Form: **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Revenue SCANNED APR 0 8 2002

Forn	n 🗨	, ,	,0							ck lyng benefit tru			
			he Treasury	•		-				empt charitable tr tate reporting requ		•	Open to Public
			e Service	year, OR tax year period		AUG 1			endin		31.	2001	Inspection
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B (Check upplica	if Die	FIGURE	lame of organization NASSAS PERF	ODMING	አውሙሮ	TNC				U E III I	pioyer inc	entification number
<u></u>	¬Cիալ	nge (A MANASSAS A MANASSAS				•			5	4_12	44590
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⊨	nam Initia	al	See	lumber and street (or P (not delivere	u 10 211 661	auuress)		noonvanie		-	57-181 <u>1</u> _
┝	retu Fina		Instant								_	ck ▶ [if application pending
늗	니 retu	m ended		ity or town, state or cour		6002					I Cite		ii application pending
	retu Lusa	m Bulso	for	NASSAS, VA	20110-	-0003			1711	and I are not oncl	ashla ta	anation E	27 orga \
	stat	e teb	orting)	-lt\ V [V]	04-14-3		\Box	E07	1 '	and I are not apple			
G (Jrgan	uzat	tion type (chec			(insert n	نـــا (١٥)	527	1 ' ') is this a group re			
_	C		- E04(-V9)	OR 494	947(a)(1)	compt about	estable to		-, · ·) If "Yes," enter nu			
n	nust	atta	ach a compl	eted Schedule A (Fo	+/(a)(1) nonex rm 990 or 900	rempi cha D-E Z)	iritable u	usis	H(C)	Are all affiliates in (If "No," attach a		, 14	/A L Yes L No
JA	ccou	nting	X Cash						1,,,,,			ided by on	
<u>n</u>	etho	<u>d</u>	Cash L	Accrual Other (specify)			<u> </u>	n(u)) Is this a separate			uling? Yes X No
v 0	h a a le	.		the organization's gross		mally aat o	ora than C	25 000 Tha	١.	Enter 4-digit gro			
				a return with the IRS, bu		· -			_	Check this box if		·	· · · ·
	•			return without financial	•			_	-	attach Schedule	_		
	art I	_		Expenses, and C					land		<i>∪</i> (1 01111	000 UI 3	
	1			, gifts, grants, and simila			5015 0.	· una Be					
2	1		Direct public s		n amounts recei	1 7 5U		Ι.	a	71	442.		
2007			Indirect public						<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	174.		
∞			•	contributions (grants)					c		713.		
0				es 1a through 1c)				<u></u>	<u> </u>	- 41 /	<u>/ 1 J •</u>		
œ			(cash \$		noocash \$		15 9	62 i				1d	116,155.
APR	2		· · · —	ice revenue including go					31			2	31,426.
_	3		-	dues and assessments	verillient ices a	IIIO COMBAC	ו אוויטווו די	311 VII, IIIIG 34	0			3	J1,420·
Ω	3		-	vings and temporary cas	ch invactmente							4	443.
۳	-			tings and temporary cas finterest from securities								5	219.
Ž	5		Gross rents	i illiciesi ilolli securiles				ء ا	a Ì			•	217.
3	ľ			(D)(1)(4)(c)	7				Ъ				
Ď			Mot rental inco	TOTAL VED	rie 6h from line	6a)			<u> </u>			6c	
Revenue SCANNED	7	٠	Other investm	ent income (describe		ou,					١	7	
Š	ģ	a		R 02 s1 12002 is pm		ſ.) Securitie:			(B) Other			
æ	ľ	_	than inventory		Ĭ) OOOdi kilo		a	(D) Ollici		i i	
									ь —	-			
		c	Gain or (loss)	other basis and sales exp (attach schedule)	1				c			1 .	
				oss) (combine line 8c, co	•	(8)			<u> </u>			8d	
	9			s and activities (attach so		(-,,							
	-			e (not including \$,	0 . of	contribution	ons					
			reported on lu					- 1	a	17.9	966.		
			•	xpenses other than funda	raising expenses	S		9	ь		500.	1	
		c	Net income or	· (loss) from special ever	nts (subtract line	e 9b from lir	re 9a)	SEE	S	FATEMENT		9c	3,366.
	10	a	Gross sales of	f inventory, less returns a	and allowances		·	10	a				<u> </u>
			Less cost of	• •				10	ь			!	
				r (loss) from sales of inv	entory (attach s	chedule) (s	ubtract line	e 10b from li	ne 10a	1)		10c	
	11		·=	(from Part VII, line 103)		• • •				•		11	
	12			(add lines 1d, 2, 3, 4, 5		10c, and 11)					12	151,609.
	13			ices (from line 44, colum		·		-				13	138,882.
Expenses	14		-	•								14	5,297.
je n	15									15	<u> </u>		
Ä	16		_ -	affiliates (attach schedule								16	
_	17		-	es (add lines 16 and 44,	•							17	144,179.
	18			ficit) for the year (subtra		ine 12)	_					18	7,430.
Net Assets	19		•	fund balances at beginni		-	lumn (A))					19	22,169.
ASS	20			s in net assets or fund ba					s:	TATEMENT	2	20	-2,285.
_	21		_	fund balances at end of y					7	_		21	27,314.

