FRIENDS 03/05/2012 3:09 PM

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 2009 Open to Public

me	mai kevenu	e Selvice	The diganization may have to use a copy of this feturi to satisfy state in		ciricints.	inspection		
Α	For the 20	09 cal <u>endar y</u>	ear, or tax year beginning $02/01/09$ , and ending $01/31/10$					
В	Check if applica	able: Please		D Emplo	yer identification number			
	Address chang	use IRS	C Name of organization FRIENDS OF METRO DANCE CENTENNIAL PARK OFFICE		•			
$\exists$		label or	Doing Business As		62-1618467			
	Name change	print or		Daniel de la companya del companya del companya de la companya de		one number		
	Initial return	type.		Room/suite	E l'elepn	one number		
$\exists$	-	Specific	PARK PLAZA AT OMAN STREET			4		
	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	ipts\$ 64,710		
	Amended retur	m tions.	NASHVILLE TN 37201					
$\equiv$	A antination no	F Name	e and address of principal officer:		H(a) Is this	a group return for		
	Application per	nuing			affiliate	s? Yes X No		
		1			H(b) Are all include	affiliates Yes No		
					If "No,"	attach a list. (see instructions)		
_	Tax-exempt	7	501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527					
J	Website:	N/A			H(c) Group	exemption number		
K	Type of organi	ization: X Cor	poration Trust Association Other L Yea	ar of formation:		M State of legal domicile:		
	ant I	Summa	ry					
	1 Brie		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
			THE DANCE DIVISION OF METRO PARKS AND RECREATION					
8		OF FORT	IND DANCE DIVIDION OF REIKO FARED AND RECREATION					
lan			***************************************					
ELL		,						
ò	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 25%	6 of its net ass	ets.			
Ō			g members of the governing body (Part VI, line 1a)		1 . 1			
S			endent voting members of the governing body (Part VI, line 1b)					
Activities & Governance					1 - 1			
Ę			employees (Part V, line 2a)					
Ac			volunteers (estimate if necessary)					
	7a Tota	al gross unre	ated business revenue from Part VIII, column (C), line 12		7a			
			siness taxable income from Form 990-T, line 34		. 7b	0		
				Prior Yea		Current Year		
a)	8 Con	tributions and	d grants (Part VIII, line 1h)	20	0000	17,876		
Revenue	9 Proc	aram service	revenue (Part VIII, line 2g)	26	5,464	27,968		
Ş			ne (Part VIII, column (A), lines 3, 4, and 7d)		23	34		
æ	44 046		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1.6	,016	13,348		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	02	2,503	59,226		
			ar amounts paid (Part IX, column (A), lines 1–3)					
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)					
Ŋ	15 Sala	ries, other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)					
Expenses	16a Prof	essional fund	draising fees (Part IX, column (A), line 11e)					
je.	h Tota							
X	47 046	-	(-),		,662	60,262		
	17 Othe		(Part IX, column (A), lines 11a–11d, 11f–24f)					
	18 Tota	ıl expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)		,662	60,262		
	19 Rev	enue less ex	penses. Subtract line 18 from line 12		,841	-1,036		
Net Assets or Fund Balances				Beginning of Curr		End of Year		
set	20 Tota	ıl assets (Pai	t X, line 16)	99	,055	98,019		
t AB	21 Tota	ıl liabilities (P	art X, line 26)					
ž	22 Net	assets or fun	d balances. Subtract line 21 from line 20	99	,055	98,019		
E	alieli	Signatu	re Block					
			ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statements a	nd to the hes	et of my knowledge		
			is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform					
n:-					1			
Sig	·							
He	re	Signatu	re of officer		Date			
		Type or	print name and title					
		Organizada	Date	Check i	f	Preparer's identifying number		
Pai	id	Preparer's signature		. self-	92	(see instructions)		
Pre	eparer's	arkuarru a		/12 employe	20 P 42	P00275041		
	e Only	Firm's name	(or yours Vance Financial Services		EIN ►	41-2051058		
J-31	Comy	if self-emplo	yed), 8320 100 Hwy		Phone			
		address, and	Nashville, TN 37221		no.	615-646-1798		
Vlay	the IRS d	iscuss this re	eturn with the preparer shown above? (see instructions)			Yes No		
			3					

#### **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; 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," X complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. 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. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12 X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional. 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 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 X 19

Did the organization operate one or more hospitals? If "Yes," complete Schedule H ...

