Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection For the 2014 calendar year, or tax year beginning 2014, and ending C Name of organization D Employer identification number Check if applicable: USA Dance Inc. Address change Doing business as 54-1429409 Number and street (or P.O. box if mail is not delivered to street address) Telephone number Name change Initial return 7004 E Broadway Avenue (813) 833-8969 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ 1,959,293 Amended return 33619-1831 Tampa F Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) No Scott Coates 7004 East Broadway Ave Tampa FL 33619-1831 Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Website: ▶ USADance.org H(c) Group exemption number X Corporation Other > M State of legal domicile: Form of organization: Association L Year of formation: 1984 Part I Briefly describe the organization's mission or most significant activities: To Promote ballroom dancing as an amateur sport locally, nationally, and internationally; To Governance conduct national championships; Select representatives for US Teams abroad; Produce and distribute a bi-monthly national magazine & newsletter if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 16 Number of independent voting members of the governing body (Part VI, line 1b) . 4 16 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . 5 3 Total number of volunteers (estimate if necessary) 6 00 Total unrelated business revenue from Part VIII, column (C), line 12. 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 230,565 183,695. 090,376 720,083. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 939 381. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55,134. 11 49,083 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2.370.963 1,959,293. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 131,334. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 77,294 75,766. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 2,373,418 2,684,116. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,450,712 2,891,216. Revenue less expenses. Subtract line 18 from line 12 -79,749. -931,923. 19 End of Year 0 00 Beginning of Current Year 20 Total assets (Part X, line 16) 2,093,131 1,394,914. 21 Total liabilities (Part X. line 26) 254,847. 79,572. Net assets or fund balances. Subtract line 21 from line 20 1,838,284 1,315,342. 22 Part II Signature Block 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. 03/24/16 Signature of officer Date Sign Here National Treasurer Scott Coates Type or print name and title. PTIN Print/Type preparer's name Check self-employed P00092759 Paid Krusoe Reynolds Associates, Preparer & P.A. Firm's name Use Only Suite 200 Firm's EIN ▶ 59-3302921 Firm's address 5033 W Laurel St Tampa FL 33607 Phone no. (813)443-2112

No

Yes

Form 990 (2014) USA Dance, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
â	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
ď	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
ď	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) USA Dance, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2014)

BAA

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 8	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)?	4 a		Х
t	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
t	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
٠	services provided to the payor?	7 a	X	
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		1	
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
ä	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 8	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ł	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2014) USA Dance, Inc. 54-1429409 Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 8 h **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Χ h If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X operations are consistent with the organization's exempt purposes?......... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ 13 X 13 Did the organization have a written whistleblower policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Х Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20

7004 E Broadway Avenue

Scott Coates

33619

(813) 833-8969

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)							
(A) Name and Title	(B) Average hours per	than	one i both dire	(do not check more box, unless person an officer and a ector/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) Estimated ount of other opensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or ar	rpensation from the ganization nd related ganizations
(1) Yang Chen Nat President		Х		Х				0.	0.		0.
(2) Shawn Fisher Sr Vice President		Х		Х				0.	0.		0.
(3) Greg Warner Nat Secretary		Х		Х				0.	0.		0.
(4) Michael Brocks Nat Treasurer		X		Х				0.	0.		0.
(5) Ken Richards VP DanceSport		Х		Х				0.	0.		0.
(6) Jean Krupa VP Social Dance		Х		Х				0.	0.		0.
_(7) Marta Pascale Chaper Liason		Х						0.	0.		0.
		Х						0.	0.		0.
(9) James DICessa Member Services		Х						0.	0.		0.
(10) Angela Prince Public Relations		Х						0.	0.		0.
(11) Ann Durocher Development		Х						0.	0.		0.
(12) Hannah Cole College Network		Х						0.	0.		0.
(13) Inna Brayer DS Delegate		Х						0.	0.		0.
(14) Scott Coates DS Delegate		Х						0.	0.		0.