LHA For Paperwork Reduction Act Notice, see page 1 of the separate 2nstructions

MANASSAS PERFORMING ARTS, INC. DBA MANASSAS DANCE COMPANY

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 Page 2 Form 990 (2000) Statement of Part II Functional Expenses Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I (B) Program services (C) Management and general (D) Fundraising (A) Total 22 Grants and allocations (attach schedule) 22 __noncash \$_ 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 6,000. 6,000. Ō. 25 0. Compensation of officers, directors, etc. 25 26 Other salaries and wages 27 Pension plan contributions 27 28 Other employee benefits 29 Payroll taxes 29 Professional fundraising fees 30 30 31 Accounting fees 32 Legal fees 32 33 34 35 36 37 38 39 40 41 42 43 44 Re fur If ' F W Ali ach allo

34 Telephone					
	34				
35 Postage and shipping	35				
36 Оссирансу	36	8,889.	7,889.	1,000.	
37 Equipment rental and maintenance	37				<u> </u>
38 Printing and publications	38	· · · · · ·	**-		
39 Travel	39	1,768.	1,768.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)		351.	351.		·
43 Other expenses (itemize)	' ' 				
	438				
a				'	
b	43c				
<u> </u>	43d				
e SEE STATEMENT 3	430	127,171.	122,874.	4,297.	
6 SEE STATEMENT 3 44 Total functional expenses (add lines 22 through 43)	438	141,1110	144,014.	*,4310	
Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	144,179.	138,882.	5,297.	0.
Reporting of Joint Casts Did you report in colum	n (B) (Program	services) any joint costs fr	om a combined educational ca	mpaign and	
fundraising solicitation?				▶ [Yes X No
If "Yes," enter (i) the aggregate amount of these jo	int costs \$, (n)	the amount allocated to Progr	am services \$	·
(iii) the amount allocated to Management and ger	neral \$, and (iv)	the amount allocated to Fund	raising \$	
(iii) the amount allocated to Management and ger Part III Statement of Program S	ervice Acc	complishments			
What is the organization's primary exempt purpos					
		 			Program Service
All organizations must describe their exempt purpose achie achievements that are not measurable. (Section 501(c)(3) ar					Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1)
					trusts but optional for others)
	ND 3 EEC	DDADIE DDODI	TOTAL CITTOR	DAT ADDO	
a PROVIDE ACCESSIBLE A					- see see see see see see see see see se
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE	PUBLIC				- control of the cont
a PROVIDE ACCESSIBLE A	PUBLIC	AND FREE PER	RFORMANCES TO		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER			138,882.
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE	PUBLIC	AND FREE PER	RFORMANCES TO		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	RFORMANCES TO		· · · · · · · · · · · · · · · · · · ·
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	RFORMANCES TO		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	RFORMANCES TO		<u> </u>
PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	nts and allocations \$		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	nts and allocations \$		· · · · · · · · · · · · · · · · · · ·
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PER	nts and allocations \$		<u> </u>
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a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PEF (Gra	nts and allocations \$		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM b c	PUBLIC	AND FREE PEF (Gra	nts and allocations \$		· · · · · · · · · · · · · · · · · · ·
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM b c	PUBLIC	AND FREE PEF (Gra	nts and allocations \$		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM b c	PUBLIC	AND FREE PER (Gra	nts and allocations \$		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PEF (Gra (Gra (Gra (Gra (Gra (Gra	nts and allocations \$ ints and allocations \$		138,882.
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM b c d Other program services (attach schedule) Total of Program Service Expenses (should	PUBLIC	AND FREE PEF (Gra (Gra (Gra (Gra (Gra (Gra	nts and allocations \$ ints and allocations \$		<u> </u>
a PROVIDE ACCESSIBLE A PERFORMANCES TO THE CHILDREN IN THE COMM	PUBLIC	AND FREE PEF (Gra (Gra (Gra (Gra (Gra (Gra	nts and allocations \$ ints and allocations \$		138,882.