Form 990 (2009)

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# Form 990 (2009) FRIENDS OF METRO DANCE Part V Checklist of Required Schedules (continued)

-	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No." go to line 25	24a		X
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			
	to defeace any tay-evernt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
20a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
la.		250		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	251		v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual?			
	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
¢	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) 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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			
	Death	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
04		34		X
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33		35		х
20	Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35	-	
36	annulation of the second of th	20		v
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u>X</u>
		Form	990	(2009)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				
			F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable			
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other file	nancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			
	and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a		ne			
	organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		
b	,,,,,,		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as	\		
	required to file Form 8282?	PETT	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal	-		
,	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		76		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7h		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	annumentary have access business haldings of any time distinct the confi		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the executation make any toyothe distributions under casting 40000		9a		
b	Did the contribution make a distribution to a donor described as a soluted assessed		01-		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation force and control contributions included on Port VIII. line 42	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or chareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

**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.

Sec	tion A. Governing Body and Management				
		L L	<b></b>	Yes	No
1a	Enter the number of voting members of the governing body	1a			
ь	Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				X
_	any other officer, director, trustee, or key employee?		2	-	Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct				v
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	nternal			
Rev	renue Code.)			,	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		Х
14	Does 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 approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The state of the s		15a		Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
iva	with a tayable entity during the year?		160		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		16a		
D					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		4.01		
	the organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17 40	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website Upon request				
19	Describe in Calculula O whether (and if an insul) the appealanting under its assessment of accompany and interesting	orosi			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest			
20	policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are the person who possesses the books and records of the person who possesses the books are the person who possesses the books are the person who person who possesses the books are the person who person				

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NASHVILLE

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Form 990 (2009)

#### Form 990 (2009) FRIENDS OF METRO DANCE

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee (A) (C) (B) (D) (E) (F) Name and Title Position (check all that apply) Reportable Estimated Average Reportable Individual trustee or director compensation hours per compensation amount of Former nstitutional week from from related other ighest compensated mployee the organizations compensation employee (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization trustee and related organizations MARY B BREWER 0 0 PRESIDENT LORI BROOKS SECRETARY 0 0 0 ELENA ROLLINS 0 0 TREASURER

more than \$100,000 in compensation from the organization ▶

ΠΔΔ

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Form **990** (2009)

Form 990	Section A Officers					nplo	vees	s. an	nd Highest Compensated			F	age c
3.8	(A)	(B)			((	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo comp froi orgai and	mated bunt of ther ensation m the nization related sizations	
	,												
	, , , , , , , , , , , , , , , , , , , ,												
• • • • • • • • • • • • • • • • • • • •													
	, ,												
	, ,												
1b Tota	ıl			.,.,									
2 Tota	ni number of individuals (in- ortable compensation from	cluding but not li	imite	d to	thos	e list	ted a	bov	e) who received more than	\$100,000 in			
4 For the indiv	oloyee on line 1a? If "Yes," any individual listed on line organization and related or vidual any person listed on line 1 ices rendered to the organ	complete Scheo a 1a, is the sum ganizations grea a receive or acc ization? If "Yes,	dule of re ater t	J for porta han comp	such able \$150 ensa	o ind com 0,000	ividu pens 0? If fron	al atio "Yes	nyee, or highest compensation and other compensations," complete Schedule J for y unrelated organization fo such person	from r such r		Yes	X X
_	B. Independent Contracto			6 m al 3						h 6400 000 -f			
	pensation from the organiz	zation.	ensa	ted I	ndep	end	ent c	ontr	ractors that received more			(C)	
	Name and I	(A) ousiness address							Descript	(B) tion of services		(C) Compensa	tion
-													
2 Tota	I number of independent of	ontractors (inclu	dina	hut	nof I	imite	nd to	thos	se listed above) who receiv	ed			

