

Erin Drake Angelo

info@rxballroomdance.com

Submitter

Erin Drake

Submission Date

Feb 28, 2024 9:09 PM

Tax Exempt Status

YES

Service Area

Bonsall De Luz Fallbrook Rainbow

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

YES

Collaborative/Joint Application

NO

Organization Information

Legal Name

Rx Ballroom Dance

DBA (if Applicable)

N/A

Contact Information

Contact Name

Erin Drake Angelo

Title

Executive Director

Primary Contact Phone

13109381620


Email Address

info@rxballroomdance.com

Organization Physical Address

1636 E Mission Road
Fallbrook, CA, 92028

Board of Directors



Rx Ballroom Dance Board of Directors Roster.pdf
128.77 KB

Financial Documents - Audit



RxBD P&L 2022-2023.pdf
70.22 KB

Financial Documents - P&L and Balance Sheet



RxBD Fiscal Year P&L 22-23.pdf

42.28 KB

Financial Documents - 990



2022 Tax Return - RX Ballroom Dance Pass... .pdf

474.26 KB

Organization's Mission Statement

Rx Ballroom Dance's mission is to provide a natural remedy to a healthier mind and body through ballroom dancing.

Organization's Vision Statement

Rx Ballroom Dance's mission is to use the multiple modalities of ballroom dancing to enhance, preserve and engage neurologic function in people confronting neurodegenerative disease.

Organization History & Accomplishments

We started our program at one location in Orange County, CA, with two classes per week. Since our inception in late 2018, we have accomplished the following through 2023:

Increased number of teachers from 1 to 10

Increased number of in-person locations from 1 to 9 in three CA counties

Increased number of unique participants from 2 to 440

Created an online platform for participants worldwide to continue to serve our clients during the pandemic

Implemented a service at the beginning of 2023 for advanced students who are ready to take their dancing to a performance level

Since our inception, we have received special recognitions including the following:

California Legislative Assembly: Certificate of Recognition to Rx Ballroom Dance for our commitment to providing quality health services in Fallbrook

Program featured on ABC 7 News – SoCal Strong
<https://abc7.com/ballroom-dance-alzheimers-parkinsons-dementia/6237651/>

United States Dancesport Championships Perpetual Trophy of Dance Excellence Award; presentation can be found here:

<https://youtu.be/SNXc6MMgf3g>

Women of the Year: Making a Difference in the Arts (Orange County Board of Supervisors)

State of California Senate: Certificate of Recognition to Tricia Bowman (instructor and training director)

The growth of our organization including during the pandemic shows our dedication and is proof that we're on the right track. The funding we've received has played a vital role in our organization's success. With your help, we can continue to grow and expand this program.

Program Name/Title

Dancing Hearts, Healthy Minds

Brief Program Description

We provide ballroom dance therapy classes to anyone with neurodegenerative illnesses such as Parkinson's, Alzheimer's and other forms of dementia completely free of charge. We offer instructors who are trained specifically to teach people with these conditions, volunteers as partners if needed, and programs for intermediate and advanced participants.

Is this a new initiative/service or established program within your organization?

Established Program

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

NO

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

The impact of our program has been tremendous. Our participants let us know all the time how much our classes have improved their lives, both physically and mentally. Survey results from September 2022 indicate the following rates of improvement:

Social-Emotional Objectives: 96%

- Increase Joy – 96%
- Increase Confidence in Body Awareness – 93%
- Increase Social Attention Span – 100%

Cognitive Objectives: 89%

- Increase Focus Stamina – 80%
- Increase Information Processing Speed – 100%
- Increase Visio-Spatial Function Outside of the Studio – 86%

Physical Objectives: 79%

- Improve Posture – 53%
- Improve Weight Transfer/Balance Foot to Foot – 87%
- Improve Rotation – 87%
- Improve Overall Coordination – 87%

Metrics for Q1/Q2 Impact Reports – not applicable; we have not received funding from this organization previously

Funding Amount Being Requested

14999

Program Information - Type

Ongoing

Projected number of residents that will directly benefit (participant/client) from this program.

50

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)		
Seniors (60+)	100	50
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants
Female	60
Male	40
Non-binary	
Unknown*	

*Target Population - Gender

NA

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	100

*Target Population - Income Level

We don't collect income level data because our program is inherently free of charge to any participants with neurodegenerative illnesses. This is a founding principle for our program. Although we do not collect income level data, census data has shown that Fallbrook has the highest poverty rate among seniors in the county, and our target population mostly consists of seniors.