Part IV Balance Sheets

Form 990 (2000)

Note		re required, attached schedules and amounts wild be for end-of-year amounts only	nthin the description column	(A) Beginning of year		(B) End of year
				20 040		26 426
	45	Cash - non-interest-bearing	<u> </u>	20,940.		26,436.
	46	Savings and temporary cash investments	-		46	_ _
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	· - -
	48 a	Pledges receivable	48a			
	ь		48b		48c	
	49	Grants receivable	 -	49		
	50	Receivables from officers, directors, trustees,				
		and key employees	1		50	
Assets	51 a	Other notes and loans receivable	51a		ΓΤ	
Ass	ь	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	(_		53	
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and				
		equipment basis	55a			
			1			
		Less accumulated depreciation	55b		55c	
	56	Investments - other	11		56	
		Land, buildings, and equipment basis	57a 2,811.	1 000		0.00
		•	57b 1,933.	1,229.		878.
	58	Other assets (describe	<u> </u>	58		
	59	Total assets (add lines 45 through 58) (must equal	line 74)	22,169.	59	27,314.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
es	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key em	ployees		63	
Liabilities	64 a	Tax-exempt bond liabilities			64a	
-	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe)	_ .	65_	<u>-</u>
	66	Total liabilities (add lines 60 through 65)		0.	66	0.
			and complete lines 67 through			
		69 and lines 73 and 74			}	
Sec	67	Unrestricted		17,596.	67	14,487.
	68	Temporarily restricted	<u> </u>	4,573.	68	12,827.
1B3	69	Permanently restricted			69	
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here 🕨	and complete lines			
F.		70 through 74				
ts c	70	Capital stock, trust principal, or current funds		. _	70	
SSe	71	Paid-in or capital surplus, or land, building, and equ			71	
¥ A	72	Retained earnings, endowment, accumulated incom		<u>-</u>	72	
ž	73	Total net assets or fund balances (add lines 67 thr		00.460		05 244
	7,	column (A) must equal line 19 and column (B) mus	· ·	22,169.		<u>27,314.</u>
	74	Total liabilities and net assets / fund balances (a	iou lines do ano 73)	22,169.	74	27,314.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If Yes,* attach schedule Yes X No Form 990 (2000)

Form 990 (2000) DBA MANASSAS DANCE COMPANY 54-1244590 Page 5 Part VI Other Information N/A Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 X 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a b If "Yes," has it filed a tax return on Form 990-T for this year? 78b X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a b If Yes, enter the name of the organization exempt OR inonexempt and check whether it is 81 a Enter the amount of political expenditures, direct or indirect, as described in the 0. instructions for line 81 X b Did the organization file Form 1120-POL for this year? 81b 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than X 82a fair rental value? 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 15,962. expense in Part II (See instructions for reporting in Part III) 82b 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b 84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not N/A tax deductible? 84b N/A 85a 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b. Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b 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 N/A 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 f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A N/A Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A 88 N/A b Gross receipts, included on line 12, for public use of club facilities 86b N/A 87a 501(c)(12) organizations Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources N/A against amounts due or received from them) 87b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, 88 or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? X If "Yes," complete Part IX 88 89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under 0. section 4911 ▶ _____ 0 . , section 4912 ▶_____ O • , section 4955 ▶ 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization 90 a List the states with which a copy of this return is filed VIRGINIA b Number of employees employed in the pay period that includes March 12, 2000 The books are in care of ► THE CORPORATION _____ Telephone no ► 703-257-1811 91 Located at ► 9004 MATHIS AVENUE _____ ZIP code ► 22110_ Section 4947(a)(1) nonexempt chantable 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

Form 990 (2000)

MANASSAS PERFORMING ARTS, INC.

