

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization NEW DIALECT
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
522 ROSEDALE AVE
 City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE TN 37211

D Employer identification number
46-3222189

E Telephone number
615-482-2433

G Gross receipts \$ 213,760

F Name and address of principal officer:
BANNING BOULDIN 522 ROSEDALE AVE NASHVILLE TN 37211

H(a) Is this a group return for subordinates? ☐ Yes ☐ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.newdialect.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2013 **M** State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CONTEMPORARY DANCE PERFORMANCE, EDUCATION AND OUTREACH

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 12

6 Total number of volunteers (estimate if necessary) 30

7a Total unrelated business revenue from Part VIII, column (C), line 12 -

7b Net unrelated business taxable income from Form 990-T, line 38 -

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>85,188</u>	<u>85,188</u>	<u>95,007</u>
9 Program service revenue (Part VIII, line 2g) <u>78,828</u>	<u>78,828</u>	<u>118,753</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>164,016</u>	<u>164,016</u>	<u>213,760</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>43,000</u>	<u>55,000</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>120,944</u>	<u>120,944</u>	<u>149,633</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>163,944</u>	<u>163,944</u>	<u>204,633</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>72</u>	<u>72</u>	<u>9,127</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) <u>16,548</u>	<u>16,548</u>	<u>25,675</u>
21 Total liabilities (Part X, line 26) <u>-</u>	<u>-</u>	<u>-</u>
22 Net assets or fund balances. Subtract line 21 from line 20 <u>16,548</u>	<u>16,548</u>	<u>25,675</u>

Part II Signature Block

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

Sign Here Signature of officer [Signature] Date 12-30-19

Type or print name and title MICHAEL A HARTLEY, TREASURER

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)