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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2014**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning 5/1/, 2014, and ending 4/30, 20 15

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Footloose Friends</b>	<b>D</b> Employer identification number <b>61-1691272</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO Box 220324</b>	<b>E</b> Telephone number <b>971-221-3994</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Portland OR 97269</b>	<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ Footloosefriends.org

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

**K** Form of organization:  Corporation  Trust  Association  Other

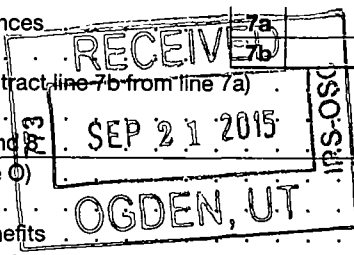
**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

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

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

SCANNED OCT 01 2015

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																												0		
	2	Program service revenue including government fees and contracts																												0		
	3	Membership dues and assessments																													0	
	4	Investment income																													0	
	5a	Gross amount from sale of assets other than inventory					0																								0	
	b	Less: cost or other basis and sales expenses					0																								0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						0	
	6	Gaming and fundraising events																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					0																								0	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									18,188.00																					
c	Less: direct expenses from gaming and fundraising events									7,395.00																						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											10,793.00																				
7a	Gross sales of inventory, less returns and allowances					0																								0		
b	Less: cost of goods sold					0																								0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													0		
8	Other revenue (describe in Schedule O)																													0		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8											10,793.00																				
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												0		
	11	Benefits paid to or for members																												0		
	12	Salaries, other compensation, and employee benefits																													0	
	13	Professional fees and other payments to independent contractors											351.00																			
	14	Occupancy, rent, utilities, and maintenance											8,210.00																			
	15	Printing, publications, postage, and shipping											644.00																			
	16	Other expenses (describe in Schedule O)											144.00																			
17	<b>Total expenses.</b> Add lines 10 through 16											9,349.00																				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)										1,444.00																				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)											1,789.00																			
	20	Other changes in net assets or fund balances (explain in Schedule O)											0																			
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20											3,233.00																			



65 3



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. Otherwise, explain the change on Schedule O (see instructions)
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 Oregon
42a The organization's books are in care of Allison Krolicki Telephone no. 503-656-2643
Located at 13420 SE Wabash Ave. Milwaukie, OR ZIP + 4 97222
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:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
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 43
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
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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 . . . . . None

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . None

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b>	Signature of officer <i>Allison Krollicki Treasurer</i>	Date <i>9/15/15</i>
	Type or print name and title <i>Allison Krollicki Treasurer</i>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Monthly Dance</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	18,188.00			
	<b>2</b> Less: Contributions . . . . .	0			
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	18,188.00			
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			
	<b>5</b> Noncash prizes . . . . .	0			
	<b>6</b> Rent/facility costs . . . . .	8,210.00			
	<b>7</b> Food and beverages . . . . .	3,260.00			
	<b>8</b> Entertainment . . . . .	2,200.00			
	<b>9</b> Other direct expenses . . . . .	1,935.00			
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				15,605.00
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				2,583.00	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: Oregon  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Allison Krolicki

Address ▶ PO Box 220324 Portland, OR 97269

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

During the tax year 2014 we only had a monthly dance for income. No Gaming this year! just the fundraising event of a monthly dance.  
It is our plan to have a raffle during our next tax year and for that we have been working with the DOJ to comply with Oregon Law.  
Part III 13b I marked 100% as our raffle will be held at a 1 time event at a venue we rent.

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**Footloose Friends**

Employer identification number

**61-1691272**

**Part 1**

**Direct Expenses #6c**

**DJ's \$2,200.00**

**Flowers & Photo's \$1,052.00**

**Grautity \$ 220.00**

**Food \$1,886.00**

**Bar \$1,375.00**

**Crew Appriciation \$ 337.00**

**Van Rental & Gas \$ 325.00**

**Total \$7,395.00**

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

Department of the Treasury  
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OMB No. 1545-0047

**2015**

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Inspection**

Name of the organization

Footloose Friends

Employer identification number

61-1691272

**Part 1**

**Fixed Expenses #13-#16 Total #17**

**#13 Professional Fees etc... \$ 351.00**

**#14 Floor Rental \$8,210.00**

**#15 Web/Flyers/Ads \$ 644.00**

**#16 Board Mtg. / Event Plan \$ 145.00**

**Total \$9,350.00**

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

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2015**

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Name of the organization

Footloose Friends

Employer identification number

61-1691272

**Part II**

**Other Assets #24**

1 - 8' Table

2 - 4' Tables

2 - Utility Carts

4 - 5 Gal Water Containers

40 - 70" Round Table Cloths

2 - Table Skirts and clips

2 - Transport Hand Trucks

20 - Center of Table Decorations Misc. Candle holders/Vases/Mirrors etc...

Total \$600.00

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2015**

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Inspection**

Name of the organization

Footloose Friends

Employer identification number

61-1691272

**Part VI**

We are a group of dedicated social and competitive dancers volunteering our time and skills. As Footloose Friends, w engage in recreational dance activities.

We have a monthly dance the funds from the First Friday dance are used to host a yearly event Eye Boogie. The funds from Eye Boogie will be donated to Childrens Eye Care programs.

We were unable to do the Eye Boogie in the tax year 2014 due to the length of time we were designated a 501 C 3.

Oregon DOJ required a year of wait time. Additionally, we were not able to secure a venue with a dance floor.

Our only income in 2014 tax year was from our monthly dance as reported in these papers.

We are schedule to have the yearly event Eye Boogie November 21, 2015 which will fall in the 2015 tax year. We have been in contact with Joanna Vaughn at the OHSU Casey Eye Clinic to contribute to the See to Read program. That donation will be made in December 2015.

The funds we currently have will be used to put on Eye Boogie.