

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN BALLROOM THEATER COMPANY	D Employer identification number 22-2542960
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number 212-244-9442
<input type="checkbox"/> Name change		Room/suite	
<input type="checkbox"/> Initial return		25 WEST 31ST STREET 4TH FL	
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
<input type="checkbox"/> Amended return	NEW YORK, NY 10001-4413		
<input type="checkbox"/> Application pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations.		

G Website: ▶ **N/A**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,026,774.**

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
		a	Contributions to donor advised funds	1a	
		b	Direct public support (not included on line 1a)	1b	628,285.
		c	Indirect public support (not included on line 1a)	1c	
		d	Government contributions (grants) (not included on line 1a)	1d	
		e	Total (add lines 1a through 1d) (cash \$ 628,285. noncash \$)	1e	628,285.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,126,921.
		3	Membership dues and assessments	3	
		4	Interest on savings and temporary cash investments	4	4,517.
		5	Dividends and interest from securities	5	30,163.
		6 a	Gross rents	6a	
		b	Less: rental expenses	6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7	Other investment income (describe ▶ CAPITAL GAIN DISTRIBUTIONS)	7	10,577.	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	226,311.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2	
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,026,774.	
Expenses	13	Program services (from line 44, column (B))	13	1,889,832.	
	14	Management and general (from line 44, column (C))	14	790,557.	
	15	Fundraising (from line 44, column (D))	15	73,766.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	2,754,155.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	272,619.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,089,857.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,340,473.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	371,593.	277,293.	94,300.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,485,357.	1,185,727.	299,630.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	47,430.	22,699.	24,731.	
29 Payroll taxes	154,248.	121,856.	32,392.	
30 Professional fundraising fees				
31 Accounting fees	34,560.		34,560.	
32 Legal fees				
33 Supplies	5,882.	5,882.		
34 Telephone	6,587.		6,587.	
35 Postage and shipping	4,681.		3,400.	1,281.
36 Occupancy	103,200.		103,200.	
37 Equipment rental and maintenance	1,598.			1,598.
38 Printing and publications	11,977.		8,045.	3,932.
39 Travel	133,158.	133,158.		
40 Conferences, conventions, and meetings	273.			273.
41 Interest	608.		608.	
42 Depreciation, depletion, etc. (attach schedule)	14,288.	417.	13,871.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	378,715.	142,800.	169,233.	66,682.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,754,155.	1,889,832.	790,557.	73,766.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	394,443.	46 525,544.
	47 a Accounts receivable	47a 48,394.	
	b Less: allowance for doubtful accounts	47b	47c 48,394.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	7,441.	53 16,781.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	557,481.	54a 844,654.
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55 a Investments - land, buildings, and equipment: basis	STMT 6 55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 115,715.		
b Less: accumulated depreciation STMT 8	57b 33,832.	57c 81,883.	
58 Other assets, including program-related investments (describe SEE STATEMENT 9)	7,655.	58 9,409.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,267,109.	59 1,526,665.	
Liabilities	60 Accounts payable and accrued expenses	94,104.	60 102,390.
	61 Grants payable		61
	62 Deferred revenue		62 23,965.
	63 Loans from officers, directors, trustees, and key employees STMT 10	50,000.	63 50,000.
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 11)	33,148.	65 9,837.
66 Total liabilities. Add lines 60 through 65	177,252.	66 186,192.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,089,857.	67 1,340,473.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,089,857.	73 1,340,473.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,267,109.	74 1,526,665.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ NY, NJ		
b	Number of employees employed in the pay period that includes March 12, 2007 90b 58		
91 a	The books are in care of ▶ AMERICAN BALLROOM THEATER COMPANY Telephone no. ▶ 212-244-9442 Located at ▶ 25 WEST 31ST STREET, 4TH FLOOR, NEW YORK, NY ZIP + 4 ▶ 10001-4413		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DANCE INSTRUCTION	711190				1,976,764.
b PERFORMANCE FEES	711190				28,450.
c PROGRAM LICENSING FEES	711190				121,707.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments	900000	4,517.			
96 Dividends and interest from securities	900000	30,163.			
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income	900000	10,577.			
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events	711120	226,311.			
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		271,568.		0.	2,126,921.
105 Total (add line 104, columns (B), (D), and (E))					2,398,489.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INSTRUCTION OF BALLROOM DANCING AS A SOCIAL AND THEATRICAL ART FORM

