Does the organization have a written policy regarding the per	-	spection, nandling of	ĭ	
_	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and				4
8	Does each conservation easement reported on line 2(d) above	e satisty the requir	ements of section 17	U(n)(4)(b)(i)	Yes No
	and section 170(h)(4)(B)(ii)?				
9	In Part XIV, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organiza	tion's financial state	ements that describe	s the organiza	tion's accounting for
Da	conservation easements. t III Organizations Maintaining Collections o	f Art Historica	Transuras or	Other Simil	lar Assats
rai	Complete if the organization answered "Yes" to Form	-	i iteasules, or	Other Simil	iai A33613.
			and to the very source extent	amost and bal	and about works of ort
та	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext		or research in further	rance or public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri				
ь	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or researd	ch in furtherance of p	oublic service,	provide the following amounts
	relating to these items			_	•
	(i) Revenues included in Form 990, Part VIII, line 1			P	\$ \$
	(II) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre			ial gain, provid	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relati	ng to these items		
а	Revenues included in Form 990, Part VIII, line 1			>	\$
b	Assets included in Form 990, Part X			>	\$ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 032051

Schedule D (Form 990) 2010

		N DANCE FE							32294		
Ра	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other recor	ds, check any	of the	following tha	at are a s	significant	use of its	collection	items	s
	(check all that apply)										
'a	X Public exhibition	•			hange progra	ams					
b	Scholarly research	•	e X Othe	r_ <u>FO</u>	R SALE						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how they f	urther t	he organizati	on's exe	empt purp	ose ın Pai	t XIV.		
5	During the year, did the organization solicit or	receive donations	of art, histori	cal trea	sures, or oth	er sımıla	ır assets				
,	to be sold to raise funds rather than to be ma	intained as part of	the organizat	ion's co	ollection?				Yes	X	No
Pa	rt IV Escrow and Custodial Arrang	gements. Comp	lete if the org	anizatio	on answered	"Yes" to	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for cont	ribution	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes] No
b	If "Yes," explain the arrangement in Part XIV a	and complete the f	ollowing table								
									Amount		
С	Beginning balance						1c				
ď	Additions during the year						1d				
е	Distributions during the year						1e	_			
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21 ⁷						Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.										
Pa	TV Endowment Funds. Complete if	the organization a	nswered "Yes	to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior	ear	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	5,336,907.	5,336	,907.	5,33	6,907.	<u></u> .		ļ.,. <u>.</u>		
b	Contributions	<u> </u>									
С	Net investment earnings, gains, and losses	 									
d	Grants or scholarships	· 									
е	Other expenditures for facilities		ł								
	and programs	163,800.									
f	Administrative expenses										
g	End of year balance	5,173,107.	5,336	,907.	5,33	6,907.					
2	Provide the estimated percentage of the year	end balance held	as								
а	Board designated or quasi-endowment		%								
ь	Permanent endowment ► 100.00	%									
С	Term endowment	6									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are	held a	ınd admınıste	ered for t	the organi	zation	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		_X_
	(ii) related organizations								3a(ii)		<u>X</u>
b	If "Yes" to 3a(II), are the related organizations	listed as required	on Schedule	٦?					3ь		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X, line	10							
	Description of investment	(a) Cost or of basis (investigation)	1 .	•	or other (other)		ccumulate preciation		(d) Book	value	9
1a	Land										
ь	Buildings										
	Leasehold improvements										
d	Equipment			10	7,732.		88,9	63.	18	3,7	6 9.
	Other				·		- -			<u></u>	
	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X, column (E), line 1	10(c))			>	18	3,7	69.

Schedule D (Form 990) 2010

MERTCAN	DANCE	FESTIVAL,	TNC
$T_{1}T_{1}T_{1}T_{1}T_{2}T_{3}T_{3}T_{3}T_{3}T_{3}T_{3}T_{3}T_{3$	DANCE	LEOIIAMI.	INC.

