Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2021 calend	dar year, or tax year beginning		Sep	1 , 2021,	and endi	ng	Au	g 31	, 20 22
В	Check if a	applicable:	C Name of organization DANCEW	ORKS, I	NC.					D Emplo	yer identification number
	Address of	change	Doing business as							39-17	734312
	Name cha	ange	Number and street (or P.O. box if	mail is not de	elivered	to street address)		Room	/suite	E Teleph	none number
	Initial retu	ırn	1661 N WATER STREE	ΞT						(414)	277-8480
	Final retur	n/terminated	City or town, state or province, co	ountry, and ZI	IP or fo	reign postal code					
	Amended	return	MILWAUKEE, WI 5320	02-2085						G Gross	receipts \$1,124,162.
	Application	n pending	F Name and address of principal offi	icer:					H(a) Is this a gro	up return fo	r subordinates? Yes X No
			JASON WENDT, 1661 N W	ATER STR	REET,	MILWAUKEE,	WI 53	202	H(b) Are all su	bordinate	es included? Yes No
ı	Tax-exem	npt status:	▼ 501(c)(3)) ◀ (inser		4947(a)(1) o					st. See instructions.
J	Website:	▶ www.d	anceworksmke.org						H(c) Group ex	emption	number ►
K	_		Corporation Trust Associate	tion Othe	er ►	LY	ear of form	nation:	1992	M State	of legal domicile: WI
P	art I	Summa	ry								
	1		cribe the organization's missi	ion or mos	st sign	ificant activitie	S: To enhai	nce io	v. health and	creativi	ty by engaging the community
e	1	through			J						34_334_33_232_3_3_3_3
Governance	-										
ern	2	Check this	box ► ☐ if the organization	discontinu	ed its	operations or	dispose	d of r	nore than 2	25% of	its net assets.
Š	1		voting members of the gove			•				3	16
	1		independent voting member							4	16
es	1		per of individuals employed in	_		• • •				5	74
ΞĒ			per of volunteers (estimate if r					•		6	75
Activities &			ated business revenue from F	,						7a	0.
•			ed business taxable income							7b	0.
		i vot uni ciai	ed basilless taxable illectric	11011111 0111	1 000	1,1 411, 1110 1	· · · ·	i i	Prior Year		Current Year
	8	Contributio	ons and grants (Part VIII, line				944,		660,129.		
Revenue	1		ervice revenue (Part VIII, line						276,		454,894.
Ver		•	t income (Part VIII, column (A)	•					270,	17.	
æ	1		nue (Part VIII, column (A), line			•			2		1 625
	1									327.	1,625.
			ue—add lines 8 through 11 (m				11110 12)	+	1,224,	<u>∠53.</u>	1,116,688.
			I similar amounts paid (Part I)								
		•	aid to or for members (Part IX			•		-		250	
Expenses			her compensation, employee b	•		• • •	es 5–10)		568,	359.	723,042.
ens	1		al fundraising fees (Part IX, co			•					
Ϋ́			aising expenses (Part IX, colu				,656.			225	221 225
_	1	-	enses (Part IX, column (A), line			•			287,		391,386.
		-	nses. Add lines 13–17 (must	-			-		855,		1,114,428.
. "		Revenue le	ess expenses. Subtract line 1	8 from line	12			-		588.	2,260.
Sor			(=					Begi	nning of Curre		End of Year
Net Assets or Fund Balances	20		s (Part X, line 16)		•				878,		781,311.
et P	21		ties (Part X, line 26)						374,		275,823.
			or fund balances. Subtract li	ne 21 fron	n line	20			503,	807.	505,488.
P	art II	Signatu	re Block								
			, I declare that I have examined this r e. Declaration of preparer (other than								my knowledge and belief, it is
110	ie, correct,	, and complete	e. Deciaration of preparer (other than	Officer) is ba	Seu on	all illioithation of w	пісп ргера	i ei i iac	ally knowled	ge. 	
O:										/23/2	023
	gn	Signatu	ure of officer						Date		
He	ere		ON WENDT, TREASURER								
		'	r print name and title								
Pء	nid	Print/Type	preparer's name	Preparer's s	signatur	e		Date		Check [_
	eparer	David	Krause	David I	Krau	se		06/2	23/2023	self-emp	P00064346
	se Only		ne ▶ Krause & Associ	ates, S	SC				Firm's	EIN ►	39-1810886
_ _	e Oilly	Firm's add	lress ▶ 1214 Bridge Str			on, WI 530	24				62)377-9988
Ma	v the IR		this return with the preparer s								. X Yes No

Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To enhance joy, health and creativity by engaging the community through dance
	through dance.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 692,449. including grants of \$ 0.) (Revenue \$ 288,360.)
	Provide a variety of dance classes for all age groups and achievement
	levels. This program provides the public with an opportunity to
	develop individual abilities and achieve a greater appreciation for
	dance. Summer camp provides the public with an opportunity to develop
	individual abilities and achieve a greater appreciation for dance.
4b	(Code:) (Expenses \$ 115,768. including grants of \$ 0.) (Revenue \$ 92,101.)
	Outreach programs and workshops - Workshop residencies and performance
	and enrichment programs to increase the public appreciation of dance.
	Mad Hot served about 600 students in grades 4-6 from 29 classrooms
	across Southeastern Wisconsin. Participating schools nearly tripled from
	the previous year, jumping from 9 in 2020 to 24 schools this year,
	including new schools in Racine and Kenosha. Overall, Danceworks
	Teaching Artists provided 1,627 hours of student contact.
	During our pilot year of Emoji Yogi, we were in three classrooms at
	Granville LUMIN, St. Peter Immanuel LUMIN and St. Martini LUMIN. All
	schools received one 45 minute in-person session and two supplementary
	See Part III, Ln 4b statement
4c	(Code:) (Expenses \$ 72,719. including grants of \$0.) (Revenue \$ 74,433.)
	Annual performance series - This program helps the public achieve a
	greater appreciation for the arts and provide exposure for many local
	and national dancers.
	5 concerts
	19 performances
	1,695 patrons
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 880,936.

19

20a

21

	00 (2021)		ı	Page (
Part	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,"			NO
•	complete Schedule A	1	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	×	×
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	
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		×
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

18

19

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		l
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		×
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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	00-		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	0.4		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
b	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part		_ 55		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in hex 2 of Form 1006. Enter 0, if not entirely		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 74			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> </u>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4953 or 49532.			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	II 165. COMDICTE FORM 0003.			

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 16 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ₩I 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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 books and records ▶ JULIA GRAY, 1661 N WATER STREET, MILWAUKEE, WI 53202-2085 (414)277-8480

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2021)

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization n	or any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position on to check more k, unless person is cer and a directo Cer and a directo Institutional trustee			e than one is both an		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JULIA GRAY EXECUTIVE DIRECTOR	40.00	-		×		<u>α</u>		67,535.	0.	0.
(2) JULLEANE COOK PRESIDENT	2.00	×		×				0.	0.	0.
(3) RENEE GRISWOLD VICE PRESIDENT	2.00	×		×				0.	0.	0.
(4) JASON WENDT TREASURER	2.00	×		×				0.	0.	0.
(5) LAURA MUELLER SECRETARY	2.00	×		×				0.	0.	0.
(6) CRAIG BENNETT DIRECTOR	1.00	×						0.	0.	0.
(7) KRISTIN BERGSTROM DIRECTOR	1.00	×						0.	0.	0.
(8) CHLOE CHIUMINATTO DIRECTOR	1.00	×						0.	0.	0.
(9) MARIO COSTANTINI DIRECTOR	1.00	×						0.	0.	0.
(10) MARISO GRECO DIRECTOR	1.00	×						0.	0.	0.
(11) FRANK KREJCI DIRECTOR	1.00	×						0.	0.	0.
(12) RICK KRUEGER DIRECTOR	1.00	×						0.	0.	0.
(13) JEFF MCCLELLAN DIRECTOR	1.00	×						0.	0.	0.
(14) TIM MOSS DIRECTOR	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	ensated Empl	oyees (continued)
				(6	C)						
(A) Name and title	(B) Average hours	box,	unles	neck ss pe	erson	e than of is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	0	(F) ated amount f other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	/ fr organ	pensation om the ization and organizations
(15) LINDSAY OLSON	1.00										
DIRECTOR		×						0.	0		0.
(16) FRANCISCA RODRIGUEZ DIRECTOR	1.00	×						0.	0		0.
(17) KANCHANA SRINIVASAN DIRECTOR	1.00	×						0.	0		0.
(18) PAUL JANSEN DIRECTOR THROUGH DECEMBER 2021	1.00	×						0.	0		0.
(19) TIMOTHY SOMERS DIRECTOR THROUGH APRIL 2022	1.00	×						0.	0		0.
(20)		-									
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal							>	67,535.	0		0.
						 above	► e) w	67,535.	0 re than \$100,00	0 of	0.
reportable compensation from the organ	ization ►										
3 Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>							-	loyee, or highes	•	d 3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatic	n a	nd other compe	nsation from th	е	
individual5 Did any person listed on line 1a receive of the control of the control			nea	tion		manı				4	×
for services rendered to the organization										5	×
Section B. Independent Contractors 1 Complete this table for your five high	nest comp	oneat	ad	inda	anai	ndent		entractors that r	received more	than \$	100 000 of
compensation from the organization. Rep											
(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compens	sation
2 Total number of independent contractor	ors (includin	ng bu	ıt n	ot	limit	ted to	th	nose listed abov	re) who		
received more than \$100,000 of compens	ation from	the or	dan	izat	ion	▶					

