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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

A			endar year, or tax year b	eginning	8/1/2013		d end	dina		1/2014	1			
		applicable	C Name of organization	Dancefx, Inc	0/1/2013	, and	u enc				cation number			
	Address	, .	Doing Business As	Danceix, inc				─ ´ `	pioyei	identili	ication number			
	Addiess	Change	Number and street (or PO	hox if mail is not delivere	ed to street address)	Room/suite		——————————————————————————————————————	574649	3				
Ш	Name ch	ange	1054 Fielding Park Ct N		a to street address,	T COMPanie	•		elephone					
\Box	Initial reti		City or town	<u> </u>	Chata	ZIP code		─ ─ ` '	elephone	Hallibe	•			
\square	initial rett	1m	Atlanta		State GA	30319-1	080	(404) 394-0	909				
	Terminate	eď	Foreign country name	Foreign province				nd o						
\Box	Amended	d sotuen	r oreign country name	r oreign province	e/state/county	Foreign po:	siai u	l l						
\square	Amended	i retuin					\neg	10 (JIOSS IEG	eihr2 a		<u>,059,207</u>		
\square	Application	on pending	F Name and address of princ	ipal officer			н	i(a) is this a gro	up return f	for subor	dinates? Ye	s X No		
			Danielle Hosker 1054 F	ielding Park Ct NE,	Atlanta, GA 303	19-1989	-	H(b) Are all su	bordinate	es includ	ied? Ye	s No		
	Tax-exem	nt etatue	X 501(c)(3) 501(c)				,,	If "No." a	ttach a lis	st (see i	instructions)	_		
		·		() ((((((((((((((((((110) +347(a)(1	701 32								
<u>J 1</u>	vebsite	<u>>: ► ۷۷۷\</u>	W DANCEFX ORG				Ի	I(c) Group ex	emption r	number	<u> </u>			
K	orm of o	rganization	X Corporation Tru	ıst Association _	Other ▶	L	Year o	of formation	2000	MS	State of legal domici	le GA		
:	art I	Sui	nmary											
	1		escribe the organization	's mission or most s	significant activitie	s Da	ance	fx is dedicated	ated to	bringii	na			
မ္ပ	1		onal quality, cutting edge		-				aica io	Dilligi				
ä			ducation and performant					· •						
Governance	1 _													
Š	2		nis box ▶ ☐ if the org			or dispose	ed of	f more thai	ո 25% գ	of its n	et assets			
ڻ مع	3		of voting members of th							3		5		
S	4		of independent voting m)			4		2		
ij	5	Total nu	mber of individuals empl	oyed in calendar ye	ear 2013 (Part V, I	ine 2a)				5		8		
Activities &	6		mber of volunteers (estir							6		50		
ĕ	7a	Total uni	elated business revenue	e from Part VIII, col	umn (C), line 12					7a		0		
	b	b Net unrelated business taxable income from Form 990-T, line 34								7b		0		
								Prior	Year		Current Ye	ar		
ē	8	Contribu	tions and grants (Part V	III, line 1h)						0		10,000		
Revenue	9	Program	service revenue (Part V	/III, line 2g) ·	•				827	7,629		848,085		
ě	10	investme	ent income (Part VIII, col	e (Part VIII, column (A), lines 3, 4, and 7d)								0		
œ	11									,901		76,910		
	12		enue—add lines 8 through							3,530		934,995		
	13		nd similar amounts paid			<u> </u>				,400	· · · · · · · · · · · · · · · · · · ·	25,051		
	14		paid to or for members			,	-			0		20,001		
s	15		other compensation, emp			s 5–10\			247	7,500		278,567		
Expenses	16a		onal fundraising fees (Pa			,	\vdash			0		270,007		
e e	b		draising expenses (Part			19.6	12 選	en valen			14. A			
ŭ	17		penses (Part IX, column				1211	ALL CONCERNANTA IN		3,374		EQ1 051		
	18		penses Add lines 13–17			25)	\vdash),274		581,851		
	19		e less expenses Subtrac			: 23)	-					885,469		
- 8		Nevenue	e less expenses Subilat	stime to nom line i	12		┿.	Panianan af		,744	5-4-536-	49,526		
Net Assets or Fund Balances	20	Total and	oto (Dort V. lino 16)				_ ├.	Beginning of		_	End of Ye			
\esc Bala	20		sets (Part X, line 16)				-			,374		237,419		
t p	21		oilities (Part X, line 26)				 			,408		86,927		
			ets or fund balances Sul	otract line 21 from II	ne 20				100	,966		<u>150,492</u>		
	irt II		nature Blocky											
und	er penaiti belief it i	es of perjury	declare that have examined	this return, including acc	companying schedules	and stateme	nts, ar	nd to the best	of my kn	owledge	•			
anu	beller, it i	s true, corre	t, and complete Declaration of	r preparer (other than one	cer) is based on all into	rmation of wi	nich p	reparer has a	ny knowle	edge	./-			
Sig	<u>ı</u> n		X 1/ V	-					بك	12.	·/\			
He			Signature of officer						Date					
			PRUILIERI											
			Type or print name and title				····							
_		Print	Type preparer's name	Prepare	er's signature			Date		Г	♥ PTIN			
Pai		Dav	d E Barnett III CPA) per s		•	3/11/20	,	heck [elf-emple	X if DOOGS	47		
	eparer					<u> </u>		3/11/20		-u-empi	oyed P009587	4/		
Us	e Only		s name					Firm's	EIN P					
		Firm	s address ► 721 S Milled	ge Ave, Athens, GA	30605			Phon	e no	(706)	546-6777			
Ma	y the IR	RS discus	s this return with the pre	parer shown above	? (see instruction:	s)					X Yes	No		