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here	Signature of officer _____ Date _____ PIERRE DULAINE, EXEC. DIRECTOR Type or print name and title								
Paid Preparer's Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4 SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013 </td> <td>EIN _____</td> <td>Phone no. (973) 472-1817</td> </tr> </table>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	Firm's name (or yours if self-employed), address, and ZIP + 4 SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013		EIN _____	Phone no. (973) 472-1817
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____						
Firm's name (or yours if self-employed), address, and ZIP + 4 SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013		EIN _____	Phone no. (973) 472-1817						

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization AMERICAN BALLROOM THEATER COMPANY	Employer identification number 22 2542960
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANAMARIE CORREA 84-19 51ST AVENUE, APT 4M, ELMHURST,	40.00	61,820.	8,475.	
ALLISON REED LAKE 70 PARK TERRACE WEST, APT E-84, NEW Y	40.00	53,460.		
JENNIFER BRAINSKY 31-61 36TH STREET, APT. 3, ASTORIA, N	40.00	50,719.	7,110.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit? SEE STATEMENT 13	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	540,747.	609,790.	318,084.	251,185.	1,719,806.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,609,503.	650,966.	350,829.	223,150.	2,834,448.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	30,886.	9,116.	1,200.	544.	41,746.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	350,729.	245,272.	SEE STATEMENT 15 166,532.	161,688.	924,221.
23 Total of lines 15 through 22	2,531,865.	1,515,144.	836,645.	636,567.	5,520,221.
24 Line 23 minus line 17	922,362.	864,178.	485,816.	413,417.	2,685,773.
25 Enter 1% of line 23	25,319.	15,151.	8,366.	6,366.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 53,715.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,685,773.
d Add: Amounts from column (e) for lines: 18 41,746. 19 _____ 22 924,221. 26b _____					26d 965,967.
e Public support (line 26c minus line 26d total)					26e 1,719,806.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 64.0339%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

