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# Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

2012

Open to Public Inspection

AF	or th	ne 2012 calendar year, or tax year beginning	JUN I, ZUIZ and	enging M	AY JI,	<u> </u>			
B c	Check if ipplicab	C Name of organization			D Employer	identificat	tion number		
	Addre		INC.						
	Name	nge Doing Business As				<u>84-104</u>	41249		
	]initial return	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone number				
	Termi ated	P. O. BOX 212			<u> </u>	<u>970-92</u>	<u> 26-1440                                    </u>		
	Amer return		ode		G Gross receipt	s\$	71,573.		
	Appli tion	VAIL, CO SIGIO			H(a) Is this a	group retu	rn		
	pend	F Name and address of principal officer.KI	M ANDERSON		for affilia	ites?	Yes X No		
		5015B EAST WILDRIDGER	RD, AVON, CO, A	VON, C	H(b) Are all aff	iliates includ	led? Yes No		
<u> 1 1</u>	Гах-ех	xempt status X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or <u> </u>	lf "No," a	attach a lis	t. (see instructions)		
		site: ► N/A			H(c) Group e	xemption r	number 🕨		
	orm o	of organization: X Corporation Trust Summary	Association Other	L Year	of formation: 1	<u>987 м</u> s	State of legal domicile: CO		
L:	1	Briefly describe the organization's mission or me	est significant activities. FDTE	NDC OF	ארו ישעית י	NCE DI	POWIDEG		
õ	'	OPPORTUNITIES TO YOUNG I							
nar	2	Check this box I if the organization dis							
Ver	3	Number of voting members of the governing bo	•	Jaca of More	) than 25% of t	3	8		
ၓွ	4	Number of independent voting members of the	• •			4	0		
•ඊ ග	5	Total number of individuals employed in calenda				5	0		
ij	6	Total number of volunteers (estimate if necessar	• • • • • • • • • • • • • • • • • • • •			6			
Activities & Governance		a Total unrelated business revenue from Part VIII,	• •			7a	29,877.		
ĕ	1	b Net unrelated business taxable income from For	• •			7b	0.		
	- <u> </u>	The directed business taxable income north of		Prior Year	1	_Current Year			
	8	Contributions and grants (Part VIII, line 1h)	DEOE	<del>                                     </del>		471.	16,100.		
Je	9	Program service revenue (Part VIII, line 2g)	RECEIVED	_	109,		29,844.		
Revenue	10	Investment income (Part VIII, column (A), lines 3	Andread to the second		100,	12.	33.		
æ	11	Other revenue (Part VIII, column (A), lines 5,:6d,			14	484.	20,649.		
	12	Total revenue - add lines 8 through 11 (must equ			131,		66,626.		
	13	Grants and similar amounts paid (Part IX, colum				200.	1,293.		
	14	Benefits paid to or for members (Part IX, column				0.	0.		
Ø	15	Salaries, other compensation, employee benefit	· · · · · · · · · · · · · · · · · · ·			0.	0.		
nse	16a	a Professional fundraising fees (Part IX, column (A				0.	0		
Expenses	1	b Total fundraising expenses (Part IX, column (D),		<u> </u>					
ũ	17	Other expenses (Part IX, column (A), lines 11a-1	·		105,	733.	74,206.		
	18	Total expenses Add lines 13-17 (must equal Pa	•		107,		75,499.		
_	19	Revenue less expenses Subtract line 18 from li	ne 12		23,	881.	-8,873.		
es Se				Ве	ginning of Curre		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				724.	36,851.		
\$E	21	Total liabilities (Part X, line 26)				0.	0.		
<u>컆</u>	22	Net assets or fund balances Subtract line 21 fro	om_line 20		45,	724.	36,851.		
Pa	art II	I ĮŞignature Block							
		nal <u>ties</u> of perjury, I declare that I have examined this retu				-	nowledge and belief, it is		
true,	, corre	ectand complete. Declaration of preparer (other than of	ficer) is based on all information of w	vhich preparei	has any knowle	dge.			
		2							
Sig	n	Signature of officer			Date				
Her	e	KIM ANDERSON, TREASUR							
		Type or print name and title	<u></u>	<del></del>	Doto		T DTIN		
		Print/Type preparer's name	Preparer's signature	[ ]	Date	Check	PTIN		
Paid		<b>@</b>			sett-employed				
	parer		Firm's	EIN					
use	Only	Firm's address							
<u> </u>		IRS discuss this return with the preparer shown a			Phone	e no.	Y Voc No		
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Form	1990 (2012) FRIENDS OF THE DANCE, INC.	84-1	.041249 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<del></del>	X
1	Briefly describe the organization's mission		
	FRIENDS OF THE DANCE ENSURES THAT DANCE EDUCATION		
	PRESENCE IN THE COMMUNITY AND SUPPORTS THOSE IND	IVIDUALS IN	OLVED IN
	DANCE.		
2	Did the organization undertake any significant program services during the year which were not I	sted on	
_	the prior Form 990 or 990-EZ?		Yes X No
	·		
_	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services?	L Yes L∆ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program	am services, as measure	ed by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others, the t	otal expenses, and
	revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 23,506 • Including grants of \$	) (Revenue \$	21,175.)
	WINTER SHOW	/ (NOVENIES #	
	WINIER BION		
		<del></del>	
			<del></del>
4b	(Code) (Expenses \$ 2 , 009 . including grants of \$	) /p	4,261.)
40	(Code) (Expenses \$ 2,009. including grants of \$	) (Revenue \$	4,201.
	STUDENT SHOWCASE		
		<del></del>	
			<del></del>
4c	(Code) (Expenses \$1, 435. including grants of \$	) (Revenue \$	4,408.
4d	Other program services (Describe in Schedule O.)		
	40 540		<b>\</b>
		•	
<u>4e</u>	Total program service expenses ► 75,499.	<del></del> _	
23200	2		Form <b>990</b> (2012)
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	2		