Form 9	90 (2013)	Dancefx, Inc	<u>58-2574649</u>	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
	Dueflice		· · · · · ·	
1	-	lescribe the organization's mission X is dedicated to bringing professional quality, cutting edge dance to the Southeast		
		oviding a continuing dance education and performance outlet for dancers and artist		
		ss themselves creatively through programs offered		
2		organization undertake any significant program services during the year which were not listed or		
		Form 990 or 990-EZ?	Yes	X No
•	-	describe these new services on Schedule O organization cease conducting, or make significant changes in how it conducts, any program		
3	services		Yes	X No
		describe these changes on Schedule O		<u> </u>
4		e the organization's program service accomplishments for each of its three largest program servi	ces, as measured by	
	-	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	l allocations to others	1
	the tota	expenses, and revenue, if any, for each program service reported		
	101 -) (F		
4a	(Code	peofy atude programs for adults and youth deposes provides quality depose advectors and	enue \$848	
		physical everges to ever 990 students including classes for montally and physically		
		pped youth and adults, classes for adults who have never danced before, young dancers, and		
	dancers	wishing to pursue dance and the arts as a profession, and underpriviledged youth and		
		need Dancefx provides the community with an enriching opportunity to experience		
		s with quality dance apparel, supplies and correct shoe fittings essential to the health g growing feet Prgramming includes but is not limted to Adult Dance Education, Youth Dance		
	Educati	on, Student Scholarships, Dancefx performance Companies, Athens Dance Festival, Give To The	 e	
		Public School Quitrough Institute, and the Annual Dancoft Concer Banefit		
4b	(Code) (Expenses \$ Including grants of \$) (Rev	enue \$)
				_
				-
4c	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
				•
			••••••	
4d	Other p	rogram services (Describe in Schedule O)		
	(Expens		0)	
4e	Total pro	ogram service expenses 739,389		

Part 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 (see instructions)?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		i	
	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 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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	ļ	Х
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	1	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			اور. دار
	VII, VIII, IX, or X as applicable		. 4	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, 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
C	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			v
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u>X</u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · ·		<u>~</u>
	Schedule D, Parts XI and XII	12a		Х
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		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	[
4.6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? 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			• -
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Bort VIII, line 0-2	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			v
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		_ ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	\dashv	X
		4UD		

Form 9	990 (2013) Dancefx, Inc	58-2574649	. Р	age 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States	. .		١
	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	ļ		ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	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 25a	24a		х
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	1275		 ^
·	to defease any tax-exempt bonds?	. 24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	. ===		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If so, complete Schedule L, Part II	26	X	↓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		13.0	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	المؤتث المارا		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. <u>28a</u>	}	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	205		v
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	. 28 <u>b</u>	-	X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125		广
	conservation contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31]	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		L _X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	}	ļ	
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
p	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle		1	
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related.	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	┢
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part	[

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

VI

58-2574649 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 65 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting 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. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b 3 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 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 organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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 or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management	<u>.</u>		•	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5 48 × 7		
	If there are material differences in voting rights among members of the governing body, or		٦.	200	1 1
	If the governing body delegated broad authority to an executive committee or similar		1		2.5
	committee, explain in Schedule O			70 70.70	, ,
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2 🖟 🦼		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	7 . ;	** 'š *** ×*	٠,
	any other officer, director, trustee, or key employee?	•	2	Х	
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 othe		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	•	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	<u> </u>		
	one or more members of the governing body?	- Pro-	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		· · · ·		
-	stockholders, or persons other than the governing body?	1	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	a during	in s	<u>ئې ر ب</u>	
	the year by the following	, adming		ۺڿۮڐ	
а	The governing body?		8a	Х	اا
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 re	eached	55	-^	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	300.100	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue)	
	1911 21 1 and 1911 The decide to a required minimation about policies not required by the	mioma rovenae	OOGO.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	18.7		À.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	····	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could of	rive rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done	-,	12c		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro-	val by		الإونيار ا	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		**************************************	\$ \$ \$ '	*** *****
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		海横军	*46	ر مىرى
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement		() to	. 8
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	10 mg	£ \$ \$ 1	>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg		-1 $\sqrt{6}$ $^{\circ}$	î, ,	*
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► GA, SC				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	0-T (Section 501(c)(3)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply				
		plain ın Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			d	
	financial statements available to the public during the tax year		- ,,		
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization ► Danielle M Hosker	(404) 394-0	909		
	1054 Fielding Park Ct NE. Atlanta. GA 30319				

		_									-
Form 990 (2013)	Dancefx, Inc									58-25746	49 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	(ey	Em	plo	yee	s, ŀ	lighest Comp	ensated	
	Employees, and Independent C			-							_
	Check if Schedule O contains a re	esponse or no	te to	any	y lin	e II	n this	Pa	art VII	<u> </u>	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est (Con	npe	nsate	d E	mployees		
1a Complete to organization's	nis table for all persons required to be l tax year	isted Report co	mper	satı	ion f	or t	he ca	lend	dar year ending v	with or within the	
● List all o	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I						luals	or o	rganizations), re	gardless of amo	unt
 List all of List the who received it 	of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Fori and any related organizations	yees, if any Secondary	e instr oyees	ucti (ot	ions her	for thar	n an c	office	er, director, truste	ee, or key emplo	yee)
	of the organization's former officers, ke portable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's former directors on the organization of th										the
List persons in	the following order individual trustees employees, and former such persons		_						-		
Check this	s box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per	box,	unles	Pos heck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	_	Officer	_		~~	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Danielle	M Hosker	40 00			Γ						
CEO		0 00	X		X	Х			60,300		
(2) Daniel F	R Mason	1 00									
Secretary	Oh - al.	0 00			<u> X</u>		ļ				<u> </u>
(3) Megan	Jneek	1 00 0 00									
Director (4) Allison I	Havn	20 00			╁	-	 				
Director		0 00	1		x				30,000		
(5) Jenny E	roe	40 00									
Director		0 00	Х		X				43,100		
(6)									! 		
(7)											
(8)											
(9)											