What language(s) can this program accommodate:

English

What demographic group does this program predominately serve:

Older Adults

Program/Services Description -
Social Determinants of Health

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Social Determinants of Health -
Social and Community Context

Our ballroom dance therapy program provides an important community service that otherwise is not available. We teach ballroom therapy dance classes to people with neurodegenerative illnesses such as Parkinson's, Alzheimer's and other forms of dementia, who primarily are seniors. This program is accessible to all income levels because it is free of charge to our target population. These population groups (seniors, low-income residents and people suffering from these illnesses) are often marginalized, so we shaped our program specifically to provide a means for these populations to improve their quality of life. Our classes help improve our participants' physical, cognitive and social-emotional conditions. Furthermore, our program serves as a network for our participants to form new social connections, which is vital to a maintaining a good quality of life.

Our advanced showcase program allows our participants the opportunity to perform in a theater setting in front of a live audience. Integrating our participants with ballroom dance students who span all ages and don't suffer from neurodegenerative illnesses provides vital social cohesion and a sense of belonging.

Statement of Need/Problem

We provide a ballroom dance therapy program that offers ballroom dance classes to people with neurodegenerative illnesses such as Parkinson's, Alzheimer's and other forms of dementia. Since physicians have limited time and often don't provide any resources or health advice on how to ease and improve symptoms, we created a unique program that seeks to improve our participants' physical, mental and social well-being. Our program is 100% free to participants and their partners.

Currently there are no programs in the counties we serve that provide ballroom dance therapy classes for people with neurodegenerative illnesses, let alone free classes. Rx Ballroom Dance locations are currently in areas of higher senior populations and higher senior poverty levels than the state average. In Orange and San Diego counties, where most of our participants reside, the poverty level in areas we serve for seniors aged 65 and above is higher than the state average (15.5% vs. 10.7%). In Fallbrook, the poverty level is 15.4% (<https://datausa.io/profile/geo/fallbrook-ca>). The average cost of private dance lessons in this general area is currently \$120 per 45-minute lesson, so taking lessons twice a week would cost \$960 a month. That is an unaffordable expense for most people, especially those living below the poverty line.

We have conducted personal interviews in South Orange County and North San Diego (including Scripps Research Institute) with almost all local neurologists, and all of those interviewed agree that ballroom dancing is THE healthiest activity you can do to help offset and mitigate symptoms of Parkinson's disease and other forms of dementia. There needs to be affordable access to the instruction and consequently to the benefits that ballroom dancing provides. Rx Ballroom Dance provides these benefits and the accessibility, and we are determined to grow our program so we can reach more people and improve more lives.

Our program also benefits caregivers. Participants often partner with their caregivers during our dance classes, allowing our program to improve the lives of both the participant and the caregiver. Taking care of a loved one who suffers from Parkinson's or other neurodegenerative illnesses causes much stress and anguish for both parties as the loved one's illness progresses. Our classes provide a fun, carefree

environment for caregivers to interact with their loved ones that doesn't highlight deficiencies and isn't centered around taking care and being taken care of.

How are other organizations addressing this need in the community?

Based on our research, there are no organizations in the community, the state or the country that provide similar services.

This program is unique in three ways: 1) we offer the only program targeting neurodegenerative conditions in its participants with teachers who are trained specifically to teach our target population, 2) we are the only program that provides therapeutic ballroom dance classes on a continual basis throughout the entire year, and 3) we are the only program that offers these classes 100% free to its participants and their dance partners.

Program/Services Description - Program Entry & Follow Up

Participants enroll by signing up through our website link, both for our in-person and online classes. We also offer email and telephone signups for individuals not well versed in technology. We promote our program in the following ways to achieve maximum outreach and access:

Flyers/Brochures: We market in person by visiting local neurologist practices, psychologist and psychiatrist practices, Parkinson's support groups and other Parkinson's support related organizations, health and community fairs, and Parkinson's newly diagnosed programs.

Social Media Marketing/Digital Marketing: We post social media updates including examples of the program, success stories, class enrollment information, online and in-person class schedules, and how to join. We use our current Google grant to make key words about our organization more accessible and searchable to participants looking to use our program as a resource.

Email and Phone Support: We conduct weekly email campaigns to participants. Weekly newsletters include dance moves learned that week, music options, demonstrations, class availability and schedule.