AMERICAN BALLROOM THEATER COMPANY

22-2542960

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization AMERICAN BALLROOM THEATER COMPANY	Employer identification number 22-2542960
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARNEGIE CORPORATION OF NEW YORK 437 MADISON AVENUE NEW YORK, NY 10022	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JPMORGAN CHASE FOUNDATION 270 PARK AVENUE, FL 37 NEW YORK, NY 10017-2014	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HECKSCHER FOUNDATION FOR CHILDREN 123 EAST 70TH STREET NEW YORK, NY 10021	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	KNICKERBOCKER-COTILLION, INC. 200 EAST 66TH STREET, #B901 NEW YORK, NY 10021	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MERRY IVANOFF 500 EAST 77TH STREET, APT. 3523 NEW YORK, NY 10162	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE DANNHEISSER FOUNDATION C/O SCHULTE, ROTH & ZABEL, 919 3RD AVENUE NEW YORK, NY 10022	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN BALLROOM THEATER COMPANY	Employer identification number 22-2542960
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE EDITH GLICK SHOOLMAN CHILDREN'S FOUNDATION P.O. BOX 20763 NEW YORK, NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE HOERLE FOUNDATION 155 EAST 72ND STREET NEW YORK, NY 10021	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE DAVID ROCKEFELLER FOUNDATION 420 FIFTH AVENUE NEW YORK, NY 10018	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	THE RANDLEIGH FOUNDATION TRUST P.O. BOX 4150 CHAPEL HILL, NC 27515-4150	\$ 167,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THE KATZ FOUNDATION NEW YORK, NEW YORK	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FIRST AMERICAN TITLE INSURANCE COMPANY NEW YORK, NEW YORK	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN BALLROOM THEATER COMPANY	Employer identification number 22-2542960
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	THE WIEGAND FOUNDATION <hr/> 165 WEST LIBERTY STREET <hr/> RENO, NEVADA 89501 <hr/>	\$ 50,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	BLOOMBERG, L.P. <hr/> <hr/> NEW YORK, NEW YORK <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
40	WIRELESS MICROPHONE	05/30/06	200DB	5.00		HY17	382.				382.	198.		74.	272.
67	DVD RECORDERS AND SPEAKERS	10/29/07	200DB	5.00		MQ19B	988.				988.			247.	247.
69	VIDEO TRIPOD PROJECTOR SCREEN	11/27/07	200DB	7.00		MQ19C	176.				176.			31.	31.
70	SOUND SYSTEM EQUIPMENT	11/27/07	200DB	5.00		MQ19B	258.				258.			65.	65.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						1,804.				1,804.	198.		417.	615.
	MANAGEMENT AND GENERAL														
5	PHONE LINES	11/22/99	200DB	5.00		HY17	813.				813.	813.		0.	813.
7	TELEVISION	01/18/00	200DB	5.00		HY17	320.				320.	320.		0.	320.
12	COMPUTER CART	04/24/02	200DB	7.00		HY17	210.				210.	178.		21.	199.
13	MUSIC SOUND SYSTEM	04/26/02	200DB	5.00		HY17	344.				344.	344.		0.	344.
14	STEEL SHELVES	07/11/02	200DB	7.00		HY17	100.				100.	78.		9.	87.
15	DELL COMPUTER	11/29/02	200DB	5.00		HY17	1,315.				1,315.	1,239.		76.	1,315.
16	CD RECORDER	03/28/03	200DB	5.00		HY17	244.				244.	230.		14.	244.
17	LASER JET PRINTER	03/28/03	200DB	5.00		HY17	400.				400.	377.		23.	400.
18	SOUND SYSTEM	04/29/03	200DB	5.00		HY17	1,263.				1,263.	1,190.		73.	1,263.
19	17" LCD MONITOR	07/09/03	200DB	5.00		HY17	430.			215.	215.	178.		25.	203.
20	PRESARIO S4000J PC	07/09/03	200DB	5.00		HY17	459.			230.	229.	189.		27.	216.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	PRESARIO S4000V PC	07/09/03	200DB	5.00		HY17	589.			295.	294.	243.		34.	277.
22	TELEPHONE	07/23/03	200DB	7.00		HY17	80.			40.	40.	28.		3.	31.
23	TELEPHONE	07/23/03	200DB	7.00		HY17	200.			100.	100.	69.		9.	78.
24	MINOLTA 1250W LASER PRINTER	10/15/03	200DB	5.00		HY17	117.			59.	58.	48.		7.	55.
25	LEXMARK 2816 COLOR PRINTER	07/12/04	200DB	5.00		HY17	143.			72.	71.	51.		8.	59.
26	HP 1012 LASER PRINTER	10/13/04	200DB	5.00		HY17	180.			90.	90.	64.		10.	74.
27	DELL DIMENSION 3000 COMPUTER	11/09/04	200DB	5.00		HY17	1,189.			595.	594.	423.		68.	491.