	90 (2013) Dancefx, Inc Int VII Section A. Officers, Directors, Tru	istoss Kov Emi	nlovo			1 11:	ahoc	• ~	mnoncated Em	58-257	
- F	(A) Name and title	(E) Reportable compensation	(F) Estimated amount of								
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)					_			ļ <u>.</u>			
(17)					_					····	
(18)				-	-						
(19)											
(20)					_						
(21)										-	
(22)											
(23)											
(24)							·				
(25)											
1b c	Sub-total Total from continuation sheets to Part VII, So	ection A		L		.		>	133,400 0	0	(
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not line)	mited to those lis	ted a	bov	e) v	vho	recei	▶ ved	133,400 more than \$100	.000 of	[(
	reportable compensation from the organization				0						Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r high	nest	compensated		3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	•	-						•	ר	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			-			_		ridual	5 X
	ion B. Independent Contractors										
1	Complete this table for your five highest compecompensation from the organization Report coyear										tax
	(A) Name and business add	ress							(B) Description of sen	vices ((C) Compensation
		<u> </u>							.		
	Total number of independent contractors (included)	dina but not limit	ed to	the	SP I	ister	d abo	/\s\ 	who received		
_	more than \$100,000 of compensation from the	_		uio	ات	,5(0)	ں میں م	· v =)	WIND TEOCIVED		

Part VIII Statement of Revenue

		 Check if Schedule O contains 	s a response	or n	ote to any line ir	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	<u> </u>	<u>1a</u>	0	4			
ts, Grants Amounts	b	Membership dues	L	1b	0	* '4,	,	·×	j * «j. +
s, G	С	Fundraising events	Ĺ	1c	0			1.0	
Sift:	d	Related organizations	L	<u>1d</u>	0	Mana .			See .
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution		1e	0		7.4 \$		1.500
ntion er S	f	All other contributions, gifts, grar	nts, and			*	, .		
효활		similar amounts not included abo	ove [1f	10,000	, see	7	*,	
nd n	g	Noncash contributions included in I	ines 1a-1f.	\$	0	Algorithm var	l :		
ပ	h	Total. Add lines 1a-1f			>	10,000	- 641		
Je					Business Code		5 K 4 . 20	"	11 20/2011 NO
lu /	2a	Program Services - Dance Comp	oany		711120	848,085			
Re	b					0			
ice Si	С					0			
ě	d					0			
E	е					0			
Program Service Revenue	f	All other program service revenu	ie			0	*		
F .	a	Total. Add lines 2a–2f			•	848,085			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	3	Investment income (including div	idends, intere	est.	and			,,, (x, y,	W. C. Warren Land Co. C. Company of C.
		other similar amounts)	,	·	•	0			
	4	Income from investment of tax-ex	xempt bond p	гос	eeds >	0			
	5	Royalties			•	0			
		•	(ı) Real		(II) Personal	78 55 12 5 A S	die our · ?'W's	200 A B B B B B B B B B B B B B B B B B B	38.62/AS\$0
	6a	Gross rents							
	b	Less rental expenses	-						
	c	Rental income or (loss)		0	0	A ARTON ANTONE			
	d	Net rental income or (loss)	L			<u> </u>			<u> </u>
	7a	Gross amount from sales of	(i) Securities		(II) Other		10 10 cm - 1 10 10 10 10 10 10 10 10 10 10 10 10 1	SA Haraman	Mare 126122 files
		assets other than inventory	<u> </u>	0	0				
	b	Less cost or other basis	<u> </u>						
		and sales expenses		0	0				
	С	Gain or (loss)		0	0		Chara Y		
	d	Net gain or (loss)							
	u	Net gain or (1033)				77772 (1884)	**	7 600	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u>a</u>	8a	Gross income from fundraising				- / e	1 XX	1 400	
Other Revenue	Oa	events (not including \$	0			122.0			
e e		of contributions reported on line	16)					***	
Ř		See Part IV, line 18	10)	•	o	* 3\mu_2 1\cdots	7,	· **	**
ا <u>چ</u>	b	Less direct expenses		a b	0		, °		District No.
ŏ	C	Net income or (loss) from fundral	isina evente			0			<u> </u>
	9a	Gross income from gaming activ							
	Ju	See Part IV, line 19	ities	•	0				100
	b	Less direct expenses		a b	0				
	C	Net income or (loss) from gaming	a activities	ט					·
		Gross sales of inventory, less	y activities			0			
	IVa	returns and allowances		_ :	004 400				•
İ	L			а	201,122				
	b	Less cost of goods sold	d	b	124,212				
ŀ	С	Net income or (loss) from sales of	or inventory		<u> </u>	76,910			··
- }	40=	Miscellaneous Revenue			Business Code			-	
	11a					0			
	b					0			 ,
	C	A0 0				0			
	d	All other revenue				0			
}	е	Total. Add lines 11a-11d			▶	0			٠
	12	Total revenue. See instructions			▶ 1	934,995	0	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note			ompiete column (A)	X
	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				l .
	organizations in the United States See Part IV, line 21	0			- Insula Ass & supple
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	25,051	25,051		,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			* *
5	Compensation of current officers, directors,			22.212	
	trustees, and key employees	133,400	100,050	20,010	13,340
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and	ا			
_	persons described in section 4958(c)(3)(B)	0	04.055	04.050	
7	Other salaries and wages	122,111	61,055	61,056	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	14 500	7.050	1 201
10	Payroll taxes	23,056	14,599	7,256	1,201
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0		760	
C	Accounting	760	<u>-</u>	760	
d	Lobbying Professional fundraising convisos, See Bort IV line 17	0	· #::		
e	Professional fundraising services See Part IV, line 17	0		*****	
I -	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	214,643	214,643		
12	Advertising and promotion	10,143	5,072		5,071
13	Office expenses	3,576	5,072	3,576	0,077
14	Information technology	2,165	1,082	1,083	
15	Royalties	2,100	1,002	7,000	
16	Occupancy	197,812	178,031	19,781	
17	Travel	0	170,001		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	l ol		,	
19	Conferences, conventions, and meetings	5,901	5,901		
20	Interest	575		575	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,832	3,574	258	0
23	Insurance	21,822	18,549	3,273	
24	Other expenses Itemize expenses not covered			/ * *	*
	above (List miscellaneous expenses in line 24e If				, 4
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)]		i
а	Studio supplies	10,729	10,729		
b	Bank and Credit card processing fees	26,149	26,149		
С	Competition and show costs	47,030	47,030		
d	Costumes	9,128	9,128		
е	All other expenses 27586	27,586	18,746	8,840	
25	Total functional expenses. Add lines 1 through 24e	885,469	739,389	126,468	19,612
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and)	1		
	fundraising solicitation. Check here. ▶ if				
	following SOP 98-2 (ASC 958-720)	, ,			Į.