Part VIII Statement of Revenue

		Check if Schedule	O cc	ntains a re	spon	ise or note to ai	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ທ໌ ທ	1a	Federated campaig	ns .		1a	200,322.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	200,0221	-			
Signal Color	c	Fundraising events			1c		-			
S, (_	Related organization			1d		_			
ᄩ	d	•				101 604	-			
B.	e	Government grants			1e	181,694.				
Sign	f	All other contribution and similar amounts no								
uti.					1f	278,113.				
흔된	g	Noncash contribution								
on J		lines 1a-1f			1g	\$				
a G	h	Total. Add lines 1a-	-1f .			🕨	660,129.			
						Business Code				
Se	2a	CLASS AND CAM	PS			711120	270,253.	270,253.	0.	0.
ξω	b				711120	92,101.	92,101.	0.	0.	
Se	C	PERFORMANCE				711120	74,433.	74,433.	0.	0.
E ē	d	CTIDIO TIME				711120	18,061.	18,061.	0.	
gram Ser Revenue		STODIO TIME				/11120	10,001.	10,001.	0.	0.
Program Service Revenue	e	A.IIII					1.6	4.6		•
₫	f	All other program se					46.	46.	0.	0.
	<u>g</u>	Total. Add lines 2a-					454,894.			
	3	Investment income	•	•						
		other similar amoun	-				40.	0.	0.	40.
	4	Income from investr	ment	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				🕨				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses					-			
	C	Rental income or (loss)					-			
	d	Net rental income o		C)		•				
			1 (105	(i) Securit	ios	(ii) Other				
	7a	Gross amount from		(i) Securit	.165	(ii) Other	_			
		sales of assets								
	_	other than inventory	7a				_			
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
	d	Net gain or (loss)				>				
Other	8a	Gross income fro	m fu	ındraisina						
ð		events (not including								
		of contributions re		d on line						
		1c). See Part IV, line			8a					
	h	Less: direct expens			8b		-			
		Net income or (loss				ents >				
	C	Gross income	•		g eve	::::S -				
	9a				_					
		activities. See Part			9a					
		Less: direct expens			9b					
		Net income or (loss)	•		ctivitie	es >				
	10a	Gross sales of in		ory, less						
		returns and allowan	ices		10a	9,099.				
	b	Less: cost of goods	sold		10b	7,474.				
	C	Net income or (loss					1,625.	0.	0.	1,625.
v		- (- (,			Business Code	-, -= -	3.		.,:=31
Ď "	11a									
ne Tue	_						+			
la e	b									
scellaneo Revenue	C .	All atlant navionica					-			
Miscellaneous Revenue	d	All other revenue					-			
		Total. Add lines 11a						4=4		
	12	Total revenue. See	instr	uctions			1,116,688.	454,894.	0.	1,665.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 80,733. 20,183. 48,440. 12,110. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 43,255. 582,071. 520,734. 18,082. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,857. 5,596. 688. 573. 10 Payroll taxes 53,381. 43,564. 5,358. 4,459. 11 Fees for services (nonemployees): Legal 23,538. 0. 23,538. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 5,220. 0. 69,058. 63,838. 12 Advertising and promotion 12,951. 12,951. 0. 0. 13 34,400. 25,511. 3,137. 5,752. Office expenses 14 Information technology 8,862. 7,534. 886. 442. 15 Occupancy 126,645. 107,226. 10,598. 16 8,821. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,125. 4,125. 0. 20 0. 21 Payments to affiliates 38,145. 31,130. 3,829. 3,186. 22 Depreciation, depletion, and amortization . 23 9,073. 7,405. 910. 758. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a COSTUME, SETS AND PERFORMANCE 0. 2,058. 2,058. 0. TELEPHONE AND UTILITIES 6,923. 5,650. 695. 578. С PRINTING 9,377. 7,653. 941. 783. POSTAGE 2,782. 2,271. 279. 232. All other expenses 43,449. 17,632. 20,110. 5,707. 25 **Total functional expenses.** Add lines 1 through 24e 1,114,428. 880,936. 146,836. 86,656. 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) . . .