28	AT&T TELEPHONE SET	12/01/04	200DB	7.00		HY17	250.			125.	125.	71.		15.	86.
30	FOLDING CHAIRS	10/17/05	200DB	7.00		HY17	213.				213.	82.		37.	119.
31	SERVER COMPUTER AND MONITOR	12/30/05	200DB	5.00		HY17	2,850.				2,850.	1,482.		547.	2,029.
32	NOTEBOOK COMPUTER	01/02/06	200DB	5.00		HY17	1,084.				1,084.	564.		208.	772.
33	FILE CABINET	01/06/06	200DB	7.00		HY17	200.				200.	78.		35.	113.
34	SYMANTEC SOFTWARE	01/16/06	200DB	3.00		HY17	350.				350.	272.		52.	324.
35	200GB EXTERNAL HARD DRIVE	01/16/06	200DB	5.00		HY17	199.				199.	104.		38.	142.
36	WINDOWS XP PROFESSIONAL SOFTWARE	02/09/06	200DB	3.00		HY17	340.				340.	264.		51.	315.
37	ELEMENTS SOFTWARE	03/24/06	200DB	3.00		HY17	240.				240.	187.		35.	222.
38	DELL INSPIRON 6400 COMPUTER	05/18/06	200DB	5.00		HY17	985.				985.	512.		189.	701.
39	SAMSUNG ML-2010 LASER PRINTER	05/18/06	200DB	5.00		HY17	110.				110.	57.		21.	78.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	BROTHER 2820 LASER PRINTER	06/28/06	200DB	5.00		HY17	200.				200.	104.		38.	142.
42	TELEPHONE SYSTEM UPGRADES	01/24/06	200DB	7.00		HY17	545.				545.	211.		95.	306.
43	TELEPHONE AND ELECTRICAL UPGRADES	12/27/05	200DB	7.00		HY17	4,210.				4,210.	1,632.		737.	2,369.
44	TELEPHONE AND ELECTRICAL UPGRADES	01/13/06	200DB	7.00		HY17	1,110.				1,110.	431.		194.	625.
45	FURNITURE AND EQUIPMENT (USED)	07/01/06	200DB	7.00		HY17	6,143.				6,143.	878.		1,504.	2,382.
46	LOCKERS (USED)	07/01/06	200DB	7.00		HY17	3,237.				3,237.	462.		793.	1,255.
47	CARPETING (USED)	07/01/06	200DB	7.00		HY17	1,031.				1,031.	147.		253.	400.
48	LEASEHOLD IMPROVEMENTS (USED)	07/01/06	SL	39.00		MM17	39,294.				39,294.	966.		1,008.	1,974.
49	HEATING SYSTEM (USED)	07/01/06	SL	39.00		MM17	295.				295.	7.		8.	15.
50	(3) SAMSUNG ML-2010 PRINTERS	07/21/06	200DB	5.00		HY17	390.				390.	78.		125.	203.
51	PC SYSTEM WITH LCD SCREEN	09/18/06	200DB	5.00		HY17	1,253.				1,253.	251.		401.	652.
52	INTEL DESKTOP COMPUTER SYSTEM	12/12/06	200DB	5.00		HY17	1,000.				1,000.	200.		320.	520.
53	FILEMAKER SOFTWARE	12/20/06	200DB	3.00		HY17	605.				605.	202.		269.	471.
54	PHONE EQUIPMENT - RECEPTION DESK	12/20/06	200DB	7.00		HY17	440.				440.	63.		108.	171.
55	COLOR LASER PRINTER	03/16/07	200DB	5.00		HY17	520.				520.	104.		166.	270.
56	LEASEHOLD IMPROVEMENTS	03/20/07	SL	39.00		MM17	3,700.				3,700.	28.		95.	123.
58	TELEPHONE UPGRADES	03/29/07	200DB	7.00		HY17	1,225.				1,225.	175.		300.	475.
59	LEASEHOLD IMPROVEMENTS	03/30/07	SL	39.00		MM17	1,232.				1,232.	9.		32.	41.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60	FURNITURE AND EQUIPMENT	03/30/07	200DB	7.00		HY17	2,924.				2,924.	418.		716.	1,134.
61	OFFICE FURNITURE	03/28/07	200DB	7.00		HY17	3,675.				3,675.	525.		900.	1,425.
62	COMPUTER AND MONITOR	04/02/07	200DB	5.00		HY17	1,262.				1,262.	252.		404.	656.
63	COMPUTER SOFTWARE	06/07/07	200DB	3.00		HY17	907.				907.	302.		403.	705.
64	SPRINKLER HEADS	12/01/06	SL	39.00		MM17	1,626.				1,626.	23.		42.	65.
65	COMPUTER SERVER	09/08/06	200DB	5.00		HY17	1,610.				1,610.	322.		515.	837.
66	SMARTBUY DC7700 DESKTOP COMPUTER	07/10/07	200DB	5.00		MQ19B	1,079.				1,079.			378.	378.
68	HP DC5700 COMPUTER AND MONITOR	11/13/07	200DB	5.00		MQ19B	1,318.				1,318.			330.	330.
71	HP PROLIANT ML350 COMPUTER AND HARD DRIVES	11/13/07	200DB	5.00		MQ19B	3,736.				3,736.			934.	934.
72	APC SC1500VA SERVER PROTECTOR	11/13/07	200DB	5.00		MQ19B	471.				471.			118.	118.
73	QUANTUM TAPE DRIVE AND COMPONENTS	11/13/07	200DB	5.00		MQ19B	1,686.				1,686.			422.	422.
74	HP PROCURVE SWITCH	11/13/07	200DB	5.00		MQ19B	536.				536.			134.	134.
75	CHAIRS	02/01/08	200DB	7.00		MQ19C	371.				371.			40.	40.
76	CAMERA	03/04/08	200DB	5.00		MQ19B	300.				300.			45.	45.
77	DESKTOP COMPUTER	04/08/08	200DB	5.00		MQ19B	985.				985.			49.	49.
78	TELEPHONE SYSTEM UPGRADES	06/09/08	200DB	7.00		MQ19C	5,125.				5,125.			183.	183.
79	HP DC7700 DESKTOP COMPUTER	06/20/08	200DB	5.00		MQ19B	714.				714.			36.	36.
80	FURNITURE	06/26/08	200DB	7.00		MQ19C	3,939.				3,939.			141.	141.