	amounts unless otherwise	<u> </u>	Unrelat	ed business income	Exclu	ded by section 512 513 or 514	451
-	s amounts uness otherwise		(A)	(B)	_(C)	(D)	(E) Related or exempt
indicated			Business code	Amount	Exclu-	Amount	function income
_	am service revenue MISSION FEES		Code		code	<u> </u>	29,114.
			-				1,650.
	STUME FEES SCELLANEOUS INC	OME			-	<u> </u>	662.
, <u>w</u> T	SCELLANEOUS INC	JME		<u> </u>	-		
°					\vdash		
f Medic	care/Medicaid payments				-		
	and contracts from government age	encies			 		
_	bership dues and assessments				 		
	est on savings and temporary				 		
	investments				İ		443.
	ends and interest from securities				l —		219.
• •	ental income or (loss) from real esta	ıte			_	·· -	
	financed property		<u>-</u> -	_			
	ebt financed property				1		
	ental income or (loss) from persona	Loronarhi		-	}		
	investment income	property					
	·			· · · · · · · · · · · · · · · · · · ·			
	or (loss) from sales of assets						
	than inventory		711120	1,723.	-		1,643.
	come or (loss) from special events profit or (loss) from sales of inven		/11120	1,123.	-		1,043.
102 Gross 103 Other		tur y			-	_	<u> </u>
					 -		
					-		
							
a					 		· -
e	(5) (5)			1 700			22 721
	otal (add columns (B), (D), and (E))	4.50		1,723.		0.	33,731.
	(add line 104, columns (B), (D), an			0.0		▶.	35, <u>454</u> .
	105 plus line 1d, Part I, should Relationship of Active				t Più	mases	
Line No	Explain how each activity for white						of the especialisticals
Tille No	exempt purposes (other than by				широг	taility to the accompassiment	or the organization 5
93	PROVIDE ACCESSI				ION	AL CULTURAL A	RTS
	PERFORMANCES TO						
	THE AREA AND PRO						
			•	-			
Part IX			<u>Subsidiar</u>		ed Er		
Name a	(A) ddress, and EIN of corporation,	(8) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of year
partn	ership, or disregarded entity	ownership intere	st	Maibro or bournios			assets
			%				
	N/A		%		_		
			%				
			%				
Part X	Information Regarding	ng Transfer	s Associa	ted with Personal	Ben	efit Contracts	
(a) Did t	the organization, during the year, re	ceive any funds, (directly or indi	rectly, to pay premiums on	a perso	onal benefit contract?	Yes X No
(b) Did t	the organization, during the year, pa	ıy premiums, dire	ctly or indirect	tly, on a personal benefit co	ntract?)	Yes X No

ripanying schedules a	and statements and	to the best of my know	ledge and belief, it is true	-
mation of which prep	arer has any knowl	edge filmportant See Ge	eneral Instruction W)	_/
11/12.	Thank	10/200	El- TIE	77
18/0-	MALK	VVOCAC	1300000	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

)(3) OMB No. 1545-0047

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

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2000

more than \$50,000 per week devoted to position p	number
(a) Name and address of each employee paid more than \$50,000 (b) Tirile and average hours per week devoted to position (c) Compensation (c) Co	
Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	Expense nt and othe wances
Over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
Over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
Over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter "None")	
	pensation
NONE	
-	
Total number of others receiving over \$50,000 for professional services D	

MANASSAS PERFORMING ARTS, INC.

Sci	hedule A (Form 990 or 990-EZ) 2000 DBA MANASSAS DANCE COMPANY 54-12	<u> 24459</u>	<u>0 P</u>	age 2			
P	eart III Statements About Activities		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?	1		X			
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities	_					
	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	l					
	the lobbying activities			i.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		ļ	<u>x</u> _			
a Sale, exchange, or leasing of property?							
h	Lending of money or other extension of credit?	2ь		X			
b Lending of money of other extension of cledit?							
C	c Furnishing of goods, services, or facilities?						
LV							
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?							
е	Transfer of any part of its income or assets?	2e	ļ	<u> </u>			
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions						
3	Does the organization make grants for scholarships, fellowships, student loans, etc?	3	<u> </u>	<u> </u>			
4 a Do you have a section 403(b) annuity plan for your employees?							
Ь	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in						
_	furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) Part IV Reason for Non-Private Foundation Status. (See pages 2 through 5 of the instructions.)	!					
5	e organization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)						
6							
7							
8							
9							
	and state						
10		v)					
	(Also complete the Support Schedule in Part IV-A.)	••,					
11							
•	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)						
11							
12							
	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							
	(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))						
	Provide the following information about the supported organizations (See page 5 of the instructions)	T					
	(a) Name(s) of supported organization(s)		e numl ods mc				
		 "		-			
	——···	1					
_							
_							
1.	4 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)	•••					
	Schedule A (Foi	ıw 880 ot	990-E7) 2000			