Community Partnerships: We collaborate with the Parkinson's Association San Diego. We participate in its Empowerment Day education event, support Step by Step 5k as a vendor, and attend all support group meetings in San Diego County at least once a year. We also collaborate with Parkinson's Orange County, OC Tremble Clefs, Rogue in Motion, Parkinson's and Movement Disorder Alliance, and PEP4U.

Enrollment and Recruitment: We regularly present at local Parkinson's Support Group meetings, giving demonstrations and educating members about the benefits of ballroom dance.

Other: Ballroom dance competitions and local city health/community fairs are all opportunities for marketing to the local community outside of the direct Parkinson's network.

This is a continual program. Our teachers conduct feedback sessions at the end of each class. We also regularly call members who have questions, concerns or want more information about our classes.

Program/Services Description - Program Activities

Multiple studies have shown that physical exercise, in particular dance, has a significant effect on relieving the symptoms of conditions such as Parkinson's Disease. News stories are coming out more frequently about doctors prescribing ballroom dance specifically to their patients who have suffered some form of neurological trauma, such as stroke.

Our dance therapy program provides weekly ballroom dance therapy classes for participants, performance-based lessons for advanced participants, and the ability to reach/involve caregivers. We currently have 10 instructors teaching a total of 16 weekly ballroom dance classes at 10 separate locations throughout Orange, Riverside and San Diego counties as well as online.

Each lesson is designed specifically for those struggling with neurodegenerative conditions and movement disorders. Classes are 100% free to participants and their caregivers/partners to ensure that they have access to this extremely effective therapy without adding to their already extensive medical expenses.

A professional ballroom dancer guides our participants and their dance partners through a curriculum that is specifically designed to use Parkinson's Wellness and Recovery (PWR) based moves and the rhythms of the ballroom dance styles to engage both the body and mind. Rhythmic movement stimulates the brain to create new neural pathways, which has an impact on the participants' motor and non-motor functions. We measure improvement in our participants' physical, cognitive and social emotional growth. Patients who have participated in our dance classes have shown measurable improvement in these categories.

Our in-person program also provides volunteers to partner participants, if needed. During the classes, our designated volunteers or the participants' caregivers act as supportive and encouraging dance partners. Our volunteers and caregivers also report significant improvement in their own physical and social emotional growth.

The group setting provides much needed social interaction for the participants. Many of them become less and less social as their condition progresses, which can lead to anxiety and depression. Our program offers a purposeful and fun way to create and/or expand participants' social circles, lift their spirits and begin to live again.

Since the beginning of 2023, we have successfully offered a service for advanced students who are ready to take their dancing to a performance level. These students can take individual private lessons to prepare them for local shows and performance opportunities. Segmenting our classes from beginner to advanced levels will improve our retention rate and improve participants' experience in the program because they can maximize their goals.

Program Goal

The program goals and anticipated outcomes of our sessions are physical, mental and social/emotional improvements for our participants, which all lead to one ultimate goal: improving quality of life and giving hope to people who are dealing with neurodegenerative diseases. These goals address the need of the community since currently there are no comparable programs providing these services. Specifically, we seek perceived improvement (measured by surveys) in the following categories:

1. Physical Balance and Coordination
2. Mental Recall and Memory
3. Social and Emotional Growth

Our evaluation plan is conducted every 6 months to track participant growth in these areas.

Program Objectives & Measurable Outcomes

Our evaluation tools consist of both physical observation and testing as well as answering survey questions. Our physical and cognitive tests were developed by Gabi Frei, physical therapist and Parkinson's and Movement Disorder specialist, as a way for participants to understand their current physical conditions in the following areas: posture and alignment, balance, rotation, weight transfer, attention span and cognitive processing speed.

Specific goals of our program curriculum are written into each lesson. Every month, our teachers focus on 3 objectives for our participants to achieve (a physical improvement, cognitive improvement and social/emotional improvement) and incorporate those objectives into the warmup, the ballroom dance section and the rhythm dance section.

Assessments are conducted every 6 months to establish benchmark data for new participants and to collect ongoing assessment data for continuing participants. We gauge the success of our curriculum and the effectiveness of our lessons by measuring participant growth using the following assessment tools:

1. Physical Improvement

a. Posture and Alignment Assessment

b. Rotation Assessment

c. Weight Transfer/Balance Assessment

2. Cognitive Strength

a. Dual-Tasking Assessment Measuring Attention Span and Focus

3. Social/Emotional Growth

a. Self-Assessment Based on the MFQ

After collecting data for an entire year, we expect to see the following in participants' measurements:

1. Physical Improvement: 70% or more reporting overall growth or non-worsening in overall physical assessment data

2. Cognitive Strength: 80% or more reporting overall growth or non-worsening in overall cognitive assessment data

3. Social/Emotional Growth: 90% or more reporting overall growth or non-worsening in overall social/emotional data

Our survey is shaped by two of our board members (see attached survey). Richard Graham, our neurologist, incorporated best practices for measuring the social and emotional impact of neurological diseases. Debra Hill, our psychiatrist, incorporated best practices for measuring happiness, basing survey questions on the Mood and Feelings Questionnaire (MFQ; by Adrian Angold and Elizabeth J. Costello). This survey clinically measures participants' perceived improvement in mood and overall perceived happiness.