Form 990 (2012) FRIENDS OF TO Part IV Checklist of Required Schedules

			Ţ.,	
	to the experience described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	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			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 if "Yes," complete Schedule C, Part III	5	,	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		' ļ	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			_
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		ĺ	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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	``````````````````````````````````````		<b>4</b> °
	as applicable	Ä	- %	*-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	امما		<b></b>
_	Part VI	11a		X
D	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		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	-110	-	A
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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	-110		4-
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	'		
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ì	v
47	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	47	<u> </u>	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		<u>X</u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
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Fa	Officerist of frequired conceders (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del>  -</del> -	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del>                                     </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
24	•	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a		35a		X
	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u>~~</u>		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ <u>~</u>		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<del></del>
	Note: All Form 990 filers are required to complete Schedule O	20	<sub>Y</sub>	

FOD 1

	Check if Schedule O contains a response to any question in this Part V			
		$\overline{}$	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			<del></del> _
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
•	(gambling) winnings to prize winners?	1c		İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		` .	ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u></u>
4a	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)?	4a	<u>-</u>	X
þ	If "Yes," enter the name of the foreign country. ►	1.7		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	»	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c		<del></del>
6a				v
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- CD		<u> </u>
a	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	~~	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		-	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b> </b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del></del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	.		ł
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		<del> </del>
а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-	*	
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	1		}
а	Gross income from members or shareholders			ĺ
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)		-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			f
D	organization is licensed to issue qualified health plans	1		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_ <del></del> _
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	990 (2012) FRIENDS OF THE DANCE, INC. 84-1041  t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			age <b>6</b> se
	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			$\mathbf{x}$
Sec	tion A. Governing Body and Management			<u>.a.</u>
<u> </u>	aon Ai dovorning 2003 and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		*	` ,
-	If there are material differences in voting rights among members of the governing body, or if the governing	]	,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ľ	*."  -	
ь	Enter the number of voting members included in line 1a, above, who are independent	ا رُ ' رُ ا	, / %,	s <sup>2</sup> i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	, ,	4. >	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		<u>X</u>
6	Did the organization have members or stockholders?	6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		_ <u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	:"	_ <u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_ ×		,
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1 _		7.7
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI.
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	<u>1</u> 2c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15	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		<u>X</u> _
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).			,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		1
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			-
500	exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avadah		
.0	for public inspection. Indicate how you made these available. Check all that apply.	uvallal		
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.	- midi	·oiui	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🕨	•	
	JOANNE MORGAN - 970-390-7246			
	5735 WILDRIDGE RD. E., AVON, CO 81620			
23200		C	000	10040