Schedule A (Form 990 or 990-EZ) 2000 DBA MANASSAS DANCE COMPANY

Pa	Note You may use the	e worksheet in the inst	ructions for converting	from the accrual to th	e cash method	of accou	nting
	ndar year (or fiscal year nning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
15	Gifts grants and contributions received (Do not include unusual grants See line 28.)	75,345.	40,771.	46,897.	9,4	08.	172,421.
16	Membership fees received	2,450.		5,982.			8,432.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	19,537.	16,350.	19,316.	14,7	96.	69,999.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,755,7					
19	Net income from unrelated business activities not included in line 18		766.	760.	1,5	09.	3,035.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			7,000		00.	
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			SEE STATEME 2,809.	NT 6 8,0	36	10,845.
23	Total of lines 15 through 22	97,332.	57,887.	75,764.	33,7		264,732.
24	Line 23 minus line 17	77,795.	41,537.	56,448.	18,9		194,733.
25	Enter 1% of line 23	973.	579·	758.		37.	1911,551
26	Organizations described on lines 10					26a	3,895.
ь	Attach a list (which is not open to pu				on (other than a		
	governmental unit or publicly suppo	rted organization) whose t	otal gifts for 1996 throug	th 1999 exceeded the am	ount shown		
	in line 26a. Enter the sum of all these	e excess amounts			▶	26b	
Ç	Total support for section 509(a)(1) to		• •		▶	26c	<u> 194,733.</u>
d	Add Amounts from column (e) for la	· · · · · · · · · · · · · · · · · · ·			<u>35.</u>		
		22	10,845. 26	ib	!	26d	13,880.
e	Public support (line 26c minus line 2	•				26e	180,853.
	Public support percentage (line 26)				Idua and I dead as a second	26f	92.8723%
27	Organizations described on line 12					-	•
	to public inspection) to show the nar (1999) N/A	(1998)	=	n, each aisquaimea perso (1997)		01 SUCH A (1996)	mounts for each year
ь	For any amount included in line 17 th	•		` '			for each year
	that was more than the larger of (1) individuals) After computing the diff excess amounts) for each year N	the amount on line 25 for erence between the amou	the year or (2) \$5,000 (Include in the list organiza	ations described in	lines 5 th	rough 11, as well as
	(1999)	(1998)		(1997)		(1996)	
c	Add Amounts from column (e) for le						
	17	20		21		27c	N/A
đ	Add Line 27a total	and I	ne 27b total		▶	27d	N/A
e	Public support (line 27c total minus	•		- 1 1	▶	27e	N/A
f g	Total support for section 509(a)(2) t Public support percentage (lin		•		N/A ►	270	N/A %
h	Investment income percentage	e (line 18, column (e) (numerator) divided b	y line 27f (denominat	or)) >	27h	N/A %
28	Unusual Grants For an organization	described in line 10, 11	or 12 that received any i	inusual grants during 199	36 through 1999 :	attach a lis	st (which is not open to

Schedule A (Form 990 or 990-EZ) 2000 DBA MANASSAS DANCE COMPANY

Part V Private School Questionnaire

_	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
7	instrument, or in a resolution of its governing body?	29		
)	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	2.5	<u> </u>	
•	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	100	_	
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		i 1	
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_		l
!	Does the organization maintain the following	_		
2		32a	 -	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
¢	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?	32d	<u> </u> _	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
3	Does the organization discriminate by race in any way with respect to) 	
a	Students' rights or privileges?	33a	<u></u>	
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	_33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e	<u> </u>	
f	Use of facilities?	_33f	<u> </u>	
9	Athletic programs?	33g_		
h	Other extracurricular activities?	33h	<u> </u>	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
a	Does the organization receive any financial aid or assistance from a governmental agency?	342	<u> </u>	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	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		