Additionally, we take structured feedback at the end of each class to evaluate the success of our participants' adaptation to the curriculum.

Organization Collaborations

As mentioned previously, we consistently *collaborate* with the Parkinson's Association of San Diego by participating in its Empowerment Day education

event, supporting Step by Step 5k as a vendor, and attending all support group meetings in San Diego County at least once a year. *This collaboration leads us to connect directly with the community and, more specifically, our target population. We provide detailed information about our program during the support group meetings. Also, potential future participants have the opportunity to ask questions, raise concerns and sign up for our program.*

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

We will display the District's name/logo as a sponsor on the home page of our website as well as in social media posts on Facebook, Instagram and Twitter (X).

Funding History

NO

Program Budget



24_25 FRHD CHC Program Budget Form_... .xlsx
53.93 KB

Terms and Conditions

Accepted

Authorized Signature



Rx Ballroom Dance Board of Directors

Name/Affiliation	Title	Phone Number	Email
Richard Graham, M.D., Neurologist	Chairman of the Board of Directors	(949) 584-3417	dickgraham@cox.net
Debra Hill, M.D., Psychiatrist	Board Member	(949) 833-7998	dr.debrahill@gmail.com
True L. McMahan, M.D., Medical Director, Garden Grove Hospital and Medical Center	Secretary	(949) 246-8149	truemcmahan@gmail.com
James (Jim) Roberts, Attorney at Law	Vice Chairman of the Board of Directors	(714) 335-4140	oclivingtrust@gmail.com
Audrey Schwarzbein, M.D., Ophthalmologist	Board Member	(949) 584-3468	eyecare6@cox.net
Jeannine L. Smith, Morgan Stanley Wealth Management	Board Member	(949) 233-4489	jeanninelsmith@me.com
Aaron Willis, Willis Consulting & Accounting, Inc.	Treasurer	(714) 496-2385	aaron@willisCA.com
Cathy Volpe, Philanthropist	Board Member	(714) 585-1031	clrvolpe@gmail.com
Lynda Zadra, Knobbe Martens	Board Member	(949) 436-1467	lynda.zadrasymes@knobbe.com

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Pickett Chen and Company
9831 Irvine Center Drive, Suite 200
Irvine, CA 92618-4355
949-727-1885

November 13, 2023

Rx Ballroom Dance
28 Agave Court
Ladera Ranch, CA 92694

Dear Dick:

Enclosed is the organization's 2022 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$75.00, payable to

Department of Justice.

The report should be signed and dated by the authorized individual(s).

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Howard Chen, CPA, MST

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

RX BALLROOM DANCE

EIN or SSN

83-3614276

Name and title of officer or person subject to tax

**ERIN DRAKE ANGELO
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>146,292.</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PICKETT CHEN AND COMPANY** to enter my PIN **14276**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30707492618

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/13/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. RX BALLROOM DANCE	Taxpayer identification number (TIN) 83-3614276
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 28 AGAVE COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LADERA RANCH, CA 92694	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ERIN DRAKE ANGELO

• The books are in the care of ▶ **28 AGAVE CT. - LADERA RANCH, CA 92694**

Telephone No. ▶ **310-938-1620**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2022

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, 2022, and ending _____

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

C Name of organization
RX BALLROOM DANCE

D Employer identification number
83-3614276

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
28 AGAVE COURT

E Telephone number
310-938-1620

City or town, state or province, country, and ZIP or foreign postal code
LADERA RANCH, CA 92694

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: **HTTPS://RXBALLROOMDANCE.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ _____ \$ **146,292.**

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

Check if the organization used Schedule O to respond to any question in this Part I