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

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

<b>(A)</b> Name and Title	(B) Average			Pos	C) itior	١		( <b>D)</b> Reportable	(E) Reportable	<b>(F)</b> Estimated
Name and Mo	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an '	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	_	i		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SUSIE HERVERT PRES.	8.00	-						0.	0.	0
(2) LINDA LAMPERT	8.00									
VICE PRESIDENT		ļ	<u> </u>		<u> </u>			0.	0.	0
(3) SUSAN GRUBER	8.00	-	ĺ							
SECRETARY	8.00		-		-	-	-	0.	0.	0
(4) KIM ANDERSON TREASURER	8.00	1				1	İ	0.	0.	0
INDONEK		ļ						<u> </u>		
	<del> </del>		-							
		_	_	_						
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		-								<del>_</del>
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		$\vdash$						<u> </u>		
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			$\vdash$	_		<del> </del>	_			
	<del></del>	1								
	<del></del>		Ь				L		L	5 000 (004)

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)		(F)		
	Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Estimated		
		hours per	pox	, unie	ss pe	rson	ıs bot	h an	compensation	compensation	1		of	
		week	$\vdash$	1	luau	T OCC	or/trus	1	from	from related		other		
		(list any hours for	iect						the organization	organizations (W-2/1099-MIS)	۱ ۲	compensate from the		
		related	eord	ig i			sated		(W-2/1099-MISC)	(88-271099-181150	"	organizati		
		organizations	Individual trustee or director	Institutional trustee		e e	mper		(17 2) 1000 111100)		- 1	and relate		
		below	laubi	ng ng		줱	estco	<u></u>			- }	organizatio		
		line)	를	Inst	Officer	Key	Highest compensated employee	퉏						
			]	Ì			Ì				1			
		-		ļ			{	l					_	
			<u> </u>		<u> </u>			_						
					}			{						
		ļ	<u> </u>	<u> </u>			<u> </u>	<u> </u>						
			-	[										
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	↓_	<u> </u>					
			4	1		i					ĺ			
		<del> </del>	-	$\vdash$	-	-	<b>├</b>	<b>├</b> —			$\longrightarrow$			
			-			ł								
		<del> </del>	-	-	<del> </del>		<del> </del>	├_	<u> </u>		_			
			┨											
		L				<u> </u>	_	L_	<del></del>	<del></del>	$\overline{}$			
_	Sub-total								0.	<del></del>	0.		<u>0.</u>	
	Total from continuation sheets to Part V	II, Section A							0.		0.		0.	
	Total (add lines 1b and 1c) Total number of individuals (including but			المعادات		<b>.</b>	ادد (د			000 - 6			0.	
2	compensation from the organization	not iimited to tr	1050	ıısı	o a	DOV	e) wr	IIO II	eceived more than \$100	,000 or reportable	,		0	
	compensation from the organization											Yes	No	
3	Did the organization list any former officer	director or th	ieta	a ka		mnle	11/00	٥r	highest compensated a	mnlovee on	ſ	- 100		
Ū	line 1a? If "Yes," complete Schedule J for	•		o,	., o.	iipic	,,00	, 0.	riigilest compensated e	inployed on	ľ	3	X	
4	For any individual listed on line 1a, is the s			amo	ensa	atior	ano	d of	her compensation from	the organization	ţ			
•	and related organizations greater than \$15								·	o organization		4	X	
5	Did any person listed on line 1a receive or									idual for services	ļ			
_	rendered to the organization? If "Yes," cor										ľ	5	X	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ens:	ation from		
	the organization. Report compensation for	the calendar y	ear	endi	ıng v	vith	or w	<u>rithir</u>	n the organization's tax	year _				
	(A)								(B)			(C)		
	Name and busines	s address	N	ON	<u> </u>			]	Description of s	services	c	ompensatio	n	
													_	
							_		<del></del>					
										]				
							-							
	<del></del>	<u> </u>								<del></del>				
2	Total number of independent contractors	_	iot li	mite	a to		_	stec	a above) who received n	nore than				
	\$100,000 of compensation from the organ	nzation 🟲				- 1	0		<del></del>			Form <b>990</b> (2	3040	
												LOUIN DAM (%	2U 1Z)	

