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Form	330	

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2016 calendar year, or tax year beginning and	l ending					
B C a	heck if pplicab	C Name of organization		D Employer identifie	cation number			
X	Addre	BALLROOM BARKS						
	Name Chang	e Doing business as		61-1608846				
	Initial return		Room/suite					
	Final Feturn		GR	917-	385-8064			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	722,596.			
	Amen	NEW TORK, NI 10015		H(a) Is this a group re				
	Applie diam	F Name and address of principal officer: DOMNER DIAD		for subordinates	? 🗌 Yes I No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 52	7 If "No," attach a	list. (see instructions)			
		te: DALLROOMBARKS.ORG		H(c) Group exemption	n number 🕨			
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	r of formation: 2009 N	State of legal domicile: NY			
Pa	art I							
e	1	Briefly describe the organization's mission or most significant activities:	CATING	PEOPLE OF T	HE VARIOUS			
Activities & Governance		OPPORTUNITIES AVAILABLE TO HELP CARE FOR	AND I	RESCUE ANIMA	LS.			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of mor	e than 25% of its net as				
0 V	3	Number of voting members of the governing body (Part VI, line 1a)			3			
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			2			
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	2			
iviti	6	Total number of volunteers (estimate if necessary)		6	0			
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		266,722.	388,557.			
ent	9	Program service revenue (Part VIII, line 2g)		133,589.	63,490.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		82,397.	119,302.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		482,708.	571,349.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,175.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,352.	150,692.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,720.	71,381.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		213,247.	222,073.			
	19	Revenue less expenses. Subtract line 18 from line 12		269,461.	349,276.			
s or Ices			В	eginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		786,020.	855,296.			
Net Assets (Fund Balanc		Total liabilities (Part X, line 26)		453,500.	173,500.			
		Net assets or fund balances. Subtract line 21 from line 20		332,520.	681,796.			
I Do	net II	Signature Block						

ait ii j 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 BONNIE DIAZ, CEO Type or print name and title		Date	
Paid			Date Check I 11/15/17] PTIN P00631754
Preparer	Firm's name SKODY SCOT & CO,		Firm's EIN	13-3597814
Use Only	Firm's address 520 EIGHTH AVE,	SUITE 2200		
	NEW YORK, NY 100	18	Phone no.212	967-1100
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
632001 11-	1-16 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2016)

Form	1 990 (2016) BALLROOM BARKS	61-1608846 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>
1	Briefly describe the organization's mission: THE ORGANIZATIONS MISSION IS TO PROVIDE OPPORTUNITIE THE BALLROOM DANCE COMMUNITY TO BE OF SERVICE TO TH	
	THEIR MISSION IS ACCOMPLISHED BY EDUCATING PEOPLE OF	
	OPPORTUNITIES AVAILABLE TO HELP CARE FOR AND RESCUE	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.	vices? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 181,253 • including grants of \$)	(Revenue \$ 63,490.)
	TO EDUCATE PEOPLE OF THE VARIOUS OPPORTUNITIES AVAIL	ABLE TO HELP CARE
	FOR AND RESCUE ANIMALS.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c		
40	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 181,253.	
		Form 990 (2016)
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BALLROOM BARKS

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		x
d	Did the organization report an amount for other assets 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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 23
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.12		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X

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BALLROOM BARKS

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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			x
04-	Schedule J	23		
24d	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		Х
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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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, Part II, III, or IV, and			<u> </u>
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2016)

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Form	990 (2016) BALLROOM BARKS 61-1608	846	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		<u> </u>
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	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		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization life rorm 0039 as required f	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0		8		
9	Sponsoring organization nave excess business noidings at any time during the year?			
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12 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 shareholders 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	150		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
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Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	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 Internal Re	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\rm}$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	Idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	/ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scł	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo THE ORGANIZATION $-917-385-8064$	oks ar	nd records:			

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1
	for public inspection. Indicate how you made these available. Check all that apply.

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X

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Check if Schedule O contains a response or note to any line in this Part VI

Form 990 (2016)

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.

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

Check if Schedule O contains a response or note to any line in this Part VII

BALLROOM BARKS

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.