		1	2
Revenue	1 Contributions, gifts, grants, and similar amounts received		146,292.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	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)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	146,292.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	62,595.
	13 Professional fees and other payments to independent contractors	13	21,259.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	28,932.
17 Total expenses. Add lines 10 through 16	17	112,786.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	33,506.
	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	59,104.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	92,610.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description, Expenses. Rows include SEE SCHEDULE O, 28a, 29, 29a, 30, 30a, 31, 31a, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Lists individuals like JAMES ROBERTS, ERIN DRAKE ANGELO, GARY FLASHNER, etc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of ERIN DRAKE ANGELO Telephone no. 310-938-1620
Located at 28 AGAVE CT., LADERA RANCH, CA ZIP + 4 92694
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer	Date
	ERIN DRAKE ANGELO, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KWONG HOWARD CHEN		11/13/23		P00846425
	Firm's name	PICKETT CHEN AND COMPANY		Firm's EIN	27-1984870
	Firm's address		9831 IRVINE CENTER DRIVE, SUITE 200		Phone no. 949-727-1885
	IRVINE, CA 92618				

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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 organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		29,004.	69,039.	101,236.	146,292.	345,571.
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		29,004.	69,039.	101,236.	146,292.	345,571.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						345,571.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		29,004.	69,039.	101,236.	146,292.	345,571.
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						
c 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		29,004.	69,039.	101,236.	146,292.	345,571.

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11a		
11b		
11c		

Section 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.		
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.		
1		
2		

Section 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		

Section 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?		
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).		
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.		
1		
2		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No" provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	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	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

RX BALLROOM DANCE

Employer identification number

83-3614276

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization RX BALLROOM DANCE	Employer identification number 83-3614276
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKINSON'S FOUNDATION 200 SE 1ST STREET MIAMI, FL 33131	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEWIS BRUNSWICK & REBECCA MATOFF FOUNDATION INC. 1015 CALLE AMANECER SAN CLEMENTE, CA 92673-6260	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALZHEIMER'S FOUNDATION 322 EIGHTH AVE., 16TH FLOOR NEW YORK, NY 10001	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CALIFORNIA ARTS COUNCIL 2750 GATEWAY OAKS DR., STE 300 SACRAMENTO, CA 95833	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LAGUNAL NIGUEL CITY 3011 CROWN VALLEY PARKWAY LAGUNA NIGUEL, CA 92677	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE ST LOS ANGELES, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RX BALLROOM DANCE	Employer identification number 83-3614276
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization RX BALLROOM DANCE	Employer identification number 83-3614276
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **RX BALLROOM DANCE** Employer identification number **83-3614276**

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ACCOUNT SUBSCRIPTIONS	1,963.
ADVERTISING & MARKETING	254.
INSURANCE	2,063.
MEALS & ENTERTAINMENT	43.
GRANT DEVELOPMENT	6,308.
WEBSITE DEVELOPMENT	8,760.
TAXES & LICENSES	6,258.
STUDIO USE FEE	412.
SOCIAL MEDIA DEVELOPMENT	2,871.
TOTAL TO FORM 990-EZ, LINE 16	28,932.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX PAYABLE	0.	1,124.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RX BALLROOM DANCE'S

**MISSION IS TO USE THE MULTIPLE MODALITIES OF BALLROOM DANCING TO
ENHANCE, PRESERVE AND ENGAGE NEUROLOGIC FUNCTION IN PEOPLE CONFRONTING
NEURODEGENERATIVE DISEASE.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**ERIN ANGELO AND OTHER RX BALLROOM DANCE INSTRUCTORS HELD
BALLROOM INSTRUCTION CLASSES FOR INDIVIDUALS WITH
NEURODEGENERATIVE DISEASES SUCH AS PARKINSON'S AND**

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

Schedule O (Form 990) 2022

Name of the organization RX BALLROOM DANCE	Employer identification number 83-3614276
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ALZHEIMER'S DISEASE. THESE HOUR LONG CLASSES OCCURRED FROM JANUARY THROUGH DECEMBER 2022 AT WEEKLY INTERVALS ON ZOOM AS WELL AS "LIVE IN PERSON" AT MULTIPLE LOCATIONS - DANCE DALY OC AND MISSION VIEJO, MCCANN DANCE, LAGUNA WOODS CLUBHOUSES 1 & 5 IN ORANGE COUNTY. TOTAL ATTENDANCE WAS 312 INDIVIDUALS, AVERAGE ATTENDANCE PER CLASS WAS 12 AND UNIQUE ATTENDEES WERE 174 THROUGHTOUT THE YEAR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

RX BALLROOM DANCE

4262092

Additional information. See instructions.

FEIN 83-3614276

Street address (suite or room) 28 AGAVE COURT

PMB no.