(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)	(b) Book value		ethod of valuation. nd-of-year market value
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)			
(3) Other			
(A) (B) (C) (D) (E) (F) (G) (H)			
(B) (C) (D) (E) (F) (G) (H)			
(C) (D) (E) (F) (G) (H)			
(D) (E) (F) (G) (H)			
(E) (F) (G) (H)			
(F) (G) (H)			
(G) (H)			
(H)			
(l)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, Iin	e 13	
(a) Description of investment type	(b) Book value		ethod of valuation nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)			
(7) (8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			······································
Part IX Other Assets. See Form 990, Part X, lin	ne 15	<u></u>	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)	 		
Total. (Column (b) must equal Form 990, Part X, col (B) II.	ne 15)		>
Part X Other Liabilities. See Form 990, Part X		·	
1. (a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Amount	
(1) Federal income taxes			
(2) PENSION OBLIGATION		105,983.	
(3) AMOUNTS DUE TO FUNDS WIT	Н		
(4) DEFICIENCIES		328,145.	
(5)			
(6)			
(7)			~
(8)			
(9)			
(10)			
(11)		424 120	
Total. (Column (b) must equal Form 990, Part X, col (B) II. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	ne 25) to the organization's financial st	4 3 4 , 1 2 8 . Attended to the description of the	liability for uncertain tax positions under

Part XIV Supplemental Information (continued)
organization. The Organization is subject to unrelated business income
tax related to the sale of shirts, hats, and other items that contain
ADFs logo. Unrelated business income tax expense for the year ended
September 30, 2011 was \$0.
The Organization is not currently under examination by the Internal
Revenue Service or the State of North Carolina. The Organization's
taxable years that are open for potential examination by the Internal
Revenue Service are for the years ended September 30, 2008 through 2011.
The Organization's open tax years for potential examination by the State
of North Carolina are for the years ended September 30, 2008 through 2011.
Part XI, Line 8 - Other Adjustments:
PENSION RECOGNITION ADJUSTMENT 23,576
LOSS ON SALE OF ARTWORK 20,246
Total to Schedule D, Part XI, Line 8 43,822
Part XII, Line 2d - Other Adjustments:
LOSS ON SALE OF ARTWORK 20,246
Part XII, Line 4b - Other Adjustments:
COST OF RESOLD MERCHANDISE -10,524

Schedule D (Form 990) 2010

-10,524.

Part XIII, Line 4b - Other Adjustments:

COST OF RESOLD MERCHANDISE

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

AMERICAN DANCE FESTIVAL, INC.

Employer identification number 06-0932294

Pa	rt I	_		
			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	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	İ		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	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 Part II	3_	<u> </u>	X
	ORGANIZATION DOES NOT SOLICIT STUDENTS THROUGH THE MEDIA.			
		1		
4	Does the organization maintain the following?			
'n	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	1	Х
h	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	70		
·	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
ŭ	If you answered "No" to any of the above, please explain. If you need more space, use Part II	40		
	ORGANIZATION HAS NOT YET RECORDED THE RACIAL COMPOSITION.			
				ļ
5	Does the organization discriminate by race in any way with respect to	Î		
а		5a	1	Х
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		Х
	Use of facilities?	5f		Х
	Athletic programs?	5g		Х
_	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
c				v
6 a		6a		X
D	Has the organization's right to such aid ever been revoked or suspended?	6b		
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II	1		
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of	_	v	
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Schedule F (Form	7	X	<u> </u>

Schedule E	(Form 990 or 990-E	Z) (2010) AMERICAN	DANCE	FESTIVAL,	INC.	06-0932294	Page 2
Part II	Supplemental	Information. Comple	ete this part t	o provide the expla	nations required by Par	t I, lines 3, 4d, 5h, 6b, and 7,	
	as applicable Also	complete this part to pre	ovide any oth	er additional inform	ation.		
							
							
						<u> </u>	
							
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						<u> </u>	

Schedule I (Form 990) (2010) Employer identification number 2 06-0932294 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, non-set assertance) 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 non-cash assistance FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. cash grant INC (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations AMERICAN DANCE FESTIVAL, General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part i Part II

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 0 324,128. (c) Amount of cash grant (b) Number of recipients 164 AND AWARDS TO INDIVIDUALS WHO ARE ACCEPTED INTO THE ORGANIZATION PROVIDES GRANTS, SCHOLARSHIPS, THE SCHOOL BASED ON ABILITY AND FINANCIAL NEED. (a) Type of grant or assistance 032102 01-13-11 Part IV

Page 2

06-0932294

AMERICAN DANCE FESTIVAL, INC.

Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

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.

2010

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

AMERICAN DANCE FESTIVAL, INC.