• 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, if any. 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 neither	the organization nor a	ny related or	ganization com	pensated an	y current officer.	director	or trustee

(A)	(B) (C)							(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated			
	hours per	box	ox, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of			
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other			
	(list any	ector						the	organizations	compensation			
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the			
	related	istee	truste		a	pens		(W-2/1099-MISC)		organization			
	organizations	al tru	onal 1		ploye	com ee				and related			
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) BONNIE DIAZ	40.00	<u>=</u>	드	ò	ž	도 등	E.						
CEO	10000	x		x				80,600.	0.	0.			
(2) LEN DIANA	2.00									•••			
SECRETARY		x		x				0.	0.	0.			
(3) PATTI PANEBIANCO	2.00												
TREASURER		x		x				0.	0.	0.			
		1											
		-		-		-							
		1											
		 		 	 	<u> </u>	<u> </u>						
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	990 (2016) BALLROOM	BARKS								61-1	608	846	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate nizatio	e ion ed
1b	Sub-total								80,600.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·	· · · · · · ·		· · · · · · ·			0. 80,600.		0.			0. 0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	000	e) wł	no re	eceived more than \$100),000 of reportab	le		<u>.</u>	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab),000? <i>If "Yes,</i>	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d otl ə <i>J f</i>	her compensation from for such individual	the organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co										npensa	ation f	rom	
	the organization. Report compensation for (A) (A) Name and business			DNI		VILLI	<u>or w</u>		(B) Description of s		C	(C omper		n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot li	mite	d to		se li:)	stec	d above) who received m	nore than		Form		016
													220 (2	2010)

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Check if Schedule O contains a response or nots to any line in the Part VII (A) Total revenue (C)	Pa	rt VII							
But B Constraint of the set of the s			Check if Schedule O cont	ains a response	or note to any lir		Related or exempt function	Unrelated business	Revenuè excluded from tax under
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	nts Its	1 a	Federated campaigns	1a					
gage service 2 a EDUCATION PROGRAM Business Code 900099 63,490. 63,490. b c	irar oun								
gage service 2 a EDUCATION PROGRAM Business Code 900099 63,490. 63,490. b c	S, G								
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	ar /								
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	s, G								
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	ion		•						
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	but				388,557.				
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	İd	a							
gas EDUCATION PROGRAM Business Code 63, 490. 63, 490. b c<	Cor	-		-		388,557.			
Or Section b	_								
Or Section b	e	2 a	EDUCATION PROGR	RAM			63,490.		
a Investment income (including dividends, interest, and other similar amounts) 63,490. 4 Income from investment of tax exempt bord proceeds 1 5 Royaties (i) Personal 6 a Gross rents 151,247.1 1 B Less: rental income or (loss) 119,302. 7 de outer trail income or (loss) (ii) Personal 7 de outer trail income or (loss) (iii) P. 302.1 7 de outer trail income or (loss) (ii) Q Securities 6 a Gross amount from sales of inventory (ii) Other a sets other than inventory (iii) Securities b Less: cost or other basis and table expenses of or cost income from fundralising events (not including \$	_vio						-		
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g Total: Add lines 2a:21 → 63,490. 3 Investment income (including dividends, interest, and other similar amounts). → 4 Income from investment of tax exempt bond proceeds → 5 Royatlies 0) Real 0) Personal 6 a Gross rents 270,549.1 → → 119,302. C Rental income or (loss) 119,302. 119,302. 7 a Gross amout from sales of assets other than inventory ▶ 119,302. 119,302. 8 a Gross income from fundraising events (not including \$ of constructions reported on line 1c). See ▶ ↓ 9 a Gross income from gaming activities ▶ ↓ ↓ 9 a Gross income from gaming activities ▶ ↓ ↓ 9 a Gross ales of inventory, less returns and allowances ↓ ↓ ↓ 9 a Gross ales of inventory, less returns and allowances ↓ ↓ ↓ 11 a	P,	f	All other program service reve	enue					
3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax exempt bond proceeds 4 Income from investment of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 5 Royaties Image: Comparison of tax exempt bond proceeds 6 a Gross rents 270, 7549, 151, 247, 119, 302. Image: Comparison of tax exempt bond proceeds 6 a Gross rents 270, 7549, 119, 302. Image: Comparison of tax exempt bond proceeds 7 a Gross amount from sales of assets ofter than inventory Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 8 a Gross income from fundralsing events (not including \$ of contributions reported on line 10; See Part IV, line 18 Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents 9 a Gross income from gaming activities. Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents 10 a Gross sales of inventory. Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents 11 a b Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents Image: Comparison of tax exempt sevents 12 Totat intervenue Image: Comparison of tax exempt sevent		g			-	63,490.			
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b Less: rental expenses 119,302. c Rental income or (loss) 119,302. d Net rental income or (loss) (i) Securities g Gross anount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (ii) Securities c Gain or (loss) (iii) Securities d Net gain or (loss) (iii) Securities a Gross income from fundralising events (not including \$ of contributions reported on line 1c). See iiii) See Part IV, line 18 a b Less: clifter expenses b c Net income or (loss) from fundraising events iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		6 a	Gross rents	270,549.	,				
c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Constributions reported on line 1c). See Part IV, line 18 b Less: circle expenses b C Net income or (loss) from fundraising events b Less: circle expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 a Gross sales of inventory, less returns and allowances a Gross sales of inventory, less returns and allowances a Miscellaneous Revenue Business Code Hiscellaneous Revenue Business Code d Niccellaneous Revenue Business Code d All other revenue e Total. Add lines 11a-11d T total revenue. See instructions. 571, 349. 63, 490. 0. 119, 302.		b	Less: rental expenses	μэ⊥,∠ч/•					
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assets other than inventory □ □ b Less: cost or other basis and sales expenses □ □ c Gain or (loss) □ □ d Net gain or (loss) □ □ get of the train or (loss) ■ □ get of the train of trai		d	Net rental income or (loss)			119,302.			119,302.
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities and allowances a b c Miscellaneous Revenue Business Code 11 a b c c d dI other revenue e tail other revenue e tail revenue. See instructions. 571, 349. 63, 490. 0. 112 Total revenue. See instructions.		7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) d a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses o c Net income or (loss) from fundraising events b c net income or (loss) from fundraising events b c net income or (loss) from gaining activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaining activities. See Part IV, line 19 a b Less: direct expenses b c c nd allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total Actu lines 11a-11d t 571, 349. 63, 490. 0. 119, 302.			assets other than inventory						
c Gain or (loss)		b	Less: cost or other basis						
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions. 571, 349. 63, 490. 0.	erF		Part IV, line 18	a					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions. 571, 349. 63, 490. 0.	Ę	b	Less: direct expenses	b					
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Image: Comparison of the comparison o		с	Net income or (loss) from fund	draising events	►				
b Less: direct expenses b b b b b b b b b b b b b b b b b b		9 a							
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10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 571, 349. 63, 490. 0. 119, 302.		b	Less: direct expenses	b					
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total revenue. See instructions. 571, 349. 63, 490. 0. 119, 302.		С	Net income or (loss) from gam	ning activities	·· <u>·····</u>				
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c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a									
Miscellaneous Revenue Business Code Image: Code Image: Code Image: Code 11 a		b	Less: cost of goods sold	b					
11 a		С	Net income or (loss) from sale	es of inventory	►				
b			Miscellaneous Revenu	le	Business Code				
c		11 a			ļ				ļ
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e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 571,349. 63,490. 0. 119,302.		С			ļ				
I2 Total revenue. See instructions. ► 571,349. 63,490. 0. 119,302.									
							62 400	^	
					►	5/1,349.	03,490.	υ.	