Schedule A (Form 990 or 990-EZ) 2000

Scl			SAS DANCE COMP					<u>54</u>	-12 <u>4</u> 4590	Page 5
P			ecting Public Chantie	S					4	_
_			nization that filed Form 5768)						<u>N/</u>	<u> </u>
		panization belongs to an affili								
Che		ecked "a" above and "limited mits on Lobbying E		<u> </u>			a)		(b)	- 411
		m "expenditures" means amo	•			1	d group tals		To be completed fi electing organiza	
		in expenditation interned and	out of modification		1	N/A	Δ.	_		
36	Total lobbying expenditures to	o influence public opinion (d	rassroots lobbying)		36	~~,	•			
37	Total lobbying expenditures to				37_					
38	Total lobbying expenditures (38					
39	Other exempt purpose expend	•			39					
40	Total exempt purpose expend				40					
41	Lobbying nontaxable amount	. Enter the amount from the	following table -							
	If the amount on line 40 is -	The lobbyir	ng nontaxable amount is -							
	Not over \$500 000	20% of the an	rount on line 40	٦						
	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 \$1,50	00 000 \$175 000 plus	10% of the excess over \$1 000 000	}	41					
	Over \$1 500 000 but not over \$17 0	000 000 \$225 000 plus	5% of the excess over \$1 500 000							
	Over \$17,000 000	\$1 000 000)						
	Grassroots nontaxable amou				42					
43	Subtract line 42 from line 36				43					
44	Subtract line 41 from line 38	Enter -0- if line 41 is more t	han line 38		44					
	Caution If there is an amo	vint on either line 43 or li	ne 44, you must file Form 47	20						
_	Oggitoti ii tiloto io tiri tirio	and on entire line 40 or in	no 44, you made mo t only th					-		
		•	4-Year Averaging Period Under	Section 5	01(h)					
	((Some organizations that ma	ade a section 501(h) election do	not have to	o comp	lete all of the fr	ve colum	ins		
		below See the in	structions for lines 45 through (50 on page	9 of th	e instructions)			<u> </u>	
			Lobbying Expendi	tures Durii	1g 4-Ye	ar Averaging I	Period		N/	7.
Cal	endar year (or	(a)	(b)	(c)			(d)		(e)	
	al year beginning in)	2000	1999	1998	3		1997		Total	
45	Lobbying nontaxable									•
	amount									<u> </u>
46	Lobbying ceiling amount (150% of line 45(e))									0.
47	Total lobbying								-	
71	expenditures									0.
48	Grassroots nontaxable	 	-							
	amount									0.
49	Grassroots ceiling amount									
	(150% of line 48(e))									0.
50	Grassroots lobbying									
	expenditures				-					0.
<u>P</u>			ting Public Charities							_
_		inly by organizations that did							N/.	<u> </u>
			onal, state or local legislation, inc	cluding any	attemp	ot to	Yes	No	Amount	
	uence public opinion on a legis	lative matter or referendum,	through the use of							
	Volunteers	aliada aagaa aagaataa is ahaa		h h)						
D	Media advertisements	овие сотпрепрацоп ит ехре	nses reported on lines c throug	·· <i>••</i>						
d	Mailings to members, legislat	ors or the nublic					-			
a e	Publications, or published or	•								
ſ	Grants to other organizations							-		
a	Direct contact with legislators	, •	ficials, or a legislative body							
h	-	=	s, lectures, or any other means							
ï	Total lobbying expenditures (. , , , , , , , , , , , , , , , , , , ,							0.
			a detailed description of the lot	bying acti	vities					
_						<u> </u>	Sch	edule	A (Form 990 or 990-	EZ) 2000

chedule Par <u>t</u>	A (Form 990 or 990-EZ) 2000 VII Information Reg Exempt Organiz	MANASSAS PERFORM DBA MANASSAS DA garding Transfers To and zations	NCE COMPANY		54-1244590 Page 6 nchantable
50 a Ti (i) b O (i) (ii) (ii) (v) c S d If	d the reporting organization d O1(c) of the Code (other than s ransfers from the reporting org i) Cash i) Other assets ther transactions i) Sales or exchanges of asse i) Purchases of assets from a i) Rental of facilities, equipme v) Reimbursement arrangeme v) Loans or loan guarantees ii) Performance of services or haring of facilities, equipment, the answer to any of the above	rectly or indirectly engage in any of the section 501(c)(3) organizations) or in ganization to a noncharitable exempt of the section to a noncharitable exempt organization and charitable exempt organization and organization and content assets	section 527, relating to poorganization of ization	litical organizations?	Yes No
_		nent, show in column (d) the value of (c) Name of noncharitable exe	the goods, other assets, or		
C	the organization directly or incode (other than section 501(c) "Yes," complete the following:		ne or more tax-exempt org	anizations described in section 501(c) of the Yes X No
	(a) Name of org) ganization	(b) Type of organization	(c) Description of	relationship