Employer identification number 06-0932294

P.	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 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Mousing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	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	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			1
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			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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 compensation]	
	contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
a	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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	SC compensation	(C)	(Q)	(E)	(F)
(A) Name	_1,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retirement and other deferred compensation	nontaxable benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	6	201.741.	0	0	0	32,097.	233,838.	0
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	1						Schedu	Schedule J (Form 990) 2010

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	AMERICAN DAN	CE FES	TIVAL, IN	C.		06-0	19322	<u> 194</u>	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on	(d) Method of d noncash contrib	etermını	_	s
1	Art - Works of art								
2	Art - Historical treasures	l							
3	Art · Fractional interests	Ĺ							
4	Books and publications								
5	Clothing and household goods	X		9,	397.				
6	Cars and other vehicles								
7	Boats and planes					<u> </u>			
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock							_	
11	Securities - Partnership, LLC, or					-			
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution -		-			· · · · · · · · · · · · · · · · · · ·			
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate · Residential								
16	Real estate · Commercial								
17	Real estate - Other		<u> </u>			·			
18	Collectibles								
19	Food inventory	X		42.	986.				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts					······································			
25	Other (MISCELLANEOUS)	X	0	3	161.				
26	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>-</u> '	, 101.				
27	Other ()		 	 	-				
28	· · 								
29	Other (_ Ab = A =						
29	Number of Forms 8283 received by the organi		*		00				
	for which the organization completed Form 82	os, Part IV,	Donee Acknowled	gement	29			Yes	N-
20-	Domas About a stoletal company				1 00 45 -4		[res	INO
SUA	During the year, did the organization receive b								
	at least three years from the date of the initial	contribution	, and which is not	requirea to be usi	ed for exemp	t purposes for			Х
	the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II								v
31	Does the organization have a gift acceptance		•			ions ⁷	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or se	ell noncash				37
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colu	mn (a) is che	cked,			ĺ
	describe in Part II								L
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	l (Form	990) ((2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010 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 Mission:
COREOGRAPHERS; PRESERVE OUR MODERN DANCE HERITAGE THROUGH CONTINUED
PRESENTATION OF CLASSIC WORKS, AS WELL AS THROUGH ARCHIVAL EFFORTS;
BUILD WIDER NATIONAL AND INTERNATIONAL AUDIENCES FOR MODERN DANCE;
ENHANCE PUBLIC UNDERSTANDING AND APPRECIATION OF THE ART FORM AND ITS
CULTURAL AND HISTORICAL SIGNIFICANCE; AND TO PROVIDE A SOUND SCIENTIFIC
/ AESTHETIC BASE FOR PROFESSIONAL EDUCATION AND TRAINING OF YOUNG
DANCERS AND A FORUM FOR INTEGRATING AND DISSEMINATING INFORMATION ON
DANCE EDUCATION.

Form 990, Part III, Line 1, Description of Organization Mission:

AUDIENCES FOR MODERN DANCE; ENHANCE PUBLIC UNDERSTANDING AND

APPRECIATION OF THE ART FORM AND ITS CULTURAL AND HISTORICAL

SIGNIFICANCE; AND TO PROVIDE A SOUND SCIENTIFIC / AESTHETIC BASE FOR

PROFESSIONAL EDUCATION AND TRAINING OF YOUNG DANCERS AND A FORUM FOR

INTEGRATING AND DISSEMINATING INFORMATION ON DANCE EDUCATION.

FORM 990, Part VI, Section B, line 11: THE BOARD OF DIRECTORS REVIEWS THE FINANCIAL STATEMENT AUDIT AND COMPARES THE FINANCIAL STATEMENTS TO

FINANCIAL REPORTS PROVIDED TO THEM BY THE FINANCE DIRECTOR. THE PRESIDENT AND TREASURER OF THE BOARD REVIEWS THE 990 AND COMPARES IT TO INFORMATION INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR ANY SIGNIFICANT DISCREPANCIES OR INCONSISTENCIES.

FORM 990, Part VI, Section B, Line 15: DIRECTOR APPROVES COMPENSATION AND

PAY RAISES FOR ALL EMPLOYEES EXCEPT FOR HIS OWN AND THE CO-DIRECTOR'S. THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) (2010)

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: AMERICAN DANCE FESTIVAL, INC.	06-0932294
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	DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAIL	LABLE TO THE PUBLIC
UPON REQUEST. THE GOVERNING DOCUMENTS ARE FILED WIT	H THE SECRETARY OF
STATE IN THE STATE OF INCORPORATION.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-203,225
PENSION RECOGNITION ADJUSTMENT	23,576
LOSS ON SALE OF ARTWORK	20,246
Total to Form 990, Part XI, Line 5	-159,403
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