BALLROOM BARKS

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61-1608846 Page 9

BALLROOM BARKS

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			-	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 000		0.000	
	trustees, and key employees	80,600.	72,540.	8,060.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	40 001	20 440	4 0 7 0	
7	Other salaries and wages	42,721.	38,449.	4,272.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	17,398.	15 (50)	1 740	
9	Other employee benefits		15,658.	1,740.	
10	Payroll taxes	9,973.	8,796.	1,177.	
11	Fees for services (non-employees):				
a	Management	4,415.		4,415.	
b	Legal	17,690.		17,690.	
с	Accounting	17,090.		17,090.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
10					
12 13	Advertising and promotion	3,466.		3,466.	
13 14	Office expenses	5,1001		5,1000	
15	Royalties				
16	Occupancy				
17	Traval				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
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. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DOG SITTING	26,006.	26,006.		
b	PROGRAM EXPENSES	19,804.	19,804.		
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	222,073.	181,253.	40,820.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	Check if Schedule O contains a response or not	e to an	/ line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	175,558.	1	248,922		
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	1,450
4					4	
5						
	trustees, key employees, and highest compensation					
	Part II of Schedule L				5	
6						
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect	(c)(9) voluntary				
					6	
7				7		
8					8	
9					9	
10a						
		10a	616,000.			
b			11,076.	610,462.	10c	604,924
11	Investments - publicly traded securities				11	
12					12	
13				13		
14			14			
15			15			
16			16	855,296		
17	Accounts payable and accrued expenses	3,500.	17	3,500		
18	Grants payable		18			
19	Deferred revenue			450,000.	19	170,000
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
22	Loans and other payables to current and former	officer	s, directors, trustees,			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
25	Other liabilities (including federal income tax, part	yables	o related third			
	parties, and other liabilities not included on lines	17-24)	Complete Part X of			
					25	
26				453,500.	26	173,500
			k here 🕨 🔽 and			
				222 520		C01 700
27				332,320.		681,796
29	,				29	
		SC 958), check here ▶∟			
30						
31						
32				330 200		681,796
						855,296
	4 5 6 7 8 9 10 b 11 2 13 14 15 6 7 8 9 10 b 11 2 13 14 15 6 22 23 4 25 26 27 28 29 30 1	 Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employees and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. 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Complete Part II of Schedule L 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0/(1)), persons described in section 4958(0/(3)(E), and contributing employees beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 6166,000. 10a 6166,000. 10a 6166,000. 11 Investments - oublicly traded securities 12 Investments - oublicly traded securities 13 Investments - oublicly traded securities 14 Intargible assets 15 Otter assets. 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Form **990** (2016)