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Nar	ne of organization MANASSAS PERFORMING ARTS, INC. DBA MANASSAS DANCE COMPANY	Employer identification number 54-1244590				
						
Organization type (check one)-Section X 501(c)(3) ◀ (enter number) 527 or 4947(a)(1) nonexempt char						
A	Section 501(c)(7), (8), or (10) organizations-					
	Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the	year (But see General				
	rule below)	▶ □				
	Enter here the total gifts received during the year for a religious, charitable, etc., purpose > \$					

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990 EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990 EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule B (Form 990 or 990 EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990 EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed On Part I

Contributor includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1 6033-2(a)(2)(iii)(a))

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000) Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed Number each page of each Part

Part I in column (a), identify the first contributor listed as no 1 and the second contributor as no 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20 2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization MANASSAS PERFORMING ARTS, INC. DBA MANASSAS DANCE COMPANY

Employer identification number

54-1244590

Parti	Contributors		
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	- -	\$ <u>7,500.</u>	Individual X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
2	- - -	\$29,868.	Individual X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>	- -	\$12,600.	Individual X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
4	- -	\$6,000.	Individual X Payroll Noncash (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(ď) Type of contribution
5	- -	s5,000.	Individual X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>	-	\$ <u>12,600.</u>	Individual X Payroll

		-		
Schedule	B (Form	990 or	990	EZ)(2000)

Page 2 to 2 of Pert I

Name of organization
MANASSAS PERFORMING ARTS, INC.
DBA MANASSAS DANCE COMPANY

Employer identification number

54-1244590

Part I	Contributors		
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7	——————————————————————————————————————	\$ <u>10,000.</u>	Individual X Payroll Noncash (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
8		\$ <u>15,962.</u>	Individual Payroll Noncash X (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
9		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
10		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
11		\$	Individual Payroll Noncash Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
12		\$	Individual Payroll Noncash Complete Part II if a noncash contribution)

MANASSAS PERFORMING ARTS, INC. DBA MANASSAS DANCE COMPANY

54-1244590

Part II	Noncash Property		
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8			
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		 \$	

FORM 990	SPECIAL EVE		STATEMENT 1			
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSE		E
VIDEO SALES, CONCESSION SALES PROGRAM ADVERTISING	6,116. 11,850.		6,116. 11,850.	4,473 10,123		
TO FM 990, PART I, LINE	17,966.		17,966.	14,600	3,360	
FORM 990 OTHER CHA	ANGES IN NET	ASSETS OR F	UND BALANC	es s	STATEMENT	2
DESCRIPTION				-	AMOUNT	
LOSS ON MARKET VALUE-INVI	ESTMENT				-2,2	85.
TOTAL TO FORM 990, PART	I, LINE 20			_	-2,2	85.
FORM 990	· · · · · · · · · · · · · · · · · · ·	ER EXPENSES			-2,2	85. 3
	· · · · · · · · · · · · · · · · · · ·	(B)	(C)			
	ОТНІ	·	MANAGE	MENT	STATEMENT	3
FORM 990	OTHI (A)	(B) PROGRAM	MANAGEI AND GEI	MENT	STATEMENT (D)	3
FORM 990 DESCRIPTION CONTRACTUAL SERVICES	OTHI (A) TOTAL	(B) PROGRAM SERVICES	MANAGEI AND GEI	MENT	STATEMENT (D)	3
DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND	OTHI (A) TOTAL 91,205. 19,277. 3,945.	(B) PROGRAM SERVICES 91,20 19,27 3,94	MANAGEI AND GEI 5. 7.	MENT	STATEMENT (D)	3
DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES	OTHI (A) TOTAL 91,205. 19,277.	(B) PROGRAM SERVICES 91,20	MANAGEI AND GEI 5. 7.	MENT	STATEMENT (D)	3
FORM 990 DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES ADVERTISING	OTHI (A) TOTAL 91,205. 19,277. 3,945.	(B) PROGRAM SERVICES 91,20 19,27 3,94	MANAGEI AND GEI 5. 7.	MENT	STATEMENT (D)	3
FORM 990 DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES ADVERTISING MUSIC DIRECTOR	OTHI (A) TOTAL 91,205. 19,277. 3,945. 4,000. 2,373.	(B) PROGRAM SERVICES 91,20 19,27 3,94 4,00	MANAGEN AND GEN 5. 7. 5. 0.	MENT	STATEMENT (D)	3
FORM 990 DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES ADVERTISING MUSIC DIRECTOR UTILITIES AND TELEPHONE ARTIST RECEPTION	OTHI (A) TOTAL 91,205. 19,277. 3,945. 4,000. 2,373. 1,480.	(B) PROGRAM SERVICES 91,20 19,27 3,94 4,00 1,78 1,48	MANAGEN AND GEN 5. 7. 5. 0.	MENT NERAL	STATEMENT (D)	3
DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES ADVERTISING MUSIC DIRECTOR UTILITIES AND TELEPHONE ARTIST RECEPTION GUEST ARTIST FEE	OTHI (A) TOTAL 91,205. 19,277. 3,945. 4,000. 2,373.	(B) PROGRAM SERVICES 91,20 19,27 3,94 4,00	MANAGEN AND GEN 5. 7. 5. 0.	MENT NERAL	STATEMENT (D)	3
FORM 990 DESCRIPTION CONTRACTUAL SERVICES PRODUCTION AND COSTUMES ADVERTISING MUSIC DIRECTOR UTILITIES AND TELEPHONE ARTIST RECEPTION	OTHI (A) TOTAL 91,205. 19,277. 3,945. 4,000. 2,373. 1,480.	(B) PROGRAM SERVICES 91,20 19,27 3,94 4,00 1,78 1,48	MANAGEI AND GEI 5. 7. 5. 0. 0.	MENT NERAL	STATEMENT (D)	3