	0 (2009) FRIENDS OF		DIMICH		02-1010407		Page
Part V	/III Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
일 1a	Federated campaigns	1a					
	Membership dues	1b	1,380	1			
E C	Fundraising events	1c					
ar d	Related organizations	1d		1			
E	Government grants (contributions)	1e	16,496				
L S	All other contributions, gifts, grants,		•				
the	and similar amounts not included above	1f					
р 0	Noncash contributions included in lines 1a-1	, c					
e a	Total. Add lines 1a-1f			17,876			
e			Busn. Code	***************************************			
ยี   2a	MINI-NUTCRACKER SERI	ES		23,202	23,202		
d Rev	* ***********************			4,766	4,766		
<u> </u>				-,,,,,,			
e S	*						
E	************************						
Program Service Kevenue	All other program service reven						
۲   ۲	Total. Add lines 2a-2f			27,968			
	Investment income (including d						
		-		34	34		
4	Income from investment of tax-	exempt bond					
5	Royalties						
	(i) Real		Personal				
62	Gross Rents						
1 .	Less: rental exps.						
	Rental inc. or (loss)						
- 1	Not the fall to the state of th		<b>•</b>				
	Gross amount from (i) Securities		ii) Other				
	sales of assets		, ,				
h	other than inventory  Less: cost or other						
"	basis & sales exps.						
	Gain or (loss)	_					
	Net gain or (loss)		<b>•</b>				
	Gross income from fundraising even						
בו א	(not including \$ of contributions reported on line 1c).						
2	See Part IV, line 18	2					
Olner Revenu	Less: direct expenses	. d					
5 5	Net income or (loss) from fundr		<b>&gt;</b>				
	Gross income from gaming activities						
Ja	One Bart IV Kno 40	_				Malatana (	
h	Less: direct expenses						
	Net income or (loss) from gamin		•				
	Gross sales of inventory, less	G GOLVILLOG					
1.00	returns and allowances	a	11,534				
h	Less: cost of goods sold	b	5,484				
	Net income or (loss) from sales	of inventory	<b>•</b>	6,050	6,050		
-	Miscellaneous Revenue	J vericery	Busn. Code	2,155	2,220		
11a		3		5,681	5,681		
b	SCHOLARSHIP DONATIONS			1,520	1,520		
C	BALLROOM DANCING			97	97		
1 -							
_ u				7,298			
l e	Total. Add lines 11a-11d			/,2301			

### Form 990 (2009) FRIENDS OF METRO DANCE

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Parsion plan contributions (include section 4958(c)(3)(8) 9 Other salaries and wages 9 Parsion plan contributions (include section 401(k) and section 403(k) employer contributions) 10 Payroll taxes 11 Fees for services (non-employees): 12 Adventising and promotion 13 Office expenses 15 Other Payroll individuals of the promotion of		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
organizations in the LL S. See Part IV. line 21 Crants and other assistance to individuals in the U. S. See Part IV. line 22 Grants and other assistance in ordindrium in the U. S. See Part IV. line 23 Grants and other assistance in operaments organizations, and individuals outside the U. S. See Part IV. lines 15 and 15 U. S. See Part IV. lines 15 and 15 Benefits pad to or for members Commentation of current officers, directors, trustees, and key emptyoes Commentation of understand above, to desputified persons (see different under social offset)(1) and persons described in section 4598(1)(1) and persons described in section 4598(1						
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 2 3 Grants and other assistance to governments organizations, and individualis outside the U.S. See Part IV, line 3 5 and 16 4 Benefits paid to or for members 6 6 Compensation of current officers, directors, trustees, and key employees 6 6 Compensation of underl others, directors, trustees, and key employees 7 7 Other salaries and wags 8 7 Pension plan contributions (not deside with the pension described in section 4956)((1)) and section 491(v) and section 491(v) and section 491(v) and section 491(v) employee contributions (not employee benefits 9 7 Pension plan contributions (not employees) 9 8 Pension plan contributions (not employees) 1 9 Payroll taxes 1 1 Peas for services (non-employees) 1 1 Peas for services (non-employees) 2 2 Accounting 320 320 320 320 320 320 320 320 320 320	**					
the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 15 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation for individual above, to disqualified persons (see define uder section 498(k)(1) and persons described used section 498(k)(1) and persons described used section 498(k)(1) and persons described used section 491(k) and persons described used section 491(k) and persons described used section 491(k) and persons (section 490(k) employer contributions) Other employee benefits Person person (contributions (colutile section 491(k) and section 490(k) employer contributions) Other employee benefits Person person (contributions) Other employees Legal Anangement Legal Accounting Accounting Accounting Accounting Accounting Accounting Advertising and promotion Advertising and promotion Contributions (contributions) Office expenses Advertising and promotion Contributions (contributions) Contributions (contri	2					
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U.S. See Part V. Ilines 15 and 16  4 Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation for induced above, to dequalified persons (as defined under section 4958(x)(1)) and persons described in section 4958(x)(1)(8)  Persons described in section 4958(x)(1)(8)  Persons (as defined under section 4958(x)(1)(8)  Persons described in section 4958(x)(1)(8)  Persons described in section 4958(x)(1)(8)  Persons (as defined under section 4958(x)(1)(8)  Person (as	3					
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a COMMUNITY OUTREACH PROGRA b GUEST PERFORMER FEES c STAFF DEVELOPMENT 5,075 5,075 d MASTER TEACHER 4,612 4,612 a CHOREOGRAPHY 4,000 f All other expenses 22,394 25 Total functional expenses. Add lines 1 through 24f 50 Joint costs. Check here  if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	18					
Interest   Payments to affiliates   Payments to affiliate   Payments to affiliates   Payments to affiliate   Payments to affiliate   Payments to affiliate   Payments to affiliates   Payments to affiliates   Payments to affiliates   Payments to affiliate   Payments to af		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a COMMUNITY OUTREACH PROGRA 18,092 18,092 b GUEST PERFORMER FEES 5,769 5,769 c STAFF DEVELOPMENT 5,075 5,075 d MASTER TEACHER 4,612 4,612 e CHOREOGRAPHY 4,000 4,000 f All other expenses 22,394 22,394 22,394 22,394 22,394 22,394 22,394 22,394 22,394 320 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	19	Conferences, conventions, and meetings				
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SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			00,202	35,542	320	
organization reported in column (B) joint costs from a combined educational campaign and	20					
		organization reported in column (B) joint costs				