FOOTNOTES

STATEMENT 1

WE ARE ELECTING OUT OF THE ACCELERATED DEPRECIATION PROVISION OF JCWA FOR THESE CLASSES OF PROPERTIES:
CLASS LIFE 5 YEARS:

SMARTBUY DC7700 DESKTOP COMPUTER PLACED IN SERVICE 07/10/200	1,079.
DVD RECORDERS AND SPEAKERS PLACED IN SERVICE 10/29/2007	988.
ASSETS PLACED IN SERVICE 11/13/2007	
HP DC5700 COMPUTER AND MONITOR	1,318.
HP PROLIANT ML350 COMPUTER AND HARD DRIVE	3,736.
APC SC1500VA SERVER PROTECTOR	471.
QUANTUM TAPE DRIVE AND COMPONENTS	1,686.
HP PROCURVE SWITCH	536.
SOUND SYSTEM EQUIPMENT PLACED IN SERVICE 11/27/2007	258.
CAMERA PLACED IN SERVICE 03/04/2008	300.
DESKTOP COMPUTER PLACED IN SERVICE 04/08/2008	985.
HP DC7700 DESKTOP COMPUTER PLACED IN SERVICE 06/20/2008	714.
TOTAL OF 5 YEAR PROPERTIES:	<u>12,071.</u>

CLASS LIFE 7 YEARS:

VIDEO TRIPOD PROJECTOR SCREEN PLACED IN SERVICE 11/27/2007	176.
CHAIRS PLACED IN SERVICE 02/01/2008	371.
TELEPHONE SYSTEM UPGRADES PLACED IN SERVICE 06/09/2008	5,125.
FURNITURE PLACED IN SERVICE 06/26/2008	3,939.
TOTAL OF 7 YEAR PROPERTIES:	<u>9,611.</u>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FALL FUNDRAISER HELD ON 10/25/07	7,822.		7,822.		7,822.
FALL FUNDRAISER HELD ON 11/03/07	3,950.		3,950.		3,950.
FUNDRAISING BENEFIT DINNER DANCE	214,539.		214,539.		214,539.
TO FM 990, PART I, LINE 9	226,311.		226,311.		226,311.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS HELD	<22,003.>
TOTAL TO FORM 990, PART I, LINE 20	<22,003.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SUNDRY	4,043.		4,043.	
INSURANCE	60,230.		60,230.	
PROMOTION	68,123.	68,123.		
REPAIRS AND MAINTENANCE	5,155.		5,155.	
BANK CHARGES	4,300.		4,300.	
OFFICE EXPENSES	60,341.		60,341.	
OUTSIDE SERVICES	45,668.	45,008.	660.	
LICENSES & FEES	145.	145.		
DUES & SUBSCRIPTIONS	1,840.		1,840.	
RECRUITING	3,579.		3,579.	
UTILITIES	9,639.		9,639.	
AWARDS	232.			232.
SUPPLIES, DECORATIONS AND REFRESHMENTS	2,692.			2,692.
EVENT FACILITY RENTAL	58,070.			58,070.