84-1041249 FRIENDS OF THE DANCE, INC. Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 16,100. b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 16,100 h Total. Add lines 1a-1f **Business Code** <u>21,1</u>75 711120 2 a WINTER SHOW <u>21,175</u> Program Service **b** DADDY/DAUGHTER DANCE 711120 4,408 4,408 711120 STUDENT SHOWCASE 4,261 f All other program service revenue 29,844 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 33. 33. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 25,596 Part IV, line 18 b Less. direct expenses 20,649 c Net income or (loss) from fundraising events 20,649. 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

FOD

20,649.

232009 12-10-12

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

0

29,877.

66,626

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 1,293. 1,293 the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) 11 a Management Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 523. 523. . Advertising and promotion 12 766. 766. Office expenses 13 Information technology 14 15 Royalties 14,960. 14,960 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 65. 65. 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,504 1,504. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 51,154. 51,154 PROGRAM SERVICE EXPENSE 2,641. 2,641. AWARDS BANOUET EXPENSE c GIFTS 1,444. 1,444. d UNIFORMS 684. 684. 465. 465 e All other expenses 75,499. 75,499. 0. 0. Total functional expenses. Add lines 1 through 24e 25\_ Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

FRIENDS OF THE DANCE, INC.

Pa	rt X	Balance Sheet		<u></u>		
_		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		12,291.	1	3,384.
	2	Savings and temporary cash investments		33,433.	2	33,467.
	3	Pledges and grants receivable, net	\		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa-	ated employees Complete		~~,	
		Part II of Schedule L	Į		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	]	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	l		7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				
	ļ	basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11 (		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	45,724.	16	36,851.
	17	Accounts payable and accrued expenses	ļ		17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	<del></del>
es	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former				
įį		key employees, highest compensated employee	es, and disqualified persons	* Th Doors * * * * * * * * * * * * * * * * * * *	-	
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	· ·		23	
	24	Unsecured notes and loans payable to unrelated	,		24	<del></del>
	25	Other liabilities (including federal income tax, pa				
	l	parties, and other liabilities not included on lines	17-24). Complete Part X of			1
	000	Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25	) abada bara N		26	
"		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and	**			
ĕ	27	Unrestricted net assets	u 34.		07	
alar	28	Temporarily restricted net assets			27 28	
8	29	Permanently restricted net assets	ľ		29	<del> </del>
Ē	20	Organizations that do not follow SFAS 117 (A	SC 958) check here		29	<del> </del>
F		and complete lines 30 through 34.	300 300), check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		45,724.	30	36,851.
SSe	31	Paid-in or capital surplus, or land, building, or eq	upment fund	0.	31	30,031.
Ë	32	Retained earnings, endowment, accumulated in		0.	32	0.
Š	33	Total net assets or fund balances	55, 57 56.157 Idilias	45,724.	33	36,851.
	34	Total liabilities and net assets/fund balances		45,724.	34	36,851.
						Form <b>990</b> (2012)

