

COLORADO SWING DANCE CLUB, INC

06-1773245

FORM 990-EZ REVENUE

Program service revenue.....	15,359
Net income (loss) - special events.....	2,660
Other revenue.....	82
Total revenue.....	18,101

EXPENSES

Other expenses.....	16,537
Total expenses.....	16,537

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year.....	1,564
Net assets/fund bal. at beg. of year.....	8,041
Net assets/fund bal. at end of year.....	9,605

2008

General Information

Page 1

COLORADO SWING DANCE CLUB, INC

06-1773245

Forms needed for this return

Federal: 990-EZ

Carryovers to 2009

None

Short Form
Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **2008**, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Please use IRS label or print or type. See Specific instructions.</p> <p>COLORADO SWING DANCE CLUB, INC PO BOX 1053 GOLDEN, CO 80403</p>	<p>D Employer identification number</p> <p align="center">06-1773245</p>	<p>E Telephone number</p> <p align="center">303-202-5478</p>	<p>F Group Exemption Number</p>
---	---	---	---	--

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.COLORADOSWINGDANCECLUB.COM

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- 501(c) (7) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **28,610.**

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

	1 Contributions, gifts, grants, and similar amounts received								
	2 Program service revenue including government fees and contracts	2							15,359.
	3 Membership dues and assessments	3							
	4 Investment income	4							
REVENUE	5a Gross amount from sale of assets other than inventory		5a						
	b Less: cost or other basis and sales expenses		5b						
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)								
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>								
	a Gross revenue (not including \$ of contributions reported on line 1)		6a						13,169.
	b Less: direct expenses other than fundraising expenses		6b						10,509.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)								2,660.
	7a Gross sales of inventory, less returns and allowances		7a						
	b Less: cost of goods sold		7b						
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8 Other revenue (describe ▶ See Statement 1)	8							82.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9							18,101.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10							
	11 Benefits paid to or for members	11							
	12 Salaries, other compensation, and employee benefits	12							
	13 Professional fees and other payments to independent contractors	13							
	14 Occupancy, rent, utilities, and maintenance	14							
	15 Printing, publications, postage, and shipping	15							
	16 Other expenses (describe ▶ See Statement 2)	16							16,537.
17 Total expenses (add lines 10 through 16)	17							16,537.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18							1,564.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19							8,041.
	20 Other changes in net assets or fund balances (attach explanation)	20							
	21 Net assets or fund balances at end of year . Combine lines 18 through 20	21							9,605.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		7,741.	22	9,305.
23 Land and buildings			23	
24 Other assets (describe ▶ See Statement 3)		300.	24	300.
25 Total assets		8,041.	25	9,605.
26 Total liabilities (describe ▶)		0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		8,041.	27	9,605.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	N/A	
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.	0.	
39b	b Gross receipts, included on line 9, for public use of club facilities.	0.	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.	
40d	d Enter amount of tax on line 40c reimbursed by the organization.	0.	
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ None		

42a The books are in care of ▶ CHRIS INGRAM Telephone no. ▶ 303-202-5478
 Located at ▶ 10512 FRANKLIN STREET NORTHGLENN CO ZIP + 4 ▶ 80233

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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.	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

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

CLIENT COPY

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: Alan C. Williamson, CPA Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Williamson & Company, P.C.
400 S McCaslin, Blvd Suite 205
Louisville, CO 80027

Check if self-employed: Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no.: (303) 604-0829

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

COLORADO SWING DANCE CLUB, INC

06-1773245

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

INTEREST INCOME	\$ 82.
Total	<u>\$ 82.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ACCOUNTING FEES	\$ 487.
BANDS	600.
BANK CHARGES	28.
COST OF FLOOR	10,394.
ENTRANCE FEES	399.
MEMBERSHIPS	4,595.
WATER	34.
Total	<u>\$ 16,537.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
DEPOSITS	\$ 300.	\$ 300.
Total	<u>\$ 300.</u>	<u>\$ 300.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

ORGANIZED, HOST AND CONDUCTS SWING DANCE EVENTS, DANCE INSTRUCTIONS, SOCIAL GATHERINGS AND TO PROMOTE SWING DANCING.

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No