ORCHESTRA AND DISK JOCKEY	4,900.			4,900.
PHOTOGRAPHY AND VIDEOGRAPHY	788.			788.
PROGRAM EXPANSION COSTS	28,496.	28,496.		
EMPLOYEE WELFARE	20,474.	1,028.	19,446.	
TOTAL TO FM 990, LN 43	378,715.	142,800.	169,233.	66,682.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO PROMOTE BALLROOM DANCING AS A SOCIAL AND THEATRICAL ART FORM.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
DELAFIELD FUND - 971.966 SH (06/30/07), 4,524.39	FMV			103,699.	103,699.
FIRST MANHATTAN STRAT VAL FD 1,042.199	FMV			108,482.	108,482.
SCHWAB VAL ADVANT SWVXX - 61,862.32 SH (06/30/07), 102,456	FMV			102,456.	102,456.
DISCOVER BANK BOND DUE 01/12/2009	FMV		95,000.		95,000.
NY COMMERCIAL BANK BOND DUE 01/20/2009	FMV		95,000.		95,000.
MIDFIRST BANK BOND DUE 08/06/2008	FMV		95,000.		95,000.
COLUMBIA BANK BOND DUE 02/04/2009	FMV		95,000.		95,000.
TO FORM 990, LINE 54A, COL B			380,000.	314,637.	694,637.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	7	
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY BOND DUE 07/31/2008	COST	150,017.		150,017.
TOTAL TO FORM 990, LINE 54A, COL B		150,017.		150,017.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PHONE LINES	813.	813.	0.
TELEVISION	320.	320.	0.
COMPUTER CART	210.	199.	11.
MUSIC SOUND SYSTEM	344.	344.	0.
STEEL SHELVES	100.	87.	13.
DELL COMPUTER	1,315.	1,315.	0.
CD RECORDER	244.	244.	0.
LASER JET PRINTER	400.	400.	0.
SOUND SYSTEM	1,263.	1,263.	0.
17" LCD MONITOR	430.	418.	12.
PRESARIO S4000J PC	459.	446.	13.
PRESARIO S4000V PC	589.	572.	17.
TELEPHONE	80.	71.	9.
TELEPHONE	200.	178.	22.
MINOLTA 1250W LASER PRINTER	117.	114.	3.
LEXMARK 2816 COLOR PRINTER	143.	131.	12.
HP 1012 LASER PRINTER	180.	164.	16.
DELL DIMENSION 3000 COMPUTER	1,189.	1,086.	103.
AT&T TELEPHONE SET	250.	211.	39.
FOLDING CHAIRS	213.	119.	94.
SERVER COMPUTER AND MONITOR	2,850.	2,029.	821.
NOTEBOOK COMPUTER	1,084.	772.	312.
FILE CABINET	200.	113.	87.
SYMANTEC SOFTWARE	350.	324.	26.
200GB EXTERNAL HARD DRIVE	199.	142.	57.
WINDOWS XP PROFESSIONAL SOFTWARE	340.	315.	25.
ELEMENTS SOFTWARE	240.	222.	18.
DELL INSPIRON 6400 COMPUTER	985.	701.	284.
SAMSUNG ML-2010 LASER PRINTER	110.	78.	32.
WIRELESS MICROPHONE	382.	272.	110.
BROTHER 2820 LASER PRINTER	200.	142.	58.
TELEPHONE SYSTEM UPGRADES	545.	306.	239.

