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Form 990-EZ

Short Form

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)

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

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

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

C Name of organization: EVOLVE DANCE INC. Number and street (or P O box, if mail is not delivered to street address): PO BOX 324. City or town, state or country, and ZIP + 4: TARRYTOWN, NY 10591

D Employer identification number: 02-0789903. E Telephone number: (914) 522-2419. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website: WWW.EVOLVEDANCE.ORG

J Tax-exempt status (check only one): 501(c)(3), 501(c)( ), (insert no), 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 99,729

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 99,729). Rows 10-17: Expenses (Total expenses: 128,141). Rows 18-21: Net Assets (Total net assets at end of year: -34,794).

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

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	21 21	22 2,942
<b>23</b> Land and buildings . . . . .	0 23	1,277
<b>24</b> Other assets (describe in Schedule O) . . . . .	562 24	140
<b>25 Total assets</b> . . . . .	583 25	4,359
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	6,965 26	39,153
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	-6,382 27	-34,794

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

EVOLVE DANCE'S MISSION IS TO CREATE AND CONNECT DANCING COMMUNITIES THROUGH INVESTIGATION, REFLECTION AND ACTION

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** PERFORMANCES1 WINTER OPEN HOUSE, 12/08/12 AT THE FAMILY YMCA AT TARRYTOWN, CO-PRODUCED BY EVOLVE DANCE AND Y DANCE, THE EVENT INVITES THE COMMUNITY TO A FREE PERFORMANCE FEATURING SELECTED CLASSES/STUDENTS OF THE Y DANCE PROGRAM, AS WELL AS WORKS-IN-PROGRESS PERFORMED BY EVOLVE DANCE 2 YDANCE FESTIVAL 2013, MARCH 22, 23, 24, 2013 AT MASTERS SCHOOL, DOBBS FERRY, NY THE 6TH ANNUAL Y DANCE FESTIVAL IS A JOYOUS CELEBRATION OF DANCE THAT SHOWCASES THE PERFORMANCES BY FACULTY AND STUDENTS OF THE Y DANCE PROGRAM IN A PROFESSIONALLY PRODUCED PROGRAM THAT IS FUN AND APPROPRIATE FOR THE ENTIRE FAMILY 3 "INSIDE STUDIO D," 6/1/13 AT THE FAMILY YMCA AT TARRYTOWN AN INFORMAL EVENING OF DANCE FOR THE COMMUNITY, FEATURING EMERGING CHOREOGRAPHERS AND NEW WORKS FREE FOR THE COMMUNITY 4 SUMMER OPEN HOUSE, 6/8/13 AT THE FAMILY YMCA AT TARRYTOWN AN AFTERNOON OF DANCE PERFORMED AND PRODUCED BY THE STUDENTS OF THE DANCE PROGRAM COMMUNITY PROGRAMS1 CONTINUING COLLABORATION WITH FAMILY YMCA AT TARRYTOWN Y DANCE PROGRAM, 09/12 03/13 (FALL AND PARTIAL SPRING TERMS) THE Y DANCE PROGRAM OFFERS A FULL RECREATIONAL DANCE PROGRAM COUPLED WITH A PRE-PROFESSIONAL TRAINING PROGRAM OUR MISSION IS TO ENGAGE STUDENTS PHYSICALLY AND MENTALLY WHILE FOSTERING AN APPRECIATION FOR CULTURE, COMMUNITY AND THE ARTS 2 DANCE AT THE Y PROGRAM AT THE FAMILY YMCA AT TARRYTOWN 03/13-06/13 EVOLVE DANCE ASSUMED FULL MANAGERIAL AND FISCAL RESPONSIBILITY OVER THE Y DANCE PROGRAM, REORGANIZING THE PROGRAM SO THAT IT WOULD RUN AT A REASONABLE LEVEL FOR A NONPROFIT DANCE PROGRAM CONTINUED COLLABORATION WITH THE FAMILY YMCA AT TARRYTOWN TO STRENGTHEN THE PROGRAM AS A COMMUNITY-BASED, OPEN ACCESS DANCE EDUCATION PROGRAM EFFECTIVE FALL 2013 3 CONTINUING COLLABORATION WITH WESTCHESTER COMMUNITY COLLEGE TO PROVIDE DANCE CLASSES THROUGH WESTCHESTER COMMUNITY COLLEGE'S CONTINUING EDUCATION PROGRAM 4 HEALTHY KIDS DAY, 04/27/13 SPONSORED BY FAMILY YMCA AT TARRYTOWN 5 TEEN ENSEMBLE, 10/12 12/12 AT THE FAMILY YMCA AT TARRYTOWN AUDITIONS AND REHEARSALS PERFORMANCE GROUP 6 ADULT ENSEMBLE, 10/12 12/12 AT THE FAMILY YMCA AT TARRYTOWN AUDITIONS AND REHEARSALS FOR PERFORMANCE GROUP ORGANIZATIONAL 1 CONTINUED OPERATION OF THE NEW YORK CITY OFFICE AT 354 BROOME STREET, SUITE 1, NEW YORK, NY 10013 CHOREOGRAPHY30 NEW PIECES WERE COMMISSIONED FOR THE YDANCE FESTIVAL 2013 (Grants \$ 0) If this amount includes foreign grants, check here