BB2435_1

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Form 990 (2016)
Part X Balance Sheet

	1990 (2016) BALLROOM BARKS	61-160	8846	Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
			E 7 1	S	40				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{49}{72}$				
2	Total expenses (must equal Part IX, column (A), line 25)	2			73.				
3	Revenue less expenses. Subtract line 2 from line 1	3			76.20.				
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8			0.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		601	7	06				
Do	column (B))	10	001	.,/	96.				
Fa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	NO				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb						
			_ (000					

Form **990** (2016)

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.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

		inde Gervice		on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo	orm990.		Inspection	
Nam	e of t	the organization		DOOM DADKC							ification number	
Pa	rt I	Reason for		ROOM BARKS	All organizations must co	omplete th	is nart) Se	e instruction		<u></u>	608846	
					For lines 1 through 12, o	-						
1					on of churches describe							
2		-			Attach Schedule E (Forr		• • •	•//~//•				
3					anization described in s			ii).				
4		•	•		njunction with a hospita			•	(iiii). Enter	the hc	ospital's name.	
-		city, and state:	<u>-</u>		· · · · · · · · · · · · · · · · · · ·						- I	
5			operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in		
		-	-	Complete Part II.)	0 ,	•	, ,					
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7		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 described in										
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community tru	ust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural re	esearch org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	a land-grant	colleg	je	
		or university or a	a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state o	of the colleg	e or		
		university:										
10	X	An organization	that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gro	oss receipts from	
					ct to certain exceptions,							
					(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after J	June 30, 1975.	
		See section 509		-								
11		-	-	-	ively to test for public sa	-						
12					ively for the benefit of, to							
					ed in section 509(a)(1) o of supporting organizatio					HECK		
а		-			upervised, or controlled					, aivinc	r	
u					gularly appoint or elect							
				complete Part IV, Se		amajoney				appor	Ling	
b					l or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving		
				-	anization vested in the s			-		-	d	
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III funct	ionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with	n,	
		its supported	organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-f	functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation	(s)	
		that is not fun	ctionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	ivenes	S	
					nplete Part IV, Sections							
е					written determination fro			а Туре I, Туре	e II, Type III			
	F 4	,	0 ,		nally integrated support	0 0						
					d arganization(a)							
g		(i) Name of supporte		about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi)	Amount of other	
		organization			(described on lines 1-10	in your governi Yes	ng document?	support (see i	-		ort (see instructions)	
					above (see instructions))							
										 		
										1		
										├───		
Tota												

Schedule A (Form 990 or 990-EZ) 2016 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 13