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS,

STATEMENT 5

FORM 990	STATEMENT OF	ORGANIZATION' PART	EXEMPT	PURPOSE	STATEMENT	4
						

EXPLANATION

PROVIDE ACCESSIBLE AND AFFORDABLE PROFESSIONAL CULTURAL ARTS PERFORMANCES TO THE GENERAL PUBLIC

	D KEY EMPLOYEES			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
AMY GRANT WOLFE 9004 MATHIS AVENUE MANASSAS, VA 20110	ARTISTIC DIRECT		0.	0.
CAROL M. KIRBY 9210 WEST STREET MANASSAS, VA 20110	PRESIDENT 1	0.	0.	0.
DR. MARVIN GILLUM 9113 CHURCH STREET MANASSAS, VA 20110	VICE PRESIDENT 1	0.	0.	0.
AMY L. KELTZ 2000 L STREET, NW, SUITE 717 WASHINGTON, DC 20036	SECRETARY 1	0.	0.	0.
SHERYL BASS 8563 YODER STREET MANASSAS, VA 20110	TREASURER 1	0.	0.	0.
WENDY C. AULT, MD 9384A FORESTWOOD LANE MANASSAS, VA 20110	DIRECTOR 1	0.	0.	0.
ANDREW S. P. CALVERT 8626 CENTREVILLE RD, SUITE 101 MANASSAS, VA 20110	DIRECTOR 1	0.	0.	0.
LINDA DANIEL, MD 601 COUNTRY CLUB ROAD CULPEPER, VA 22701	DIRECTOR 1	0.	0.	0.

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MANASSAS, PERFORMING ARTS, INC	C. DBA MANAS	3		54	-1244590
JOHN P. GREZEJKA 9027 CENTER STREET MANASSAS, VA 20110	DIRECTO 1	DR	0.	0.	0.
TRACY C. HUDSON 9403 GRANT AVENUE MANASSAS, VA 20110	DIRECTO 1	DR	0.	0.	0.
MARK HOLCOMB 9600 GODWIN DRIVE MANASSAS, VA 20110	DIRECTO 1	DR	0.	0.	0.
NANCY H. INGRAM 9312 MATHIS AVENUE MANASSAS, VA 20110	DIRECTO 1	DR	0.	0.	0.
HARRY PARRISH, II 9009 CENTER STREET MANASSAS, VA 20110	DIRECTO 1)R	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V		6,000.	0.	0.
SCHEDULE A	OTHER IN	ICOME		STATE	MENT 6
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT		1996 MOUNT
FUNDRAISING	-		2,8	09.	8,036.
TOTAL TO SCHEDULE A, LINE 22			2,8	09.	8,036.