Form **990** (2021)

Part X Balance Sheet

		Check if Schedule O contains a response or	note to a	ny line in this Par	t X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			246,560.	1	228,087.
	2	Savings and temporary cash investments		[348,354.	2	350,893.
	3	Pledges and grants receivable, net		[179,864.	3	8,850.
	4	Accounts receivable, net	[6,600.	4	34,732.	
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substances,	tributor, or 35%		5		
	6	Loans and other receivables from other disqual under section 4958(f)(1)), and persons described				6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6 010	8	1 610
ASS	9				6,812.	9	4,640.
•	10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		418,500.	18,316.	9	11,008.
	b	Less: accumulated depreciation		384,820.	71,825.	10c	33,680.
	11	Investments—publicly traded securities			71,025.	11	33,000.
	12	Investments—other securities. See Part IV, line 1	-		12		
	13	Investments—program-related. See Part IV, line	-		13		
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11	-	0.	15	109,421.	
	16	Total assets. Add lines 1 through 15 (must equa		878,331.	16	781,311.	
_	17	Accounts payable and accrued expenses			33,527.	17	99,673.
	18	Grants payable			33,327.	18	33,073.
	19	Deferred revenue			25,507.	19	26,150.
	20	Tax-exempt bond liabilities			2373377	20	20,1301
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst	officer, director, tributor, or 35%				
iab		controlled entity or family member of any of thes	-	_		22	
	23	Secured mortgages and notes payable to unrela		-	150,000.	23	150,000.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables	to related third		24	
		of Schedule D	-	-	165 400	O.E.	
	26	Total liabilities. Add lines 17 through 25			165,490. 374,524.	25 26	275,823.
ses		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.			3,1,321.		273,023.
an	27				202 002	27	400 130
Bal	28			<u>.</u> 	293,893. 209,914.	28	492,138.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.			209,914.	20	13,350.
ō	29	Capital stock or trust principal, or current funds	_			29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
SS	31	Retained earnings, endowment, accumulated inc				31	
τ̈́Α	32	Total net assets or fund balances		503,807.	32	505,488.	
Š	33	Total liabilities and net assets/fund balances .			878,331.	33	781,311.
_			REV 07/25/22	·	•		Form 990 (2021)

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets			-					
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	116,	688.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	114,	428.				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,260.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		503,807.					
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
		10		505,	488.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \square$				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expended by Schedule O.	olain	on						
20	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a		×				
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compared or reviewed by an independent accountants.			1	<u> </u>				
	reviewed on a separate basis, consolidated basis, or both:	onou	0.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×					
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed or							
	separate basis, 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 over	sight	of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant	nt?	. 20	: X					
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain	on						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort Single Audit Act and OMB Circular A-133?	h in t	the 3a		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao 1		1	+^				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au)					

REV 07/25/22 PRO Form **990** (2021)