Schedule A (Form 990 or 990 EZ) 2016 BALLROOM BARKS

61-1608846 Page 2

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

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

Galedar yser (or ficed year beginning in) b (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 diffs, grants, contributions, and 1 diffs, grants, contributions, and 2 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behalf 2 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished 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 (ofter than a government unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support 2, detect the 5 ten line 4 8 droses income from intreat, dividends, payments received on saccutities loans, rotats, royatiles and income from sittles accuseds 26% of the amount shown bene from intreat, dividends, payments received on saccutities loans, rotats, royatiles and income from sittles accuseds 26% of the amount shown bene from intreated, 1 Total support. Add lines 7, through 10 1 Total support. Add lines 7, through 10 1 Total support. Add lines 7, through 10 2 Groses neores from interest, dividends, payments received on sacutities, whether or not the subsess is regularly carried on 10 Other income from subsets ources 4 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 1 Total support. Add lines 7, through 10 2 Groses receipts from thested totalises activities, whether or not the subsets is regularly carried on 10 Other income 5 on divided by line 11, column (f) 1 Total support. Add lines 7, through 10 3 First the yeapport. Add lines 7, through 10 4 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 <u>14</u> <u>56</u> 59 Add is support test - 2016 (line 6, column (f) divided by line 11, column (f) 15 Total support test - 2016 (line 6, column (f) divided by line 11, column (f) 16 To	See	ction A. Public Support										
membership fees received. (Do not include any 'unusual grants.') Image: Comparison of 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 Image: Comparison of the compariso	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
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3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization is the organization included to the organization included or provide organization included or anization included or		ization's benefit and either paid to										
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4 Total. Add lines 1 through 3		furnished by a governmental unit to										
4 Total. Add lines 1 through 3		the organization without charge										
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) Image: the second seco	4											
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column (f) exaction B. Total Support. Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Cher income. Do not include gain or loss form the sale of capital assets (Explain in Part VI.) 11 12 East assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 96 14 Public support test- 2015. If the organization dud not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. 13 13/3% support test - 2015. If the organization did not check a box on line 13, en 16, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fla, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organizat												
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business is regularly carried on	9											
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16a 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization												
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a											
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	'b, check this box	and see instruct	ions 🕨 🛄				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 BALLROOM BARKS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, picase comp	nete i art ii.j					
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Gifts, grants, contributions, and		,			. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	27,644.	1,750.	18,000.	266,722.	388,557.	702,673.	
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	60,178.			133,589.	63,490.	257,257.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	87,822.	1,750.	18 000	100 311	452,047.	050 030	
	Total. Add lines 1 through 5	07,022.	I,750.	10,000.	400,511.	432,047.	939,930.	
78	Amounts included on lines 1, 2, and						0.	
r	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.	
-	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						959,930.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	87,822.	1,750.	18,000.	(d) 2015 400,311.	(e) 2016 452,047.	(f) Total 959,930.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources		44,186.	99,683.	82,397.	119,302.	345,568.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975		44 100	00 (02	00 207	110 202		
	Add lines 10a and 10b		44,186.	99,683.	04,397.	119,302.	343,308.	
	activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)	87,822.	45,936.	117,683.	482,708	571,349.	1305498.	
	First five years. If the Form 990 is for	-	-	-	-	-		
	check this box and stop here	Ũ	, ,	, ,	,	0,00	·	
See	ction C. Computation of Publ	ic Support Per	rcentage					
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	73.53 %	
16	Public support percentage from 2015					16	%	
See	ction D. Computation of Inves	stment Income	e Percentage					
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))						17	26.47 %	
18	Investment income percentage from 2					18	%	
19 a	a 33 1/3% support tests - 2016. If the							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
~	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions b							
		n dia not check a l	box on line 14, 19a	a, or 190, check th				
6320	23 09-21-16			15	Sche	oule A (Form 990	or 990-EZ) 2016	

¹⁵ 2016.05000 BALLROOM BARKS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | Schedule A (Form 990 or 990-EZ) 2016

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
-	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000	tion B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization (s) that operated, supervised, or controlled the supporting organization of <i>If "Yes," explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form S	990 or 99	90-EZ)	2016

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Schedule A (Form 990 or 990-EZ) 2016 BALLROOM BARKS