City LADERA RANCH

State CA ZIP code 92694

Foreign country name Foreign province/state/country

Foreign postal code

Form with sections A through O containing checkboxes for filing status, amendments, and organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-16).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer EXECUTIVE DIRE Date Telephone 310-938-1620

Paid Preparer's Use Only Preparer's signature 11/13/23 Check if self-employed PTIN P00846425

Firm's name (or yours, if self-employed) and address PICKETT CHEN AND COMPANY 9831 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA 92618

Telephone 27-1984870 Firm's FEIN 949-727-1885

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See instructions)	•	6	00	
	7	Other income	•	7	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	62,595 00	
	12	Other salaries and wages	•	12	00	
	13	Interest	•	13	00	
	14	Taxes	•	14	00	
	15	Rents	•	15	00	
	16	Depreciation and depletion (See instructions)	•	16	00	
	Expenses and Disbursements	17	Other expenses and disbursements	•	17	50,191 00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	112,786 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		59,104	•	93,734
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation	()	()		
11 Land			•	
12 Other assets			•	
13 Total assets		59,104		93,734
Liabilities and net worth				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 4				1,124
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		59,104	•	92,610
22 Total liabilities and net worth		59,104		93,734

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	33,506	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		33,506	
			33,506

CA 199 CASH CONTRIBUTIONS STATEMENT 1
INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PARKINSON'S FOUNDATION	200 SE 1ST STREET MIAMI, FL 33131		10,500.
LEWIS BRUNSWICK & REBECCA MATOFF FOUNDATION INC.	1015 CALLE AMANECER SAN CLEMENTE, CA 92673-6260		20,000.
CALIFORNIA ARTS COUNCIL	2750 GATEWAY OAKS DR., STE 300 SACRAMENTO, CA 95833		28,500.
CALIFORNIA COMMUNITY FOUNDATION	717 W TEMPLE ST LOS ANGELES, CA 90012		5,000.
TOTAL INCLUDED ON LINE 3			64,000.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JAMES ROBERTS 3061 LA PALMA AVE. ANAHEIM, CA 92806	CHAIRMAN OF THE BOARD OF D 1.00	0.
ERIN DRAKE ANGELO 28 AGAVE CT. LADERA RANCH, CA 92694	EXECUTIVE DIRECTOR 30.00	62,595.
GARY FLASHNER 6152 WARNER AVE., APT A HUNTINGTON BEACH, CA 92647	SECRETARY 1.00	0.
RICHARD GRAHAM 31331 COAST HWY LAGUNA BEACH, CA 92651	TREASURER 1.00	0.
AUDREY SCHWARZBEIN 31331 COAST HWY LAGUNA BEACH, CA 92651	BOARD MEMBER 1.00	0.

RX BALLROOM DANCE

83-3614276

LYNDA ZADRA 25512 NOTTINGHAM CT. LAGUNA HILLS, CA 92653	BOARD MEMBER 1.00	0.
JEANNINE SMITH 44 FAIRLANE RD. LAGUNA NIGUEL, CA 92677	BOARD MEMBER 1.00	0.
TRUE MCMAHAN 12601 GARDEN GROVE BLVD. GARDEN GROVE, CA 92843	BOARD MEMBER 1.00	0.
DEBRA HILL 2240 UNIVERSITY DR., STE 150 NEWPORT BEACH, CA 92660	BOARD MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11	62,595.
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CA 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
ACCOUNT SUBSCRIPTIONS	1,963.
ADVERTISING & MARKETING	254.
INSURANCE	2,063.
MEALS & ENTERTAINMENT	43.
GRANT DEVELOPMENT	6,308.
WEBSITE DEVELOPMENT	8,760.
TAXES & LICENSES	6,258.
STUDIO USE FEE	412.
SOCIAL MEDIA DEVELOPMENT	2,871.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	21,259.
TOTAL TO FORM 199, PART II, LINE 17	50,191.

CA 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX PAYABLE	0.	1,124.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	1,124.