TELEPHONE AND ELECTRICAL UPGRADES	4,210.	2,369.	1,841.
TELEPHONE AND ELECTRICAL UPGRADES	1,110.	625.	485.
FURNITURE AND EQUIPMENT (USED)	6,143.	2,382.	3,761.
LOCKERS (USED)	3,237.	1,255.	1,982.
CARPETING (USED)	1,031.	400.	631.
LEASEHOLD IMPROVEMENTS (USED)	39,294.	1,974.	37,320.
HEATING SYSTEM (USED)	295.	15.	280.
(3) SAMSUNG ML-2010 PRINTERS	390.	203.	187.
PC SYSTEM WITH LCD SCREEN	1,253.	652.	601.
INTEL DESKTOP COMPUTER SYSTEM	1,000.	520.	480.
FILEMAKER SOFTWARE	605.	471.	134.
PHONE EQUIPMENT - RECEPTION DESK	440.	171.	269.
COLOR LASER PRINTER	520.	270.	250.
LEASEHOLD IMPROVEMENTS	3,700.	123.	3,577.
TELEPHONE UPGRADES	1,225.	475.	750.
LEASEHOLD IMPROVEMENTS	1,232.	41.	1,191.
FURNITURE AND EQUIPMENT	2,924.	1,134.	1,790.
OFFICE FURNITURE	3,675.	1,425.	2,250.
COMPUTER AND MONITOR	1,262.	656.	606.
COMPUTER SOFTWARE	907.	705.	202.
SPRINKLER HEADS	1,626.	65.	1,561.
COMPUTER SERVER	1,610.	837.	773.
SMARTBUY DC7700 DESKTOP COMPUTER	1,079.	378.	701.
DVD RECORDERS AND SPEAKERS	988.	247.	741.
HP DC5700 COMPUTER AND MONITOR	1,318.	330.	988.
VIDEO TRIPOD PROJECTOR SCREEN	176.	31.	145.
SOUND SYSTEM EQUIPMENT	258.	65.	193.
HP PROLIANT ML350 COMPUTER AND HARD DRIVES	3,736.	934.	2,802.
APC SC1500VA SERVER PROTECTOR	471.	118.	353.
QUANTUM TAPE DRIVE AND COMPONENTS	1,686.	422.	1,264.
HP PROCURVE SWITCH	536.	134.	402.
CHAIRS	371.	40.	331.
CAMERA	300.	45.	255.
DESKTOP COMPUTER	985.	49.	936.
TELEPHONE SYSTEM UPGRADES	5,125.	183.	4,942.
HP DC7700 DESKTOP COMPUTER	714.	36.	678.
FURNITURE	3,939.	141.	3,798.
TOTAL TO FORM 990, PART IV, LN 57	115,715.	33,832.	81,883.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSIT	465.	465.
ACCRUED INTEREST INCOME	7,192.	8,946.
ROUNDING ADJUSTMENT - NET PROPERTY AND EQUIPMENT	<2.>	<2.>
TOTAL TO FORM 990, PART IV, LINE 58	<u>7,655.</u>	<u>9,409.</u>

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 10

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
PIERRE DULAINÉ, ARTISTIC DIRECTOR			0.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
		TBD	.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
N/A		FOR ASSETS ACQUIRED		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	25,000.