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ted Type III supporting or	nanization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Image: Current Year 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Image: Current Year 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Image: Current Year 4 Amounts paid to acquire exempt-use assets Image: Current Year 5 Qualified set-aside amounts (prior IRS approval required) Image: Current Year 6 Other distributions (describe in Part VI). See instructions Image: Current Year 7 Total annual distributions. Add lines 1 through 6 Image: Current Year 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Image: Current Year 9 Distributable amount for 2016 from Section C, line 6 Image: Current Year		t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	I ICCCCIC Fager
A Amounts paid to perform activity further exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplete exempt purposes of supported organizations Administrative expenses paid to accomplete exempt purposes of supported organizations Administrative expenses paid to accomplete exempt quired Outer distributions (prior IRS approval required) Outer distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Outer distributions, Add lines 1 through 6. Distributable amount (p: 2016 from Section C, line 6 Distributable amount for 2016 from Section C, line 6 Distributable amount for 2016 from Section C, line 6 Distributable amount for 2016 from Section C, line 6 Distributable amount for 2016 from Section C, line 6 Distributable amount for 2016 from Section C, line 6 Outerdistributions, frany, for years prior to 2016 (reason- able cause required explain in Part VI). See instructions From 2013 Cexces distributions of prior years Applied to underdistributable amount Outer distributions of prior years Applied to underdistributable amount Outer distributions of prior years Applied to underdistributable amount Outer distributions of prior years Applied to underdistributable amount Outer distributable amount Carryover from 2011. Add applied (see instructions) Applied to underdistributable amount Applied to underdistributable amount Applied to underdistributable amount Applied to underdistributable amount Carryover from 2011. Add applied (see instructions) Applied to underdistributable amount Carryover from 2011. Add applied (see instructions) Applied to underdistributable amount Carryover from 2011. Add applied (see instructions) Applied to underdistributable amount Carryover from 2011. Add applied (see	Secti			(commuca)	Current Year
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3 Administrative expresses paid to accourse for users of supported organizations 4 Amounts paid to acquire exemptuse assets 5 Qualified set-aside amounts (ptror IRS approval required) 6 Other distributions, Add lines 1 through 6 7 Total amound distributions, Add lines 1 through 6 9 Distributiate amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (f) (fi) (fii) 9 Distributiate amount for 2016 from Section C, line 6 2 Underdistributions, fram, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions 3 Excess distributions of prior years 4 Form 2013 1 Carryover from 2011 4 Applied to underdistributions of prior years					
4 Anounts paid to acquire exempt-use assets Image: Control of Control		organizations, in excess of income from activity			
5 Qualified set aside amounts (prior IPS approval required) Image: Comparison of the set of the s	3		es of supported organization	s	
6 Other distributions (describe in Part VI). See instructions Image: Control of Control control of Control of Contr					
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8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions amount of 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Excess Distributions (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) Distributions (see instructions) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	6	Other distributions (describe in Part VI). See instructions			
(provide details in Part V). See instructions (i) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	7	Total annual distributions. Add lines 1 through 6			
9 Distributable amount for 2016 from Section C, line 6 (i) (ii) (iii) (iii) (iii) (iii) Distributable 8 Distributable amount for 2016 from Section C, line 6 (i) Inderdistributions Pre-2016 Distributable amount for 2016 from Section C, line 6 1 Distributable amount for 2016 from Section C, line 6 (ii) Inderdistributions Pre-2016 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions (iii) Inderdistributions (iii) 3 Excess distributions carryover, if any, to 2016: (iii) (iii) (iii) 4 Inderdistributions of priory to 2016 (reasonable cause required-explain in Part VI). See instructions (iii) (iii) 5 Excess distributions of priory opers (iii) (iiii) (iiii) 6 From 2015 (iiii) (iiii) (iiii) (iiii) 6 From 2015 (iiii) (iiii) (iiii) (iiiii) (iiii) 7 Total of lines 3a through e (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
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(i) (ii) (iii) Distributable Amount for 2016 Impact 10 / 2016 Impact 2016 </td <td>9</td> <td>Distributable amount for 2016 from Section C, line 6</td> <td></td> <td></td> <td></td>	9	Distributable amount for 2016 from Section C, line 6			
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3 Excess distributions carryover, if any, to 2016: Image: Constraint of the second secon	2	Underdistributions, if any, for years prior to 2016 (reason-			
a		able cause required- explain in Part VI). See instructions			
bcFrom 2013dFrom 2014eFrom 2015fTotal of lines 3a through egApplied to underdistributions of prior yearshApplied to 2016 distributable amountiCarryover from 2011 not applied (see instructions)jRemainder. Subtract lines 3g, 3h, and 3l from 3f.4Distributions for 2016 from Section D, line 7:ine 7:\$aApplied to underdistributions of prior yearsbApplied to 2016 distributable amountcRemainder. Subtract lines 4a and 4b from 4.fRemaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructionsfExcess distributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructionsfExcess from 2013dExcess from 2013dExcess from 2014dExcess from 2015	3	Excess distributions carryover, if any, to 2016:			
c From 2013 Image: Constraint of the set of the s	а				
d From 2014 Image: Constraint of the set o	b				
e From 2015 Image: Construction of the second	с	From 2013			
fTotal of lines 3a through eImage: Second Sec	d	From 2014			
g Applied to underdistributions of prior years Image: construction of the system o	е	From 2015			
h Applied to 2016 distributable amount	f	Total of lines 3a through e			
i Carryover from 2011 not applied (see instructions) Image: construct of the structure structur	g	Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Constraint of the section D, line 7: % 4 Distributions for 2016 from Section D, line 7: % Image: Constraint of the section D, line 7: % a Applied to underdistributions of prior years Image: Constraint of the section D, line 7: % b Applied to 2016 distributable amount Image: Constraint of the section D, line 2: For result greater than zero, explain in Part VI. See instructions c Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Image: Constraint of the section D, line 2: For result greater than zero, explain in Part VI. See instructions d Excess distributions carryover to 2017. Add lines 3j and 4c Image: Constraint of the section 2: Constrater 2: Constraint of the section 2: Constraint of the	h	Applied to 2016 distributable amount			
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any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructionsImage: Construction of the second secon	С	Remainder. Subtract lines 4a and 4b from 4			
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b Excess from 2013 Image: Constraint of the second	8	Breakdown of line 7:			
c Excess from 2014	а				
d Excess from 2015	b	Excess from 2013			
e Excess from 2016	d	Excess from 2015			
	е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 BALLROOM BARKS