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing			16,115	1	29,867
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for	ormer officers, direc	ctors,			,
	İ	trustees, key employees, and highest compensation	ated employees		•		• • •
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person	ons (as defined under s	ection	,		,
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind contributing employ	ers and			,
		sponsoring organizations of section 501(c)(9) voluntary e		_	· · · · · · · · · · · · · · · · · · ·		7 / / **
ets		organizations (see instructions) Complete Part II of Sche	dule L			6	
Assets	7	Notes and loans receivable, net		L	0	7	0
q	8	Inventories for sale or use		L	35,000	8	90,061
	9	Prepaid expenses and deferred charges	1 1			9	
	10a	Land, buildings, and equipment cost or					3 3
		other basis Complete Part VI of Schedule D	10a	152,232			
	b	Less accumulated depreciation	10b	34,741	94,259	10c	117,491
	11	Investments—publicly traded securities		-	0	11	0
	12	Investments—other securities See Part IV, line		L	0	12	0
	13	Investments—program-related See Part IV, line	e 11	<u> </u>	0	13	0
	14	Intangible assets		-	0	14	0
	15	Other assets See Part IV, line 11	-1 b 0.4\	F	0	15	0
	16 17	Total assets. Add lines 1 through 15 (must equa	ai iine 34)		145,374	16	237,419
	18	Accounts payable and accrued expenses Grants payable		⊢		17 18	6,701
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		F		20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedulo	, F	· · ·	21	
s	22	Loans and other payables to current and former		٦ - <u>-</u>			
Liabilities		trustees, key employees, highest compensated		İ		•	
Ē		disqualified persons Complete Part II of Schedu		<u>-</u>	38,254	22	75,142
Ë	23	Secured mortgages and notes payable to unrela		<u> </u>	3,343	23	0
	24	Unsecured notes and loans payable to unrelated	·	<u> </u>	0	24	0
	25	Other liabilities (including federal income tax, pa	•	nird			
		parties, and other liabilities not included on lines	•				
		Part X of Schedule D			2,811	25	5,084
	26	Total liabilities. Add lines 17 through 25			44,408	26	86,927
		Organizations that follow SFAS 117 (ASC 958	3), check here >	X and			<i>'</i>
Çes		complete lines 27 through 29, and lines 33 ar	nd 34.				
aŭ	27	Unrestricted net assets		}-	100,966	27	150,492
Bal	28	Temporarily restricted net assets			700,000	28	100, 102
פַ	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here	and			
ō		complete lines 30 through 34.	oncon nere	L			
ets	30	Capital stock or trust principal, or current funds		-		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or ed	guipment fund	 		31	
τA	32	Retained earnings, endowment, accumulated in	• •	_{ds}		32	
Š	33	Total net assets or fund balances		- ·	100,966	33	150,492
	34	Total liabilities and net assets/fund balances			145,374	34	237,419

Form 9	90 (2013) Dancefx, Inc	58	3- <u>2574649 </u>	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		934,995
2	Total expenses (must equal Part IX, column (A), line 25)	2		885,469
3	Revenue less expenses Subtract line 2 from line 1	3		49,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		100,966
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1		
	column (B))	10		150,492
Part				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
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 Schedule O			Yes No
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			
	reviewed on a separate basis, consolidated basis, or both			E .
	Separate basis Donsolidated basis Both consolidated and separate basis			
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		4.9	No.
	separate basis, consolidated basis, or both			2.7
	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 o	f		(
	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			98 J. A
	Schedule O		3	Sir I
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 Act and OMB Circular A-133?		_3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

//form990. Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

Danc	efx,	Inc							<u>l</u> .	58-25	574649		
Par	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	this pai	rt) See i	nstructio	ns		
The o	orgar		•	ition because it is (For		_		-	•			_	
1		A church, co	nvention of chur	ches, or association of	churches	described	l ın sectio	n 170(b)((1)(A)(i).				
2		A school des	cribed in sectio i	n 170(b)(1)(A)(ii). (Atta	sch Sched	ule E)							
3		A hospital or	a cooperative he	ospital service organiza	ation desc	ribed in s e	ection 17	D(b)(1)(A)	(iii).				
4			search organizati me, city, and sta	tion operated in conjun te	ction with	a hospital	describe	d in secti	on 170(b)	(1)(A)(iii).	. Enter t	he	
5		-		the benefit of a college Complete Part II)	e or univer	sity owne	d or opera	ated by a	governme	ntal unit c	lescribe	d	
6		A federal, sta	ate, or local gove	ernment or government	al unit des	scribed in	section 1	70(b)(1)(A)(v).				
7				receives a substantial 1)(A)(vi). (Complete Pa		s support f	rom a gov	vernmenta	al unit or fi	rom the ge	eneral p	ublic	
8	\Box			in section 170(b)(1)(A		mplete Pa	rt II)						
9	$\overline{\mathbf{X}}$	An organizat receipts from support from	ion that normally activities relate gross investme	receives (1) more that d to its exempt function nt income and unrelate after June 30, 1975 S	an 33 1/3% ns—subjected busines	% of its sup ct to certa ss taxable	oport from in exception	ons, and ((2) no moi on 511 tax	re than 33	1/3% c	of its	5
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	fety See	section 5	509(a)(4).				
11 e		purposes of 509(a)(3). Cl a Type By checking persons other	one or more pub heck the box tha I b T this box, I certify	that the organization on managers and other	rations des supporting e III–Funct is not conf	scribed in g organizationally inte trolled dire	section 56 ation and 6 egrated ectly or inc	09(a)(1) ocomplete d	r section : lines 11e : ype III–No one or m	509(a)(2) through 1 on-functio ore disqua	See se 1h nally int alified	egrate	d
£					framatha l	DC 45-4-4		l Toma II	Time II	1			
f			cation received a , check this box	written determination	from the i	KS that it	is a Type	ı, ıype ıı,	or type it	ı suppoπ	ng		_
g		•	•	he organization accept	ted any oit	ft or contri	hution fro	m anv of t	the				_
Ð		following per		o.gaa	u., g								
				or indirectly controls, e	ther alone	or togeth	er with pe	ersons de	scribed in	(II)		Yes	No
		and (II	ı) below, the gov	erning body of the sup	ported org	ganızatıon	?				11g(ı)		
			-	person described in (i)							11g(ii)		
				of a person described		•					11g(iii)		
h				ition about the supporte						··	т		
(1)		of supported anization	(u) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Am	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No]		
(A)										i			
 _			 			ļ				 	<u> </u>		
(B)											ļ		
(C)													
(D) 							ļ						
(E) 													
Tot <u>al</u>													0