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
OTTO CAPPEL, EXECUTIVE DIRECTOR			0.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
		TBD	.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
N/A		FOR ASSETS ACQUIRED		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	25,000.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B				50,000.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
MARGIN LOANS PAYABLE	33,148.	3,945.
CREDIT CARDS PAYABLE		5,892.
TOTAL TO FORM 990, PART IV, LINE 65	33,148.	9,837.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SHEILA A HOERLE 155 EAST 72ND STREET, APT 13-A NEW YORK, NY 10021	PRESIDENT 0.00	0.	0.	0.
ROBERT S BIRCH 765 PARK AVENUE NEW YORK, NY 10021	VICE PRESIDENT 0.00	0.	0.	0.
JOHN J ENTWISTLE 800 PARK AVENUE NEW YORK, NY 10021	TREASURER 0.00	0.	0.	0.
OTTO CAPPEL 305 EAST 24TH STREET NEW YORK, NY 10010	EXECUTIVE DIR. (THROUGH 06/30/08) 40.00	82,000.	12,300.	0.
PIERRE DULAINÉ 305 EAST 24TH STREET NEW YORK, NY 10010	ARTISTIC DIR. (THROUGH 06/30/08) 40.00	165,950.	24,893.	0.
YVONNE MARCEAU 235 WEST 75TH STREET, APT 8E NEW YORK, NY 10023	ASSOCIATE DIRECTOR 40.00	75,350.	11,100.	0.
GRACE ALLEN HICKS LANE PORT WASHINGTON, NY 11050	TRUSTEE 0.00	0.	0.	0.

AMERICAN BALLROOM THEATER COMPANY

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STEPHEN H BAUM 850 PARK AVENUE NEW YORK, NY 10021	TRUSTEE 0.00	0.	0.	0.
MERRY IVANOFF 500 EAST 77TH STREET, #3523 NEW YORK, NY 10162	SECRETARY 0.00	0.	0.	0.
MICHAEL J LEAHY 515 EAST 89TH STREET, APT. 3-B NEW YORK, NY 10128	TRUSTEE 0.00	0.	0.	0.
MARYAM R NEWMAN 80 CENTRAL PARK WEST, #12F NEW YORK, NY 10023	TRUSTEE 0.00	0.	0.	0.
ANNE S NORDEMAN 435 EAST 52ND STREET, APT 1-G NEW YORK, NY 10022	TRUSTEE 0.00	0.	0.	0.
SUSAN M RELYEA 580 PARK AVENUE NEW YORK, NY 10065	TRUSTEE 0.00	0.	0.	0.
GLEN DE VRIES MEDIDATA SOLUTIONS WORLDWIDE, 79 5TH AVENUE, 8TH FLOOR NEW YORK, NY 10003	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>323,300.</u>	<u>48,293.</u>	<u>0.</u>

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2B	STATEMENT 13
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THE COMPANY HAS ACQUIRED THE NET ASSETS OF A COMPANY FORMERLY OWNED BY THE ARTISTIC DIRECTOR AND EXECUTIVE DIRECTOR. INCLUDED IN THESE NET ASSETS ARE LOANS MADE FROM THE ARTISTIC DIRECTOR AND EXECUTIVE DIRECTOR TO THE FORMER COMPANY.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 14

THE COMPANY'S ARTISTIC DIRECTOR, ASSOCIATION DIRECTOR AND EXECUTIVE DIRECTOR ARE MEMBERS OF THE BOARD OF DIRECTORS AND ARE COMPENSATED FOR FULL-TIME WORK PERFORMED AS EMPLOYEES/DIRECTORS OF THE COMPANY.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
FUNDRAISING EVENTS	198,842.	205,957.	166,532.	161,688.
PERFORMANCE FEES	21,100.	12,150.	0.	0.
PROGRAM LICENSING FEES	130,787.	27,165.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	<u>350,729.</u>	<u>245,272.</u>	<u>166,532.</u>	<u>161,688.</u>

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMERICAN BALLROOM THEATER COMPANY	FORM 990 PAGE 2	22-2542960

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	11,135.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	<input type="checkbox"/>

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		12,071.	5 YRS.	MQ	200DB	2,758.
c 7-year property		9,611.	7 YRS.	MQ	200DB	395.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	14,288.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:	:			
	:	:			

43 Amortization of costs that began before your 2007 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization AMERICAN BALLROOM THEATER COMPANY	Employer identification number 22-2542960
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 WEST 31ST STREET, NO. 4TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001-4413	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **AMERICAN BALLROOM THEATER COMPANY**
Telephone No. ▶ **212-244-9442** 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.