	STATE OF THE OWNER, TH	0(2009) FRIENDS OF METRO DANCE		62	-1618467		Page 11
		Balance Sheet					
					(A)		(B)
_					Beginning of year		End of year
	1	Cash—non-interest bearing	,		9,061		8,800
	2	Savings and temporary cash investments		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	89,994	2	89,219
	3	Pledges and grants receivable, net	,			3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees. Com	plete Part II of				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(	B). Complete				
10		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	9,143			
	b_	Less: accumulated depreciation	1-1-1-1-1-1	9,143		10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13					13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	l)		99,055	16	98,019
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part IV o	f Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trusted					
ig		employees, highest compensated employees, and disqu	ıalified				
Ë:		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
		Other Rebillion Consolete Book V of Coloradole B		1		25	
	26	Total liabilities. Add lines 17 through 25				26	
es		Organizations that follow SFAS 117, check here ▶	and				
nc		complete lines 27 through 29, and lines 33 and 34.					
ala	27	Unrestricted net assets				27	
ñ	28	Temporarily restricted net assets				28	
Fund Balances						29	
Fu	_	Permanently restricted net assets  Organizations that do not follow SFAS 117, check her	e 🕨 🗶				
0		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
sei	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
As	32	Retained earnings, endowment, accumulated income, or	other funds		99,055		98,019
Net Assets or	33	Total net assets or fund balances			99,055		98,019
Z	34	Total liabilities and net assets/fund balances			99,055	34	98,019

Form 990 (2009)

·orm	1990 (2009) FRIENDS OF MEIRO DANCE 02-1010407			Je IZ
	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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		
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	n 990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF METRO DANCE CENTENNIAL PARK OFFICE