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
RX BALLROOM DANCE	83-3614276

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	146,292
2 Total gross income (Form 199, line 8)	2	146,292
3 Total expenses and disbursements (Form 199, line 9)	3	112,786

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here		_____ Date		EXECUTIVE DIRECTOR Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO		_____ Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00846425
Must Sign	Firm's name (or yours if self-employed) and address PICKETT CHEN AND COMPANY 9831 IRVINE CENTER DRIVE, SUITE 200 IRVINE, CA			Firm's FEIN 27-1984870 ZIP code 92618	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer		_____ Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address _____			Firm's FEIN ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>RX BALLROOM DANCE</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>28 AGAVE COURT</u> Address (Number and Street)</p> <p><u>LADERA RANCH, CA 92694</u> City or Town, State, and ZIP Code</p> <p><u>310-938-1620</u> <u>M</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0268329</u></p> <p>Corporation or Organization No. <u>C4262092</u></p> <p>Federal Employer ID No. <u>83-3614276</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 146,292 Noncash Contributions \$ 0 Total Assets \$ 93,734
 Program Expenses \$ 63,839 Total Expenses \$ 112,786

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

ERIN DRAKE ANGELO
Signature of Authorized Agent Printed Name
EXECUTIVE DIRECTOR
Title Date

Rx Ballroom Dance

Profit and Loss

January - December 2022 and 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Income		
Donations		9,998.96
Business Sponsorships	250.00	250.00
End of Year Fundraising Campaign	28,569.63	16,355.55
Everyday Giving	12,806.70	
Mid Year Fundraising Campaign	33,951.00	21,313.41
Social Media Donations	3,573.26	9,400.79
Total Donations	79,150.59	57,318.71
Fundraiser Event Sales	7,719.42	18,939.64
Grants		
Alzheimer's Foundation	9,000.00	3,000.00
California Arts Council	25,500.00	28,500.00
Community Foundation		5,000.00
Laguna Niguel City Grant	2,500.00	3,000.00
Legacy Endowment Foundation	7,137.44	
Matoff and Brunswick Foundation	10,000.00	20,000.00
National Christian Foundation	1,000.00	
North County SD Parkinson's Support Groups	1,500.00	
Parkinson's Foundation	10,200.00	10,500.00
Parkinson's Outreach Project	7,000.00	
Total Grants	73,837.44	70,000.00
Total Income	\$160,707.45	\$146,258.35
GROSS PROFIT	\$160,707.45	\$146,258.35
Expenses		
Administrative		
Account Subscriptions	3,441.50	1,962.85
Bank Charges & Fees	30.00	-33.36
General Administrative Expenses	769.62	
Insurance	2,073.52	2,063.49
Legal and Professional Fees	1,375.00	1,031.91
Meals & Entertainment		42.61
Website Development	589.70	8,759.94
Total Administrative	8,279.34	13,827.44
Fundraising		
Advertising & Marketing		253.85
Dress Donation Management	190.00	
Social Media Development	239.92	2,871.19
Total Advertising & Marketing	429.92	3,125.04
Donor Management	3,118.88	
Fundraiser Event Expenses	10,764.01	

Rx Ballroom Dance

Profit and Loss

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Grant Development	4,362.50	6,307.50
Total Fundraising	18,675.31	9,432.54
Program Costs		
Lesson Scholarships	13,935.00	
Recruitment and Enrollment	20,065.73	18,049.64
Studio Use Fee	1,980.00	412.00
Teaching Staff	84,231.51	43,207.80
Total Program Costs	120,212.24	61,669.44
Salary of Key Persons		
Taxes	7,934.90	6,258.18
Wages	8,109.78	19,395.00
Total Salary of Key Persons	16,044.68	25,653.18
Total Expenses	\$163,211.57	\$110,582.60
NET OPERATING INCOME	\$ -2,504.12	\$35,675.75
NET INCOME	\$ -2,504.12	\$35,675.75

Rx Ballroom Dance

Profit and Loss

June 30, 2022 - July 1, 2023

	TOTAL
Income	
Donations	3,422.94
Business Sponsorships	250.00
End of Year Fundraising Campaign	11,355.55
Everyday Giving	8,464.86
Mid Year Fundraising Campaign	54,374.46
Social Media Donations	9,034.05
Total Donations	86,901.86
Fundraiser Event Sales	16,752.03
Grants	
Alzheimer's Foundation	6,000.00
California Arts Council	28,500.00
Community Foundation	5,000.00
Laguna Niguel City Grant	3,000.00
Matoff and Brunswick Foundation	30,000.00
National Christian Foundation	1,000.00
North County SD Parkinson's Support Groups	1,500.00
Parkinson's Foundation	2,100.00
Parkinson's Outreach Project	7,000.00
Total Grants	84,100.00
Total Income	\$187,753.89
GROSS PROFIT	\$187,753.89
Expenses	
Administrative	
Account Subscriptions	2,344.90
Bank Charges & Fees	15.00
General Administrative Expenses	322.05
Insurance	2,061.00
Legal and Professional Fees	1,569.97
Meals & Entertainment	42.61
Website Development	8,515.69
Total Administrative	14,871.22
Fundraising	
Advertising & Marketing	253.85
Dress Donation Management	190.00
Social Media Development	2,767.15
Total Advertising & Marketing	3,211.00
Donor Management	2,618.88
Fundraiser Event Expenses	8,251.25
Grant Development	5,786.25
Total Fundraising	19,867.38