DANCEWORKS, INC. 39-1734312 1

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

Description	
videos per month.	
The program impacted over 50 students in these classrooms with total	. in-
person contact hours totaling 15 hours. There was an additional 38 h	iours
of contact via the supplementary videos bringing the total contact h	ours to 53.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization					Employer Identification	number			
DANG	CEWORKS, INC.					39-1734312				
Par	t I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.			
The o	organization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	k only or	ne box.)				
1	☐ A church, convention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).				
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)					
3	A hospital or a cooperative ho		•		•	I)(A)(iii).				
4	A medical research organization	•					(iii). Enter the			
	hospital's name, city, and state	e:	·							
5	An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in			
	section 170(b)(1)(A)(iv). (Com				•					
6	☐ A federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).				
7	7 X 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). (Complet	te Part II.)		•					
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organ			-	erated in	conjunction with a la	and-grant college			
	or university or a non-land-gra									
	university:		·	,		•	· ·			
10	☐ An organization that normally i	receives (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross			
	receipts from activities related support from gross investmen	to its exempt fu	nctions, subject to ce	rtain exc	eptions; a	and (2) no more than	33 ¹ / ₃ % of its			
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	Dusiriesses			
11	☐ An organization organized and		•		•	•				
12	☐ An organization organized and						out the purposes of			
	one or more publicly supported									
	the box on lines 12a through 12									
а	☐ Type I. A supporting organ	nization operated	I, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving			
	the supported organization									
	supporting organization. Y									
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
	control or management of									
	organization(s). You must	complete Part I	V, Sections A and C.	•						
С	Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnectio	n with, and functiona	ally integrated with,			
	its supported organization(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ions A, D, and E.				
d	☐ Type III non-functionally	i ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)			
	that is not functionally integ						d an attentiveness			
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.				
е	☐ Check this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III			
	functionally integrated, or	Гуре III non-func	tionally integrated sup	oporting o	organizat	ion.				
f	Enter the number of supported of	organizations .								
g	Provide the following information	n about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)			
			abovo (coo mondonomo))			mod deticney	inoti dottorio)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 660,129.3,391,680. 721,041. 576,352. 489,302. 944,856. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 721,041. 576,352. 489,302. 944,856. 660,129.3,391,680. 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) 511,490. **Public support.** Subtract line 5 from line 4 2,880,190. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 721,041. 576,352. 489,302. 944,856. 660,129.3,391,680. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 0. 50. 40. 17. 40. 147. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 3,391,827. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 84.92% 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. 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 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support				1	I	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first, second	L. third, fourth	or fifth tax ve	L ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage		-		
17	Investment income percentage for 2021 (-			%
18	Investment income percentage from 2020						%
19a	331/3% support tests—2021. If the organ						
	17 is not more than 331/3%, check this box		_	-		-	_
b	331/3% support tests—2020. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this	_	_	=	· · · · · · · · · · · · · · · · · · ·	-	
20	Private foundation. If the organization di	a not check a	pox on line 14	. 19a. or 19b. a	check this box	and see instru	Ctions 🕨 🗀

Part IV **Supporting Organizations**

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

Se

	on A. All Supporting Organizations		Yes	No
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.	1	100	110
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If</i> "Yes," <i>provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	6		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9c		
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 line 10b below.	10a		

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
_	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
Secti	on 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 on line 2, above, 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		
Secti	on 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 year (see	instru	ction	s).
a b	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
C	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i>	(see ir	etruc	ions)
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	(300 11	Yes	
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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 on line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>	20		
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? <i>If "Yes" or "No," provide details in Part VI.</i>	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		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions 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 0.015 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 0.035.	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 0.85 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 (see instructions)	ally i	ntegrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 From 2017 **c** From 2018 **d** From 2019 **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . .

Excess from 2021 . . .

Schedule A (Form 990) 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Other Addl Info: DANCEWORKS' ORIGINAL IRS DETERMINATION LETTER IS AS AN EDUCATIONAL
INSTITUTION/SCHOOL BOX 2, PART I. DANCEWORKS STILL OFFERS DANCE INSTRUCTION.
IN ADDITION TO EDUCATIONAL PROGRAMMING, DANCEWORKS RECEIVES A SUBSTANTIAL AMOUNT
OF SUPPORT FROM THE GENERAL PUBLIC. DANCEWORKS HAS INDICATED BOX 7, PART I AND
AS SUCH COMPLETED PART II OF SCHEDULE A.