Employer identification number

62-1618467

he .	art l	Reas	on for Labile Chartey	Status (All organization	is must	comple	te this	part.)	See ir	nstruct	tions.			
110	orga	nization is not	a private foundation because	se it is: (For lines 1 through 11	check on	ly one box	<b>(</b> .)							
1		A church, co	nvention of churches, or ass	sociation of churches described	d in sectio	n 170(b)(	1)(A)(i).							
2	П			(A)(ii). (Attach Schedule E.)		• • • •								
3	П			ice organization described in s	ection 170	)(b)(1)(A)(	iii).							
4	$\vdash$			ed in conjunction with a hospita				)/1\/A\/i	ii) Ente	er the ho	spital's name	e		
•	لــا	city, and stat	- '	od in denjandadn mar a neopha	. 4000			· / · · / · · · / · · / · · / ·	,			-,		
5		•		of a college or university owne						ihad in			•	
3	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
7														
			section 170(b)(1)(A)(vi). (C											
.8_				170(b)(1)(A)(vi). (Complete Pa										
9	X	_		(1) more than 33 1/3 % of its su										
		receipts from	activities related to its exer	mpt functions—subject to certa	in exception	ons, and (	2) no m	ore than	33 1/3	% of its				
		support from	gross investment income a	ind unrelated business taxable	income (le	ess section	n 511 ta	x) from b	ousines	ses				
		acquired by t	he organization after June 3	30, 1975. See section <mark>509(a)(2</mark>	!). (Comple	ete Part III	l.)							
10		An organizati	ion organized and operated	exclusively to test for public sa	fety. See	section 5	09(a)(4)							
11		An organizati	ion organized and operated	exclusively for the benefit of, to	perform	the function	ons of, o	r to carr	y out th	е				
		purposes of o	one or more publicly suppor	ted organizations described in	section 50	9(a)(1) or	section	509(a)(2	2). See	section				
		509(a)(3). Ch	eck the box that describes	the type of supporting organiza	ition and c	omplete li	nes 11e	through	11h.					
		a Type	l b Type li	c Type III-Functio	nally integ	rated	d	Тур	e III-O	ther				
Ģ		By checking	this box, I certify that the org	ganization is not controlled dire	ctly or ind	rectly by	one or m	ore disc	ualified	i				
		persons othe	r than foundation managers	and other than one or more p	ublicly sup	ported org	ganizatio	ns desc	ribed in	section	1			
		509(a)(1) or s	section 509(a)(2).											
f														
•		If the organiz	, , , ,	ermination from the IRS that it	is a Type I	, Type II,	or Type	III suppo	orting					
•		-	ation received a written dete				or Type	III suppo	orting					
		organization,	ation received a written dete check this box	ermination from the IRS that it			, , ,	III suppe	orting					
g		organization, Since Augus	ation received a written dete check this box t 17, 2006, has the organiza				, , ,	III suppo	orting					
		organization, Since Augus following per	ation received a written dete check this box t 17, 2006, has the organiza sons?	ation accepted any gift or contri	bution from	m any of ti	he		orting			Yes	No	
		organization, Since Augus following per (i) A persor	ation received a written dete check this box t 17, 2006, has the organiza sons? n who directly or indirectly co	ation accepted any gift or contri ontrols, either alone or togethe	bution from	m any of the	he ribed in (	(ii)	-		11a(i)	+	No	
		organization, Since Augus following per (i) A person and (iii)	ation received a written dete check this box t 17, 2006, has the organiza rsons? n who directly or indirectly co below, the governing body o	etion accepted any gift or contri ontrols, either alone or togethe of the supported organization?	bution from	n any of th	he ribed in (	ii)	, .		11g(i)		No	
		organization, Since Augus following per (i) A persor and (iii) (ii) A family	ation received a written dete check this box t 17, 2006, has the organiza- rsons? In who directly or indirectly co below, the governing body of member of a person descri	ation accepted any gift or contri ontrols, either alone or togethe of the supported organization? bed in (i) above?	bution from	n any of th	he ribed in (	(ii)			11g(ii)		No	
g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% c	ation received a written dete check this box t 17, 2006, has the organiza- rsons? In who directly or indirectly co- below, the governing body of member of a person descri- controlled entity of a person	ation accepted any gift or contri ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above?	bution from	n any of th	he ribed in (	(ii)					No	
g	Name	organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the first	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ention accepted any gift or control ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).	bution from	m any of th	he ribed in (	(ii)			11g(ii) 11g(iii	) (i)	No	
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g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
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g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
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g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	
g		organization, Since Augus following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the soft supported	ation received a written dete check this box t 17, 2006, has the organiza- sons? In who directly or indirectly or below, the governing body of member of a person descri- controlled entity of a person following information about the	ontrols, either alone or togethe of the supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	ons descr	(v) Did y the organ	rou notify nization in of your port?	(vi) organizat (i) organi	Is the tion in col. zed in the S.?	11g(ii) 11g(iii (vii) Am	nount of	No	