Rx Ballroom Dance

Profit and Loss

June 30, 2022 - July 1, 2023

	TOTAL
Program Costs	
Lesson Scholarships	8,010.00
Recruitment and Enrollment	20,900.22
Studio Use Fee	2,392.00
Teaching Staff	63,120.65
Total Program Costs	94,422.87
Salary of Key Persons	
Taxes	8,489.88
Wages	10,512.76
Total Salary of Key Persons	19,002.64
Total Expenses	\$148,164.11
NET OPERATING INCOME	\$39,589.78
NET INCOME	\$39,589.78

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is
> the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

> OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

> REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

> The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, printing, program related insurance (e.g., vehicle), trainings and certifications.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

- List other grant funders that have been approached by your organization for this program in the
- > past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

4 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

5 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name:	Rx Ballroom Dance	PROGRAM NAME:	Rx Ballroom Dance, Fallbrook Location
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Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	622.50			622.50
A2	General Insurance (not program specific)				
A3	Accounting & audit expenses				
A4	Consultant/Contractor Fees	50.00			50.00
A5	Physical Assets (Rent, Facility Costs)				
A6	Utilities				
A7	IT & Internet	60.00			60.00
A8	Marketing & Communications	350.00			350.00
A9	Office Supplies	50.00			50.00
A10	Training & Education				
A11	Other: specify				
TOTAL INDIRECT EXPENSE		1,132.50	-	-	1,132.50

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Salary Tricia Bowman (teacher/training director)	4,100.00		1,784.36	2,315.64
B2	Salary Sophia Glagoleva (teacher)	3,000.00		1,784.36	1,215.64
B3	Salary Matyas Prager (teacher)	3,000.00		1,784.36	1,215.64
B4	Salary Erin Angelo (curriculum design/evaluation)	7,500.00		1,784.36	5,715.64
B5	Payroll Expenses (WC, taxes)				
B6	Benefits				
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		17,600.00	-	7,137.44	10,462.56

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment				
C2	Program/Project Supplies				
C3	Printing/Duplicating	200.00			200.00
C4	Travel/Mileage	1,123.20			1,123.20
C5	Program Specific Insurance	2,080.00			2,080.00
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		3,403.20	-	-	3,403.20

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 22,135.70	68%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	-
E2	OTHER FUNDERS	Y	7,137.44
E3	REQUESTED FROM FRHD	Z	14,998.26
TOTAL FUNDING SOURCES			\$ 22,135.70

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 154,519.00	\$ 22,135.70	14%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: **Rx Ballroom Dance**

Program Name: **Rx Ballroom Dance, Fallbrook Location**

INSTRUCTIONS:

1. List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.
2. Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A1	Admin Support	We continue to need administrative support to complete enrollment, emails, digital communication and text messaging to our participants to ensure they have clear communication with the program.

B. PERSONNEL EXPENSES -PROGRAM SPECIFIC

#	Name	Narrative:
B1	Tricia Bowman	Tricia Bowman is one of the teachers for the Fallbrook location program, as well as the regional training director. She is directly in charge of managing the teachers and for executing the integrity of the program.
B2	Sophia Glagoleva	Sophia Glagoleva is a teacher for the Fallbrook location and will be teaching the class for the duration of the program year.
B3	Matyas Prager	Matyas Prager is a teacher for the Fallbrook location and will be teaching the class for the duration of the program year.
B4	Erin Angelo	Erin Angelo is the executive director and directly responsible for the curriculum design, training design and evaluation of the program as it runs at the Fallbrook location.

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C4	Travel Mileage	We offer mileage reimbursement to our Training Director, Tricia Bowman, who travels from out of county.
C5	Program Specific Insurance	Program specific insurance is required in order to run our program at the Fallbrook Regional Health and Wellness facility.

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name:

Rx Ballroom Dance

PROGRAM NAME:

Rx Ballroom Dance, Fallbrook Location

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$1,132.50	\$1,132.50				
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$17,600.00	\$10,462.56				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$3,403.20	\$3,403.20				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$22,135.70	\$0.68	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**