SCHEDULE D (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspect

Name of the organization DANCEWORKS, INC. 39-1734312 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part	Organizations Maintaining Col	lections of A	rt, Hist	orical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and othe	er recor	ds, chec	k any of the	e follow	ring that make s	ignificant ι	ise of its
а	☐ Public exhibition		d [Loan	or exchange	e progr	am		
b	☐ Scholarly research		e [
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections an	d expla	in how tl	ney further	the org	anization's exer	npt purpos	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than								☐ No
Part	IV Escrow and Custodial Arrange	ements.							
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" o	on For	m 990, F	Part IV, line	9, or	reported an an	nount on F	orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?			-					☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete	e the fo	llowing ta	able:				
							A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on					ustodial	account liability	? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	III. Check here i	f the ex	planation	n has been	provide	ed on Part XIII .		
Par	t V Endowment Funds.					-			
	Complete if the organization ans	swered "Yes"	on Fori	n 990, F	Part IV, line	e 10.			
	(a)	Current year	(b) Pric	or year	(c) Two year	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	urrent vear end	balance	e (line 1a	column (a)) held a	as:		
– a	Board designated or quasi-endowment ►	arront your ond	%	o (o . g	, σσιατιτι (α	,,			
h	Permanent endowment ► %		, 0						
c	Term endowment ▶ %	·							
·	The percentages on lines 2a, 2b, and 2c sh	hould equal 100	1%						
3a	Are there endowment funds not in the pos			ation tha	at are held :	and ad	ministered for th	ie.	
Ju	organization by:		or garni		at and mora .	aria aa			es No
	(i) Unrelated organizations							3a(i)	- 110
	***							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							3b	_
4	Describe in Part XIII the intended uses of the		-					OD	
Part			3 61100	WITIETIL IC	ilius.				
ı aı ı	Complete if the organization ans		on Fori	m 990 F	Part IV line	11a !	See Form 990	Part X lin	e 10
	Description of property	(a) Cost or othe			r other basis		Accumulated	(d) Book	
	Description of property	(investmen			ther)		epreciation	(u) DOOK (raiue
	Land			`					
_	Land								
b	Buildings		0.	2	17 017		201 647	2.6	170
C C	Leasehold improvements		0.		17,817.		291,647.		7,170.
d	Equipment				00,683.		93,173.	,	,510.
e Total	Other	agual Form 000) Dort \	/ 00lum:	(D) line 10	10.1		2.2	600
i otai.	Add lines 1a through 1e. (Column (d) must e	equai FOIM 990	, raπ X	, column	(<i>D),</i> IIIIе 10	<i></i>		33	3,680.

Part VII	Investments—Other Securities.	000 5 1 11/11	441.0. 5	000 D 1 V 1' 10
	Complete if the organization answered "Yes" on For		e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.			
rait viii	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		nod of valuation:
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1) BENEF	ICIAL INTEREST IN ASSETS HELD BY OTHERS			109,421.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn /h) must squal Form 000 Port V sol /D) line 15			100 401
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		109,421.
raitA	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.	iii 330, i ait iv, iiii	C 110 01 111. 000	, i oiiii ooo, i ait x,
1.	(a) Description of liability			(b) Book value
(1) Federal ir	***			(0) = 000 0000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the footn		n's financial stateme	nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	1,150,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	1,150,212.
a	Net unrealized gains (losses) on investments	2a	-579.		
b	Donated services and use of facilities	2b	26,629.		
С	Recoveries of prior year grants	2c	,		
d	Other (Describe in Part XIII.)	2d	7,474.		
е	Add lines 2a through 2d			2e	33,524.
3	Subtract line 2e from line 1			3	1,116,688.
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.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,116,688.
Part				r Keti	urn.
	Complete if the organization answered "Yes" on Form 990,				1 140 521
1	Total expenses and losses per audited financial statements			1	1,148,531.
2	Donated services and use of facilities	2a	26,629.		
a b	Prior year adjustments	2b	20,029.		
C	Other losses	2c			
d	Other (Describe in Part XIII.)		7,474.		
e	Add lines 2a through 2d			2e	34,103.
3	Subtract line 2e from line 1			3	1,114,428.
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			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	1,114,428.
Part	• •				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
_, . a		•	•		
Pt X	I, Line 2d: AS PER IRS INSTRUCTIONS, DIRECT COSTS	OF N	MERCHANDISE SOL	D (\$	7,474)
IS N	ETTED FROM REVENUES ON THE 990.				
D+ V	II, Line 2d: AS PER IRS INSTRUCTIONS, DIRECT COSTS	C OF	MEDCHANDICE CO	ין מיזי	¢7 474\
					γ <i>ι</i> , 1 <i>ι</i> 1)
IS N	ETTED FROM REVENUES ON THE 990.				

rm 990) 2021	Page \$
Supplemental Information (continued)	

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

DANCEWORKS, INC.	9-1/34312
Pt VI, Line 11b: A copy of the 990 and supporting schedules is provid	led to the
board for review and approval prior to filing.	
Pt VI, Line 12c: Board members complete a conflict of interest statem	ent on
an annual basis.	
Pt VI, Line 15a: The board reviews and approves the executive directo	r's compensation.
Pt VI, Line 15b: Employee compensation is approved by the board as pa	rt of the
budget process. Board members are volunteers and are not compensated	. The Organization
does not currently have any other officer or key employee compensatio	n.
Pt VI, Line 19: The organization makes its governing documents, confl	ict of
interest policy, and financial statements available to the public upo	n request
during normal business hours.	