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P	irt II Support Schedule for O				)(1)(A)(iv) and	170(b)(1)	(A)(vi)	)
	(Complete only if you cho	ecked the box	on line 5, 7, or	r 8 of Part I.)				
	tion A. Public Support	(.) 0005	41,0000	(-) 0007	(-1) 0000	(=) 000		(D. T-4-)
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions 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							
	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10	(						
12	Gross receipts from related activities, etc.						12	
13	First five years. If the Form 990 is for the	_	t, secona, tnira, tol	unn, or tinn tax yea	ar as a section 501	(c)(3)		
Sac	organization, check this box and stop here tion C. Computation of Public Su		tage					
14				/A\			14	9/
15	Public support percentage for 2009 (line 6 Public support percentage from 2008 Scho	, column (i) divided	a by line 11, colum	ın (r))			15	%
			, , , , , , , , , , , ,		22 4/2 0/			70
16a	33 1/3 % support test—2009. If the organ							
b	and stop here. The organization qualifies				15 in 22 4/2 0/ or m		i i i i i i i i i i i i i i i i i i i	
IJ	33 1/3 % support test—2008. If the organ	ization did not che	unneded ergenize	tion	15 18 33 1/3 % 01 11	iore, check i	ms	
470	box and stop here. The organization qualing 10%-facts-and-circumstances test—200	nes as a publicly s	apported organiza	hay on line 12, 16	o or 16h and line	14 in 109/ o		
170								
	more, and if the organization meets the "fa						,	
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test—200					,	0% or	
a)	more, and if the organization meets the "fa	_						
	organization meets the "facts-and-circums			=				<b>b</b> [
18	Private foundation. If the organization did							
	do localidation, il the organization did	THE SHOOK & DOX O	mio 10, 10a, 10t	, 1, u, or 170, OIC	on tine box and se	- mondonon		

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			•			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,158	8,610	6,660	25,635	17,876	64,939
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	30,612	24,293	32,648	27,906	27,968	143,427
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	36,770	32,903	39,308	53,541	45,844	208,366
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	25,612	19,293	27,648	22,906		95,459
С	Add lines 7a and 7b	25,612	19,293	27,648	22,906		95,459
8	Public support (Subtract line 7c from line 6.)						112,907
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	36,770	32,903	39,308	53,541	45,844	208,366
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				23	34	57
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				23	34	57
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.)		3,690	2,910	8,939		15,539
13	Total support. (Add lines 9, 10c, 11, and 12.)	36,770	36,593	42,218	62,503	45,878	223,962
14	First five years. If the Form 990 is for the organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	th, or fifth tax year	as a section 501(	c)(3) ···	
	tion C. Computation of Public Su			<b>(6)</b>		45	50 41 9/
15 16	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche	• •		(1))		15	50.41% 36.67%
	tion D. Computation of Investmen					10	36.677a
17	Investment income percentage for 2009 (lir			column (fl)		17	%
18	Investment income percentage from 2008		<del>-</del>			18	%
l9a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bot 33 1/3 % support tests—2008. If the organ	nization did not che ox and stop here. T	ck the box on line The organization qu	ualifies as a public	ly supported organ	ization	► X
IJ	line 18 is not more than 33 1/3 %, check th						<b>•</b>

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (I											18467	Page 4
#ZTABIV	<b>Sup</b> Par	oplement t II, line 1	<b>tal Infor</b> 17a or 1	mation. ( 7b; and F	Complete Part III, li	e this par ne 12. Pr	t to provid ovide any	te the exp	olanations ditional inf	required by ormation.	y Part II, line See instructi	e 10; ions.
Part ]	III,	Line	12 -	Other	Inco	me Det	ail				法不付货资油作用	
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FRIENDS OF METRO DANCE 62-1618467 CENTENNIAL PARK OFFICE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 2/21/4 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Page 2