instructions

Par	· (Complete only if you checked th	e box on line !	5, 7, or 8 of P	art I or if the o	organization f	ailed to qualify	
	Part III If the organization fails to	qualify under	the tests liste	ed below, plea	se complete	Part III)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	Ö	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	1 2 2	52.50 2000		-2284		0
	tion B. Total Support	Tan Make a court of the	***************************************		B 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/000 6 6 6 C	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0		0	0		0
8	Gross income from interest, dividends, payments received on securities loans,	0	0	0	0		<u> </u>
9	rents, royalties and income from similar sources Net income from unrelated business						0
3	activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11	Total support. Add lines 7 through 10	() () () () () () () () () ()	Striking in	State State St.	100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg 100 Mg		0
12	Gross receipts from related activities, etc. (s.	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's firs	t, second, third,	fourth, or fifth	tax year as a se	ection 501(c)(3)	>
	tion C. Computation of Public Suppor			(0)			
14 15	Public support percentage for 2013 (line 6, c			lumn (f))		14	0 00%
15 16a	Public support percentage from 2012 Sched 33 1/3% support test—2013. If the organization qualifies as	ation did not che	ck the box on li		14 is 33 1/3%	or more, check t	0 00% his box
b	33 1/3% support test—2012. If the organization qualified box and stop here. The organization qualified	ation did not che	ck a box on line	e 13 or 16a, and	d line 15 is 33 1	/3% or more, ch	eck this
17a b	10%-facts-and-circumstances test—2013. is 10% or more, and if the organization meet Part IV how the organization meets the "fact organization 10%-facts-and-circumstances test—2012.	ts the "facts-and s-and-circumsta	-circumstances inces" test. The	" test, check th organization q	is box and stop ualifies as a pu	here. Explain in blicly supported	n ▶□
_	15 is 10% or more, and if the organization means the "fact supported organization"	eets the "facts-a	and-circumstan	ces" test, check	this box and s	top here. Expla	ain in ▶ □
18	Private foundation. If the organization did n	of check a box	on line 13 16a	16h 17a or 1	7h check this h	one and see	

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.)

	ii the organization rails to quality u	inder the tests	s listed below	, please comp	piete Part II)		
	tion A. Public Support		·				
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					10,000	10,000
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	407,238	537,717	638,259	1,068,594	1,049,207	3,701,015
3	Gross receipts from activities that are not an unrelated trade or business under section 513	407,230	337,717	030,239	1,000,094	1,043,207	<u>3,701,013</u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	407,238	537,717	638,259	1,068,594	1,059,207	3,711,015
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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)	**	* * ***	• • • •			3,711,015
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	407,238	537,717	638,259	1,068,594	1,059,207	3,711,015
10a	Gross income from interest, dividends, payments received on securities loans,	101,500	33.,,,,,,	0001=	.,,	1,000,201	9,771,010
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
С	acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	407,238	537,717	638,259	1,068,594	1,059,207	3,711,015
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(d	c)(3)	▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column		e 13, column (f))			15	100 00%
16	Public support percentage from 2012 Schedule A,		. (//			16	100 00%
Sec	tion D. Computation of Investment Inco	*** · · · · · · · · · · · · · · · · · ·	age		···	·	
17 18	Investment income percentage for 2013 (line 10c, Investment income percentage from 2012 Schedul	column (f) divide	d by line 13, colu	ımn (f))		17 18	0 00% 0 00%
19a	33 1/3% support tests—2013. If the organization not more than 33 1/3%, check this box and stop h	ere. The organiz	ation qualifies as	a publicly suppo	rted organization	n	▶ X
b	33 1/3% support tests—2012. If the organization line 18 is not more than 33 1/3%, check this box ar	nd stop here . Th	e organization q	ualifies as a publ	icly supported or	ganization	▶ [
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶

Schedule A (Form 99	90 or 990-EZ) 2013	Dancefx, Inc		58-2574	649 Page 4
Part IV	Supplemental	Information.	Provide the explanations required by Part II,	line 10, Part II, line	17a or 17b,
	and Part III, line	12 Also com	nplete this part for any additional information	(See instructions)	
					