**28a** 127,981

**29** (Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30** (Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32 Total program service expenses** (add lines 28a through 31a)

**32** 127,981

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of KARENNE KOO Telephone no (914) 522-2419 Located at PO BOX 324 TARRYTOWN, NY ZIP + 4 10591
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here: Signature of officer (KARENNE KOO EXECUTIVE DIRECTOR) and Date (2013-10-11)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (CHRIS BELLANDO), Date, Check self-employed, PTIN (P00541714), Firm's name (LUTZ AND CARR CPAS LLP), Firm's EIN (13-1655065), Firm's address (300 EAST 42ND STREET, NEW YORK, NY 10017), Phone no (212) 697-2299

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

## Additional Data


**Software ID:**

**Software Version:**

**EIN:** 02-0789903

**Name:** EVOLVE DANCE INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JULIE JOHNSON  PRESIDENT	5 00	2,300	0	0
JANE ALEXANDRE SECRETARY	5 00	1,765	0	0
COLLEEN CINTRON-RIVELLI DIRECTOR (RESIGNED)	40 00	8,435	0	0
ANNIE TUCKER VICE PRESIDENT	3 00	0	0	0
KARENNE H KOO TREASURER	5 00	0	0	0

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EVOLVE DANCE INC

Employer identification number  
02-0789903

**Part I 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 )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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 \_\_\_\_\_
- 5  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 )
- 6  A federal, state, or local government or governmental unit described in **section 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 **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  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  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  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)
- f  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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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 U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**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, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,256	17,244	27,208	21,036	15,139	104,883
<b>2</b> 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	44,582	43,149	42,882	55,205	84,550	270,368
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	68,838	60,393	70,090	76,241	99,689	375,251
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	16,028	10,000	10,000	5,000	1,055	42,083
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	16,028	10,000	10,000	5,000	1,055	42,083
<b>8 Public support</b> (Subtract line 7c from line 6 )						333,168

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	68,838	60,393	70,090	76,241	99,689	375,251
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9	1				10
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	9	1				10
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	68,847	60,394	70,090	76,241	99,689	375,261
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	88.780 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	85.830 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 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 **stop here**. The organization qualifies as a publicly supported organization
- 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 line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
EVOLVE DANCE INC

**Employer identification number**

02-0789903

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 160 DESCRIPTION OTHER EXPENSES AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 14 660
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PAYROLL TAXES AMOUNT 7,174 DESCRIPTION PRODUCTION EXPENSES AMOUNT 5,650 DESCRIPTION INSURANCE AMOUNT 2,575 DESCRIPTION TRAVEL AMOUNT 245 DESCRIPTION MISCELLANEOUS AMOUNT 3,588 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 301 DESCRIPTION PROGRAM EXPENSES AMOUNT 1,946 DESCRIPTION SUPPLIES AMOUNT 1,391 DESCRIPTION LICENCES AND PERMITS AMOUNT 587 TOTAL TO FORM 990-EZ, LINE 16 23,457
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 98 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNT RECEIVABLE BEG OF YEAR AMOUNT 464 END OF YEAR AMOUNT 140
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 6,965 END OF YEAR AMOUNT 5,575 DESCRIPTION LOAN PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 33,578

## TY 2012 Compensation Explanation

**Name:** EVOLVE DANCE INC

**EIN:** 02-0789903

Person Name	Explanation
	JANE ALEXANDRE AND JULIE JOHNSON RECEIVED COMPENSATIONS FOR STAFF POSITIONS AS ARTISTIC DIRECTORS FOR CHOREOGRAPHY FEES FOR Y DANCE FESTIVAL AND FOR TEACHING FEES FOR DANCE AT THE Y PROGRAM, COLLEEN CINTRON RECEIVED COMPENSATION FOR STAFF POSITION AS CURRICULUM DIRECTOR FOR CHOREOGRAPHY FEES FOR Y DANCE FESTIVAL AND FOR TEACHING FEES FOR DANCE AT THE Y PROGRAM
JULIE JOHNSON	CHOREOGRAPHY FOR Y DANCE FESTIVAL, \$2,300
JANE ALEXANDRE	CHOREOGRAPHY FOR Y DANCE FESTIVAL, \$1,375, TEACHING FEES, \$390, TOTAL \$1,765
COLLEEN CINTRON-RIVELLI	CHOREOGRAPHY FOR Y DANCE FESTIVAL, \$3,600, TEACHING FEES, \$4,835, TOTAL \$8,435

**TY 2012 Transfers Personal Benefits  
Contracts Declaration**

**Name:** EVOLVE DANCE INC

**EIN:** 02-0789903

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.