Form	990 (2012) FRIENDS OF THE DANCE, INC.	84-104	1249	Pag	<sub>re</sub> 12					
	rt XI Reconciliation of Net Assets			_						
	Check if Schedule O contains a response to any question in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	<u>5,6</u>	<u> 26.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2			99. 73.					
3	Revenue less expenses Subtract line 2 from line 1  Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	3	5,8	51.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a								
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis			à						
b	Were the organization's financial statements audited by an independent accountant?		2b		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ	ate basis,								
	consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		_2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O.		1						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit		~						
	Act and OMB Circular A-133?		За		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the red	juired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

232012 12-10-12

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Employer identification number

		FRIENDS	OF THE DANC	E, IN	C.				8	4-1041	249	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this par	t) See ins	tructions.				
The organ  1	A church, co A school des A hospital or	nvention of churche scribed in section 17 a cooperative hospi	because it is (For lines 1985, or association of chur 70(b)(1)(A)(ii). (Attach South Service organization of operated in conjunction	ches desc hedule E.) described	ribed in se in section	ction 170	(b)(1)(A)(i) (A)(iii).		i). Enter	the hospital	's nam	ıe,
	city, and sta	te										
5 📖		ion operated for the (b)(1)(A)(iv). (Comple	benefit of a college or unlete Part II)	niversity o	wnea or op	perated by	a govern	mentai uni	t describ	oea in		
6 🖂	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d ın sectio	n 170(b)(	1)(A)(v).					
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
8 🗀	section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 X												
	_	-	nctions - subject to certa							•	•	
	income and	unrelated business t	taxable income (less sect	tion 511 ta	x) from bu	sınesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	5
	See section	509(a)(2). (Complete	e Part III )									
10	_		perated exclusively to te	-	•			•				
11 📖	_	-	perated exclusively for the		-				•	•		or
			ations described in secti organization and compl				2) See <b>se</b> e	ction 509(	a)(3). Ch	eck the box	that	
	a Type			ype III - Fu	_				e III - No	n-functional	v intec	rated
е 🔲		·	at the organization is not		-	_					-	
	foundation n	nanagers and other t	than one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	zation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	ə III				
		rganization, check th										
g	-		organization accepted ar			•		• •				- NI -
		· · · · · · · · · · · · · · · · · · ·	directly controls, either al supported organization?	one or tog	eniei wini	persons (	rescribed	ın (ıı) and (	iii) below	, 11g(i)	Yes	No
	_	• •	n described in (i) above?	,						11g(ii)		
	• •	•	a person described in (i) o		∍?					11g(iii)		
h	Provide the f	following information	about the supported or	ganization	(s).							
(1) No.		/** FIN	(***) Towns of suppose to 1	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) Is	the			
	e of supported janization	(ii) EIN	above or IRC section	in col. (i) lis	sted in your document?	organizat	notify the non in col. r support?	organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount sup		letary
			(see instructions))	Yes	No	Yes	No	Yes	No			
		<u>-</u>									<del></del>	
-	····				_			<u> </u>				
					:							
								ļ				
_	_							1				
Total					: 		<u> </u>					
LHA For		eduction Act Notice	e, see the Instructions f	or				Schedul	e A (For	m 990 or 99	0-EZ)	2012
Form 990	or 990-EZ.											