	III Organizations Maintaining	Collections of Art, H	istorical Trea	sures, or Oth	er Similar	Assets	(continued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, check	any of the follow	ing that are a sign	ificant use of	its		
а	Public exhibition	d Loan or	exchange progra	ms				
b	Scholarly research	e Other						
С	Preservation for future generations	_						
4	Provide a description of the organization's colle Part XIV.	ections and explain how th	ey further the org	anization's exemp	t purpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of th	e organization's	collection?			Yes N	0
P	rt IV Escrow and Custodial Arra	•	~		ed "Yes" to	Form 9	90, Part	
	IV, line 9, or reported an am							
1a	Is the organization an agent, trustee, custodian	n or other intermediary for	contributions or o	ther assets not				
	included on Form 990, Part X?						Yes N	0
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table:					
							Amount	
С	Beginning balance				10	;		
	Additions during the year					1		
	Distributions during the year					,		
f	Ending balance							
_	Did the organization include an amount on For	m 990 Part X line 212					Yes No	_
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 dit 71, iiii0 21;					165     140	_
	rt V Endowment Funds. Comple	ete if organization an	swered "Yes"	to Form 990	Part IV lin	e 10		_
2000.000.0	Endominent Funds. Compre	(a) Current year	(b) Prior year	(c) Two years bac			(e) Four years back	_
1-	Reginning of year helence	(w) ourrone your	(0) 1 1101 9001	(0) 1110 )0010 001	(4)		(0), 0 a. , ) a	
	Beginning of year balance							
	Contributions	<del></del>						
C	Net investment earnings, gains,							
	and losses				-			
	Grants or scholarships			1				
е	Other expenditures for facilities							
	and programs			-				***
f	Administrative expenses							
g	End of year balance							
	Board designated or quasi-endowment ▶	%						
b								
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organization tha	t are held and adı	ministered for the				_
	organization by:						Yes No	)
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Sched	lule R?				3b	
4	Describe in Part XIV the intended uses of the d							
Pa	rt VI Investments—Land, Buildin	igs, and Equipment.	See Form 99	00, Part X, line	10.			
	Description of investment	(a) Cost or other basis	(b) Cost or o	ther (c)	Accumulated		(d) Book value	
		(investment)	basis (othe	r) d	epreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
	Equipment							_
	Other		9	,143	9,1	43		_
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X. colu	mn (B), line 10(c)	.)		<b></b>		_
								_

Schedule D (Form 990) 2009 FRIENDS OF METRO DANC	0 Doub V 15 40	62-1616467	Page 3
Part VII Investments—Other Securities. See Form 99  (a) Description of security or category	(b) Book value	(c) Method of valuati	ion.
(including name of security)	(b) book value	Cost or end-of-year mark	
Financial derivatives	+	·	
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90. Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuati	on:
		Cost or end-of-year mark	et value
	-		
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2			
	(b) Amount		
(a) Description of liability  Federal income taxes	(b) Amount	$\dashv$	
rederal moonie taxes		-	
		_	
		4	
		-	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		-	
Intal (Collimn (n) milet edital Form dutt Dart & col (E) line (E)			

Sche	dule D (Form 990) 2009 FRIENDS OF METRO DANCE	62-16184	67 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	to Audited Financial State	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10
Pa	it XII Reconciliation of Revenue per Audited Financial Statem		eturn
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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1
G	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIV.)	2d	1
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
2	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)		1
	Add lines de and de		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	rt XIII Reconciliation of Expenses per Audited Financial State		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·
_ a	Donated services and use of facilities	2a	
b	Prior year adjustments		1
c	Other losses		1
d	Other (Describe in Part XIV.)		1 1
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
h	Other (Describe in Best VIV.)	46	1 1
	Add Door 4s and 4fs		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
222222222	n XIV Supplemental Information		1 5 1
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4: Part IV lines 1h	
	tb; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,		
	art to provide any additional information.	illes zu alla 40. Also complete	
una p	art to provide any additional information.		

Schedule	e D (F	orm 9	90) 2	009	F	RI	EN	DS	0	F	ME	TR	0	DA	NC	E							6	2-	16	518	34	57						Page \$
Schedule Part	X1\V	Su	pple	mer	ntal	Inf	orn	nati	on	(co	ntir	nue	d)																					
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### **SCHEDULE O**

(Form 990)

### **Supplemental Information to Form 990**

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

OMB No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Attach to Form 990. Internal Revenue Service FRIENDS OF METRO DANCE Employer identification number Name of the organization

62-1618467 CENTENNIAL PARK OFFICE Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public