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

61-1608846

Name	of the	organization
- turno	01 010	orgunization

Organization type (check one):

BALLROOM BARKS

Filers of:	Section:				
Form 990 or 990-EZ 3 (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

BALLROOM BARKS

Employer identification number

61-1608846

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16 23

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2016.05000 BALLROOM BARKS

	OM BARKS		61-1608846
art III		tributions to organizations described in	n section 501(c)(7), (8), or (10) that total more than \$1,000 f
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(a). apres a gas		
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfor of sift	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
-			
54 10-18-1	16	24	Schedule B (Form 990, 990-EZ, or 990-PF)

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2016.05000 BALLROOM BARKS

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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



Nam	e of the organization BALLROOM BARKS		Em	ployer identification number 61-1608846
Par		Funds or Other Similar Funds o	r Accol	
1 41	organization answered "Yes" on Form 990, Part IV, line 6			
		. (a) Donor advised funds	(b) Fun	ids and other accounts
4	Total number at end of year		(10) 1 01	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	ing that the apparts hold in depart advised	funda	
5	Did the organization inform all donors and donor advisors in writ	-		Yes No
6	are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advis			
6	for charitable purposes and not for the benefit of the donor or do			
			-	Yes No
Par		ization answered "Yes" on Form 990. Par		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or educ		ally impo	tant land area
	Protection of natural habitat	Preservation of a certifie		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conserv	ation easement on the last
2	day of the tax year.	conservation contribution in the form of		Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic struct			
	Number of conservation easements included in (c) acquired after			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, release			n during the tax
	year ►	, , , ,	5	3
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it ho			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation	n easeme	nts during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	's financial statements that describes the	e organiza	tion's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of A		er Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statemer	nt and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	s these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC §	958), to report in its revenue statement ar	nd balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public	service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treasu		ain, provic	le
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		

a Revenue included on Form 990, Part VIII, line 1

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\$ ►

Sche	dule D (Form 990) 2016 BALLROO	M BARKS			61-1	608846	D Pa	ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	er Similar Ass	sets(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that are a	significant use of it	s collectior	ı items	\$
	(check all that apply):							
а	Public exhibition	c	1 Loan or ex	change programs				
b	Scholarly research	e	e 🛄 Other					
c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or other simil	ar assets			
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes" o	n Form 990, Part I	V, line 9, or		
	reported an amount on Form 990, Pa							
1 a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing table:					
						Amount		
	Beginning balance							
	Additions during the year							
e f	Distributions during the year							
20	Ending balance Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.						\square	NU
Par								
		(a) Current year	(b) Prior year		(d) Three years bac	k (e) Four	vears b	ack
1a	Beginning of year balance		(2) 1 101 9 001		(,	(0)	<i>,</i>	
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:	•			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organization	-		
	by:						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			!?		3b		
4	Describe in Part XIII the intended uses of the	<u> </u>	owment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o				(d) Book	value	
		basis (investr	,	s (other) de	epreciation	100		10
	Land	010			11 076),00 1,92	
	Buildings		000.		11,076.	204	±,92	.4.
	Leasehold improvements							
	Equipment							
	Other		V oolumn (D) /:	100)		60/	1,92	24
Iotal	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	л, соштіп (в), line	100.)	····· P		±, 92	<u>,</u>

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of	aluation: Cost or end	d-of-year market value
(1) Financi	al derivatives				
(2) Closely	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of	aluation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			B	
	Complete if the organization answered "Yes"		/, line 11d. See Form 990	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Cak	(h) must say of Farm 000. Part X and (D) lin	o 15 \		`	
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		····· ►	
	Complete if the organization answered "Yes"	on Form 000 Dart IV	/ line 11e or 11f See For	m 000 Dart V lina 25	
4	(a) Description of liability	OITFOITT 990, Fait N	(b) Book value	1 990, Fart A, inte 23	·.
<u>1.</u> (1) For				-	
	deral income taxes			-	
(2)				-	
(3)				-	
(4)				-	
(5)				-	
(6)				-	
(7)				-	
(8)				-	
(9)		- 05)		-	
I otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 BALLROOM BARKS		61-1608846 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