					
		~~~~~~~~~~~~			
				*****	
	••••				

### **SCHEDULE D** (Form 990) .

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Name	Name of the organization Employer identification number								
Dance	efx, Inc		58-2574649						
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	6						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and do	<del>-</del>	<del></del>						
	funds are the organization's property, subject								
6	Did the organization inform all grantees, dono	ŭ ŭ							
	used only for charitable purposes and not for		• — —						
	purpose conferring impermissible private ben	etit?	Yes No						
Part	<del></del>		_						
		ered "Yes" to Form 990, Part IV, line	7						
1	Purpose(s) of conservation easements held be								
	Preservation of land for public use (e.g., recre	eation or education) Preservation	n of an historically important land area						
	Protection of natural habitat	Preservation	n of a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contributi							
	easement on the last day of the tax year		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation ease		2b						
С	Number of conservation easements on a cert	• •	_2c						
d	Number of conservation easements included								
_	historic structure listed in the National Registe								
3	Number of conservation easements modified	, transferred, released, extinguisned, or ter	minated by the organization						
4	during the tax year Number of states where property subject to c	onservation easement is located							
5	Does the organization have a written policy re	•	handling of						
•	violations, and enforcement of the conservation		. Yes No						
6	Staff and volunteer hours devoted to monitori								
	<b>&gt;</b>		,						
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation eas	ements during the year						
	▶ \$								
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements							
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization rep								
	balance sheet, and include, if applicable, the		lancial statements that describes						
Part	the organization's accounting for conservation	reasements ections of Art, Historical Treasures,	or Other Similar Assets						
I GII		ered "Yes" to Form 990, Part IV, line							
10	If the organization elected, as permitted under								
1a	works of art, historical treasures, or other sim								
	of public service, provide, in Part XIII, the text								
b	If the organization elected, as permitted under								
	works of art, historical treasures, or other sim								
	of public service, provide the following amour		aon, or resear on in wither ance						
	(i) Revenues included in Form 990, Part VIII,		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$						
2	If the organization received or held works of a	art historical treasures or other similar ass	ets for financial gain provide the						
-	following amounts required to be reported un								
а	Revenues included in Form 990, Part VIII, Iin	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$						
b	Assets included in Form 990, Part X		. • \$						

Sched	ule D (Form 990	) 2013 Dancetx, Inc							58-25	74649		Page 2
Part	III Org	anizations Maintaining	Collections of	Art, F	listor	ical Tr	easures, o	r Oth	er Similar Ass	sets (cor	itinue	d)
3	•	rganization's acquisition, a		recor	ds, ch	eck any	of the follow	ing tha	it are a significai	nt		
	use of its co	ollection items (check all th	at apply)									
а	Publ	ic exhibition		d		Loan	or exchange	progra	ms			
b	Scho	olarly research		е		Other						
С	Pres	ervation for future generate	ons									
4		lescription of the organizati		expla	ın hov	they fu	urther the org	anızatı	on's exempt pur	pose in		
5	During the	year, did the organization s	alicit or receive don	ations	of art	hietoria	cal treasures	or oth	or eimilar			
•	_	e sold to raise funds rather								$\square_{v}$	es 🗀	No
Part		row and Custodial Arr	<u> </u>						<del></del>			
1 411		plete if the organization	<del>-</del>	to Fo	rm Q	an Par	t IV line 9	or ren	orted an amo	int on Ec	\rm	
		Part X, line 21	i alisweica Tes	10 1 0	)IIII 5.	50, i ai	tiv, iiie 3,	or rep	orted an amor	ant on r c	71111	
1a		nization an agent, trustee, o	rustodian or other in	terme	dian/	for conti	ributions or o	ther as	seate not			
ıa		i Form 990, Part X?	astodian or other in	iterine	ulal y	or will	indutions of o	lilei as	ssets not	□ v	es 🗀	No
b		plain the arrangement in Pa	art XIII and complete	the f	ollowir	no table				·	, <b>3</b>	] 140
-	,,	Jan. die anangement i	ara complete		01101111	ig table				Amount		
С	Beginning b	palance						1	С	741104111		0
d		uring the year						1		<del> </del>		
е		s during the year							e			
f	Ending bala							<u> </u>	f			0
2a	•	anızatıon ınclude an amour	ot on Form 990 Par	t Y lin	o 212						es X	No
_	_		· ·			-4		سن استاس	Dad VIII	L. ''	"   <del>^</del>	] <b>NO</b> ]
b		plain the arrangement in Pa	III AIII Check nere	ii the e	explan	ation na	as been provi	aea in	Part XIII			<u> </u>
Part		owment Funds.				00 D						
	Con	plete if the organization								. 1		
4.	Daginging	of waar balance	(a) Current year	(1)	) Prior y		(c) Two years		(d) Three years ba	<del></del>	our years	s back
1a	-	of year balance	0			0		0		0		
b	Contribution											
С		nent earnings, gains,										
_	and losses	ah alarah ma			<del>-</del>					<del>   </del>		
d	Grants or se	nditures for facilities					<del></del>					
е	=											
•	and program	ive expenses								_		
g	End of year	*	0			0		0		0		0
2	-	estimated percentage of the		halan	ce (lin		dumn (a)) he					
a		gnated or quasi-endowmen	· · · · · · · · · · · · · · · · · · ·	%	-	e ig, co	namm (a)) ne	u as				
b		endowment •	` %		-							
C		restricted endowment	<b>&gt;</b> %									
-	• •	tages in lines 2a, 2b, and 2		%								
3a	•	ndowment funds not in the	•		zation :	that are	held and ad	mınıste	ered for the			
	organizatioi			J							Yes	No
	-	ated organizations								3a(i)		
	(ii) relate	ed organizations								3a(ii)		
b		a(II), are the related organi	zations listed as red	uired	on Sc	hedule l	R?			3b		
4		Part XIII the intended uses								<u> </u>		
Part	VI Land	d, Buildings, and Equi	pment.									
		plete if the organization		to Fo	rm 99	0. Par	t IV, line 11	a See	e Form 990. Pa	art X. line	10	
		escrption of property	(a) Cost or ot				st or other		) Accumulated		ook valu	e
		<u> </u>	(investm				s (other)		depreciation	,_, _,		