-04-12

Sche <u>dule A (Form 990 or 990-EZ) 2012</u>						Pag
Support Schedule for C (Complete only if you checked fails to qualify under the tests	the box on line 5	, 7, or 8 of Part I o	or if the organization			-
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
			i .	1	ľ	1

<u>sec</u>	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants.")	<u></u>							
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	!							
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions				ng'	<b>.</b>			
	by each person (other than a	1	·		, v.	*,			
	governmental unit or publicly								
	supported organization) included	1							
	on line 1 that exceeds 2% of the	*X <sub>2</sub> **	**	`	13 7	,**.			
	amount shown on line 11,	*	ļ						
	column (f)								
	Public support. Subtract line 5 from line 4	y	* * * * * * * * * * * * * * * * * * *	**	**	<u> </u>			
	ction B. Total Support	<del></del>	<del>,</del> -						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,	1							
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources				<u> </u>				
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	<u> </u>			<u> </u>				
10	Other income. Do not include gain	}							
	or loss from the sale of capital	!							
	assets (Explain in Part IV)				ļ				
	<b>Total support.</b> Add lines 7 through 10	L			l	<del></del>			
	Gross receipts from related activities	•	•			12			
13	First five years. If the Form 990 is fo	•	s first, second, third	d, fourth, or fifth	tax year as a section	n 501(c)(3)	. —		
Sec	organization, check this box and store computation of Publication	o here lic Support Pe	rcentage						
	Public support percentage for 2012 (			olumn (A)		14	0.0		
		• • • • • • • • • • • • • • • • • • • •	•	Olumn (I))		14	<u>%</u>		
	Public support percentage from 2011 Schedule A, Part II, line 14  33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
IVa	stop here. The organization qualifies	•			7 14 13 33 1/3/0 01 11	iole, check this bo	× a.iu		
ь	33 1/3% support test - 2011. If the		•		id line 15 is 33 1/3%	or more check th	is box		
~	and stop here. The organization qua	<del>-</del>			G 11710 70 10 00 17070	or more, cricer an	<b>▶</b> □		
172	10% -facts-and-circumstances tes	•	•		ne 13, 16a or 16b a	and line 14 is 10%	or more		
., a		_					•		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organization		_		•				
		Jid Hot onlook a	207 011 1110 10, 100	<u> </u>		dule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2012 FRIENDS OF THE DANCE, INC.

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 If the organization fails to qualify under the tests listed below inlease complete Part II.)

Sec	ction A. Public Support	cion, picaco comp	note i di ciri							
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,180.	21,022.	23,287.	7, <b>4</b> 71.		68,960.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,878.	92,915.	18,706.	109,847.		227,346.			
3	Gross receipts from activities that	<u> </u>	<u> </u>	107,000	20070270		22:/0204			
J	are not an unrelated trade or bus- iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge					·				
	Total. Add lines 1 through 5	23,058.	113,937.	41,993.	117,318.	<u> </u>	296,306.			
72	Amounts included on lines 1, 2, and									
t	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
	Add lines 7a and 7b						0.			
_	Public support (Subtract line 7c from line 6)						296,306.			
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,058.	113,937.	41,993.	117,318.		296,306.			
Ė	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
,	Add lines 10a and 10b						<del> </del>			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13	Total support. (Add lines 9, 10c, 11, and 12)	23,058.	113,937.	41,993.	117,318.		296,306.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization,			
<u></u>	check this box and stop here	io Support Do					<u>▶</u>			
	Ction C. Computation of Publ			olumn (6)		45	100 00 %			
15 16	Public support percentage for 2012 (I Public support percentage from 2011		16	100.00 % 100.00 %						
_	ction D. Computation of Inves			<del></del>		16	100.00 %			
	Investment income percentage for 20	17	00 %							
18	Investment income percentage from			18	<u> </u>					
	19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
t	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	tine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
<u>20</u>	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									
2320	232023 12-04-12 Schedule A (Form 990 or 990-EZ) 2012									

#### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization 84-1041249 FRIENDS OF THE DANCE, INC FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES **EXPENSES \$ 48,549.** INCLUDING GRANTS OF \$ 1,293. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: TAX RETURN REVIEWED BY BOARD AT BOARD MEETING FORM 990, PART VI, SECTION C, LINE 19: ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST BY CALLING ANY OFFICER OF THE ORGANIZATION.

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