Employer identification number 61-1608846

BALLROOM BARKS

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION WAS FORMED AS A MEMBERSHIP ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATIONS GOVERNING BODY

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED BY AN OFFICER OF THE ORGANIZATION

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNING BODY IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

990S, NY NON-PROFIT NETWORK THIS REVIEW INCLUDES RESEARCHING GUIDESTAR,

ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

29 2016.05000 BALLROOM BARKS

2016 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - 343 W21 ST NYC

RENT 1 * C o n v Ending Accumulated Depreciation Unadjusted Cost Or Basis Reduction In Beginning Accumulated Current Sec 179 Bus Section 179 Current Year Asset No. Date **Basis For** Line No. Method Life Description Acquired % Expense Basis Depreciation Deduction Excl Depreciation Expense BUILDINGS 39.00 MM16 216,000. 2 BUILDING - 343 W21 STREET 01/05/15 SL 216,000. 5,538. 5,538. 11,076. 216,000. 216,000, 5,538. 5,538, 11,076. * 990 RENTAL TOTAL BUILDINGS LAND 1 LAND - 343 W21 STREET 01/05/15 L 400,000. 400,000 0 * 990 RENTAL TOTAL LAND 400,000. Ο. 400,000. Ο. 0. * GRAND TOTAL 990 RENTAL 616,000. DEPR 616,000. 5,538. 5,538. 11,076.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing number		
Type or print	or Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) or			
-	BALLROOM BARKS				61-1608846			
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions.				ocial security number (SSN)			
instructions.	See							
Enter the	Return Code for the return that this application is for	or (file a separa	ate application for each return)			01		
Applicat	on	Return	Application			Return		
Is For		Code	ls For			Code		
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)	09				
Form 990	ŀPF	04	Form 5227	10				
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990)-T (trust other than above)	06	Form 8870	12				
 If the If this box 1 I refore 	none No. ▶ 917-385-8064 organization does not have an office or place of bus is for a Group Return, enter the organization's four of . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for X calendar year 2016 or tax year beginning ne tax year entered in line 1 is for less than 12 month	ligit Group Exe and atta <u>NOVE</u> the organizati	emption Number (GEN) I uch a list with the names and EINs of MBER 15, 2017 , to file on's return for: d ending	f this is fo all memb	r the whole pers the extension organiza	ension is for.		
	Change in accounting period							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any			0		
	nonrefundable credits. See instructions.			3a	\$	0.		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			3b		0		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0.		
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$								
Caution: instructio	If you are going to make an electronic funds withdra ns.	awal (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	(9-EO for payment		
IHA F	or Privacy Act and Paperwork Reduction Act Not	ice. see instr	uctions.		Form	8868 (Rev. 1-2017)		

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat	ion								
For Fiscal Year Beginning	g (mm/dd/yyy	y) 01/01/	2016 and Ending (mm/dd/yyyy) 12/31/	2016				
Check if Applicable: X Address Change	Name of Org BALLRO	ganization: OOM BARKS		Employer Identification Number (EIN): $61 - 1608846$					
Name Change	Mailing Addi 59 WES	ress: ST 94TH S	T, NO. GR		NY Registration Number: $44 - 20 - 50$				
Final Filing	City / State / NEW YC		10015		Telephone: 917 3858064				
Reg ID Pending	Website: BALLRC	OMBARKS.	ORG		Email: BONNIEBALLROOMBARK				
Check your organization's Confirm your Registration Category in the registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com									
2. Certification									
See instructions for certif	ication requir	ements. Imprope	r certification is a violation	of law that may be subjec	t to penalties.				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.									
President or Authorized	Officer:			OFFICER					
		Signature		Print Nam	e and Title Date				
Chief Financial Officer o	r Treasurer:			• OFFICER					
		Signature	gnature Print Name and Title						
3. Annual Reporting	g Exemptio	on							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.									
4. Schedules and A	ttachmen	ts							
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. bb. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you		g fee: 25 •	EPTL filing fee:	Total fee: \$ 125.	Make a single check or money order payable to: "Department of Law"				
are submitting here:	Ψ	<u> </u>	ψ						

668451 12-29-16 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

BALLROOM BARKS



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- L If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- X Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁶⁶⁸⁴⁶¹ ¹²⁻²⁹⁻¹⁶ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)