1a	Land				0		0	and the second				0
b	Buildings				0		0		0			0
С	Leasehold i	mprovements			0		148,347		31,890		11	16,457
d	Equipment				0		3,885		2,851			1,034
е	Other	····			0		0		0			0
Total	. Add lines 1	a through 1e (Column (d) i	nust equal Form 99	0, Par	t X, co	olumn (E	3), line 10(c)	)	<b>•</b>		11	17,491

Schedule D (Form 990) 2013 Dancefx, Inc		58-2574649 p	age
Part VII Investments—Other Securiti	es		age
		0, Part IV, line 11b See Form 990, Part X, line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	_
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	·	· · · · · · · · · · · · · · · · · · ·	Ž.
Part VIII Investments—Program Related Complete if the organization are		00, Part IV, line 11c. See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0		"Mi
Part IX Other Assets.  Complete if the organization ar	aswered "Yes" to Form 99	0, Part IV, line 11d See Form 990, Part X, line	15
	a) Description	(b) Book value	

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form	990, Part X, line 15
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	0

### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Payroll Taxes	4,649	
(3) Sales Taxes	435	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan
Total. (Column (b) must equal Form 990, Part X, ∞l (B) line 25)	5,084	
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 1 1 1 1 1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2013 Dancefx, Inc		58-2574649	Page <b>4</b>
Par			enue per Return	
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	•	
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	• • •	
C	Recoveries of prior year grants	2c	· ·	
d	Other (Describe in Part XIII )	2d		_
e	Add lines 2a through 2d			0
3	Subtract line 2e from line 1	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a   4b		
C	Add lines 4a and 4b	40		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	4c 5	0
Pari				0
UGU	Complete if the organization answered "Yes" to Form 99		benses per Keturn	
1	Total expenses and losses per audited financial statements	o, raitiv, iiic iza	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		¥*****	
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	<u>0</u> 0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
2		<del>"</del> a	\$ \$ \$ . * / I	
a h		4b		
b	Other (Describe in Part XIII )	4b	46	0
b c	Other (Describe in Part XIII ) Add lines 4a and 4b		4c	0
b c 5	Other (Describe in Part XIII ) Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line		4c 5	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information	e 18)	5	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0
b c 5 Pari	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	e 18) d 4, Part IV, lines 1b a	nd 2b, Part V, line 4, Part I	0

Schedule D (Form	1 990) 2013	Dancetx, Inc	•				58-2574649	Page <b>5</b>
Part XIII	Sunni	emental Info		ontinued)				
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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

s.gov/form990.	
at www.ir	
instructions is	
n 990) and its	
Jule I (Forn	
about Schec	
nation ab	

Employer identification number

Dancefx, Inc	58	8-2574649
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?		Yes No

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 Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

י ומויום דוווים דוי ומוים	any reapient ti	ial received indic	נוומון \$2,000 רמונוו	call be auplicated	railly, in te 21, for any recipient that received more than \$5,000 frail in can be dupincated if additional space is needed	וובבתבת	
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(9)							
(9)							
(4)							
(8)							
(6)							
(10)					-		
(11)							
(12)							
	า 501(c)(3) and g	overnment organiza	tions listed in the line 1	l table		<b>A</b>	
S Enter total number of other organizations listed in the line 1 table	organizations liste	d in the line 1 table					0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Schedule I (Form 990) (2013)

Page 2

Dancefx, Inc Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 **Discounted and Free Tuition** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) FM< 25,051 (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed 125 (b) Number of recipients (a) Type of grant or assistance Dance Instruction Scholarships Part III Part IV S

Schedule I (Form 990) (2013)

## **SCHEDULE L** (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

	ent of the Treasury Revenue Service	► Att	tach to Form 990 out Schedule L (For	0 or F m 990	orm 990-E or 990-EZ) :	Z. ►See sand its instruc	eparat	e instructions. at www.irs.gov/fo	rm990.			Open Inspec		blic
Name of	the organization									lentıfica	tion nu	ımber		
Dance	fx, Inc							58-2	57464	9				
Part		efit Transactions he organization a							90-EZ	, Part	V, lini	e 40b		
1	(a) Name of disqua	lified person	(b) Relationship be			person and		(c) Description	on of trai	nsaction			(d) Cor	rected
				organiz	zation								Yes	No
(1)													-	-
(2)														├-
(3)	<del></del>												-	┢
(5)			·										╁	┢
(6)														╁
2	Enter the amount	of tax incurred by	the organizatio	n ma	nagers or	disqualified	d perso	ons during the v	ear				<b>L</b>	<u> </u>
	under section 495	•	<b>.</b>		- <b>3</b>			,		1	<b>S</b>			
3	Enter the amount	of tax, if any, on l	ine 2, above, re	ımbuı	rsed by th	e organizat	ion			ı	<b>▶</b> \$	;		
	- ·													
Part I		<b>d/or From Intere</b> he organization a		on Ec	.rm 000 E	7 Port \/ li	no 20a	or Form 000 I		/ line '	06 or	ıf tha		
	organization	reported an amo	unt on Form 990	on Po D. Pai	rt X. line 5	z, Part V, II . 6. or 22	ne soa	OF FORM 990, 1	ant iv	, ime z	20, 01	ii the		
						I · · · · · ·	. 1		1		T	<del></del>		
(a) Name of interested person				(c) Purpose (d) Loan to or of loan from the		(e) Original (f) Ba principal amount	(f) Balance due	(g) In	) In default? (h) App by boa		oproved pard or			
				organization?							committee?		•	
				То	From				Yes	No	Yes	No	Yes	No
(1) A	llison Hayn	Director	Renovation/in	X		9	0,000	75,142	2	X	Х		Х	
(2)									<u> </u>					
_(3)	····													
_(4)									ļ	<del> </del>	<u> </u>	—		<u> </u>
(5)									<u> </u>	<del></del>	ļ	ــــــ	<u> </u>	
(6)					_				-	—	<u> </u>		<b> </b>	┞
(7)			<del> </del>		<u> </u>		-	· · · · ·	-	<del> </del>		┿	<u> </u>	<del> </del>
(8)					-				+	┼─		<del> </del>		-
<u>(9)</u> (10)	<u> </u>								+	+	$\vdash$	+		-
Total						L	▶ \$	75,142	NEW Y	1 3.37 <b>4</b> 75	*****		*A.E.	1 Pro-
Part I	Grants or As	ssistance Benefi	ting Interested	Pers	sons.		ν Ψ	70,142	- [0078] ABS	Cut and Car	300423.36	<b>以: 明明</b> 表表。	-mata-see	atr.
		he organization a				Part IV, line	27							
(a)	Name of interested person		ship between interes		(c) Amount	of assistance	(0	d) Type of assistance	e	(€	) Purpo	ose of a	ssistand	ce
(1)										+				
(2)		-		$\dashv$				<del></del>		<del> </del>				—
(3)										<b>†</b>				
(4)														
(5)														
(6)														

(7) (8) (9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)					_	<del> </del>
(4) (5)						
(6)	<del></del>	·-				<del> </del>
(7)				*		
(8)						
(9)						
(10)						
Part V	Supplemental Information	for responses to questions on	Cabadula I /aaa mal	in ratio = a		
	Provide additional information	for responses to questions on	Schedule L (see Insi	ructions)		
					<b></b>	
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	· · · · · · · · · · · · · · · · · · ·					
			*******			
						<b>-</b>

### **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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

Dancetx, Inc	<u> </u>
Form 990, Part VI, Section A, Line 2 Directors with family relationship Mr Mason is Ms	
Hosker's father	
Form 990, Part VI, Section A, Line 7a The board of director's can elect to add another person	
to the board	
Form 990, Part VI, Section B, Line 11a Copies of 990 are emailed to board members for review	
prior to filing	
Form 990, Part VI, Section B, Line 15a and b The board of directors uses comparative salary	
data to determine the executive director's salary, based on responsibilities, years of	
service, and budget	
Form 990, Part VI, Section C, Line 19 Governing documents and the form 990 are available to	·
the general public upon written request to any board member or officer	·
Form 990, Part IX, Line 11g \$214,643 payments to dance class instructors 1099misc forms	·
issued to all instructors receiving \$600 or more in payments	***************************************
·	·
	·····

Schedule O (Form 990 of 990-E2) (2013)	Page Z
Name of the organization	Employer identification number
	58-2574649

# Page 10 Line 24E

	Other Expense Page 10 Line 24E	Column 2
1	Sales taxes	\$13,382.00
2	Telephone	\$5,909.00
3	Postage	\$1,136 00
4	Donations	\$317.00
5	Printing	\$1,478.00
6	Reimbursements	\$5,364.00
al		\$27,586.00

**Depreciation and Amortization** 

# (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Sequence No 179

	e(s) shown on return cefx, Inc	B		vity to which this f	orm relates		Identifying nu   58-2574649	mber		
Par				ler Section 1	79		00-201-10-10			
	Note: If you have any liste									
1 1	Maximum amount (see instruction		inplote / dit V E	ororo you compr	oto r un r		<del></del>	1		
	Total cost of section 179 property		ice (see instri	uctions)				2	<del> </del>	
	Threshold cost of section 179 pro				ructions)			3	<del> </del>	
	Reduction in limitation Subtract li				140110110)			4		
	Dollar limitation for tax year Subti				O- If married	filing		+-	ļ <u>-</u>	
	separately, see instructions			o. 1000, 0.1101	o ii iiiaiiioa	g		5	,	
6	(a) Description of	f property		(b) Co	ost (business use	only)	(c) Elected o		- V # ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	······································			(-7		<b>,</b>	(0) 2.00.00		1.5	
				<del></del>			-			
7 L	isted property Enter the amount	from line 29			· ·	7			- Allerander	
	Total elected cost of section 179 p		mounts in co	lumn (c), lines 6	and 7	<u> </u>		8	(	
	Tentative deduction Enter the sm			( ),				9		
10 (	Carryover of disallowed deduction	n from line 13 d	of your 2012 F	Form 4562				10	<del></del>	
	Business income limitation. Enter				an zero) or lir	ne 5 (see instru	ctions)	11	<del></del>	
	Section 179 expense deduction A					•	,	12	C	
13 (	Carryover of disallowed deduction	to 2014 Add	lines 9 and 1	0, less line 12		▶ 13			Marian Sarah	
Note	e: Do not use Part II or Part III bel	low for listed p	roperty Inste	ad, use Part V						
Parl		n Allowance	and Other	Depreciation	n (Do not in	clude listed p	roperty) (See	e instr	uctions.)	
14 5	Special depreciation allowance fo	r qualified proj	perty (other th	an listed proper	ty) placed in	service		$\top$		
C	furing the tax year (see instruction	ns)						14	ļ	
15 F	Property subject to section 168(f)(	(1) election						15	<u> </u>	
16 Other depreciation (including ACRS)										
Part	III MACRS Depreciation	on (Do not in	clude listed	property) (Se	e instruction	ns)				
			Sect							
17 N	MACRS deductions for assets pla	iced in service	ın tax years t	peginning before	2013			17	3,456	
	f you are electing to group any as		service durin	ig the tax year in	nto one or mo	re				
<u>c</u>	general asset accounts, check he	re					▶□	12.5		
	Section B - Asse	ts Placed in S	Service Durin	ig 2013 Tax Yea	r Using the	General Depre	ciation Systen	1		
		(b) Month an	d (c) Basis	for depreciation						
	(a) Classification of property	year placed	(busines	s/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	(g) Depreciation deduction	
	····	in service	only—s	ee instructions)						
19 (			·	<u> </u>			<u></u>			
	5 5-year property		-						~	
	c 7-year property		· 🐞							
	d 10-year property		``							
	e 15-year property	-62	) (							
	f 20-year property		L						<del> </del>	
	25-year property	, , , , , , , , , , , , , , , , , , , ,			25 yrs		S/L	┵		
	h Residential rental				27 5 yrs	MM	S/L	4		
	property	4/4/0044			27 5 yrs	MM	S/L			
	i Nonresidential real	1/1/2014		27,063	39 yrs	MM	S/L		376	
	property				<u> </u>	MM	S/L			
00	Section C - Assets			2013 Tax Year	Using the Al	ternative Depi		m		
	Class life	J, ""a	ļ				S/L			
	12-year	* * * * * * * * * * * * * * * * * * * *	<del>т</del>		12 yrs		S/L	Д	· · · · · · · · · · · · · · · · · · ·	
	40-year				40 yrs	MM	S/L	Щ.		
Part			··			- <del></del>			<del></del>	
	isted property Enter amount from		- L 47 I					21		
22	otal. Add amounts from line 12, I	iines 14 throug	in 17, lines 19	and 20 in colui	mn (g), and lii	ne 21				
22 5	Enter here and on the appropriate	ines of your r	eturn Partne	rsnips and S co	rporations - s	ee instructions		22	3,832	
	or assets shown above and place of the basis attributable to section		iuring the curi	ent year, enter	me portion	23				
U	, 1110 Dagio attributable to 96011011	としして ししろしろ				1 2 3 1			<ul> <li>3 (2) (4) (4) (4)</li> </ul>	