Part VII Section A. Officers, Directors, Tre	75000000	ney		0.000	1000000	es,	and	a riignest Con	ipensated Emp	oyee	S (conti	nued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	heck ss pe nd a c	ition more rson i	than or the structure of the structure o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	org	(F) Estimated ount of other other of the ganization of related ganizations	n
(15) Roger Greenwalt DS Delegate		Х						0.	0.			0.
Champ Voting Delegate (17)		Х						0.	0.			0.
<u>(18)</u>												
(19)												
(20)												
(21)												
(23)												
<u>(24)</u>												 -
(25)												
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, Section							▶					
d Total (add lines 1b and 1c)								0.	0.	nono	otion	0.
2 Total number of individuals (including but not limited from the organization	i to those	iistea	abo	ive)	WHO	rece	ivec	i more than \$100,0	oo or reportable con	iperisa	HOII	
- Iron the organization											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	or trustee	e, key	em _l	ploy 	ee,	or hig	hes	t compensated em	ployee	. 3		Х
4 For any individual listed on line 1a, is the sum of represented the organization and related organizations greater the such individual	nan \$150,	000?	If 'Y	es' (com	olete	Sch	nedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c	ompensat omplete S	ion fr	om a	any i	unre suc	lated h per	org son	anization or individ	lual 	. 5		X
1 Complete this table for your five highest compensation from the organization. Report compe	ed indepe nsation fo	nden r the	t cor	ntrac	ctors	that ar end	rece	eived more than \$1 with or within the	00,000 of organization's tax year	ar.		
(A) Name and business address (B) Description of services (C) Compensation									n			
none												
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	iose	liste	ed abo	ove) who received mor	re than			
# 100,000 of compensation from the organization									1900	-	Charles and the Control of the Contr	100000000000000000000000000000000000000

Part VIII Statement of Revenue

		Check in Schedule O Contains	a response or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1 a	Federated campaigns	1a 130,736.				
irar	b	Membership dues	1b 52,959.				
s, G	C	Fundraising events	1 c				
Gift	d	Related organizations	1 d				
imi	е	Government grants (contributions)	1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
i di di	g	Noncash contributions included in lines	1a-1f: \$				
a So	h	Total. Add lines 1a-1f		183,695.			
ne			Business Code				
Program Service Revenue	2 a	Admissions	713990	1,537,726.	1,537,726.	0.	0.
Re		Fundraising/Sales		94,394.	94,394.	0.	0.
/ice		Dues		52,959.	52,959.	0.	0.
Sen	d	Advertising		34,145.	34,145.	0.	0.
E	е	Subscriptions	713990	859.	859.	0.	0.
ogre	f	All other program service revenue	e	0.	0.	0.	0.
Pr	g	Total. Add lines 2a-2f		1,720,083.		j.	Ŭ.
	3	Investment income (including div	idends, interest and	, , , , , , , , , , , , , , , , , , , ,			
		other similar amounts)		381.	381.	0.	0.
	4	Income from investment of tax-ex					
	5	Royalties					
	_		Real (ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	curities (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	curiues (ii) Other				
		,					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)	>				
ne		Gross income from fundraising ev					
/en		(not including\$	<u>(c)</u>				
Rel		See Part IV, line 18	16.1				
Other Revenu	h	Less: direct expenses					
Ĭ,		Net income or (loss) from fundrais					
0		Gross income from gaming activit See Part IV, line 19	ties.				
	h	Less: direct expenses					
		Net income or (loss) from gaming					
		Gross sales of inventory, less returned allowances	a				
		Net income or (loss) from sales or					
		Miscellaneous Revenue	Business Code				
	11a			EE 124	EE 104		
	b	Misc	113330	55,134.	55,134.	0.	0.
	c						
	d	All other revenue					
		Total. Add lines 11a-11d		55,134.			
		Total revenue. See instructions	2/ 5/ 1/	1,959,293.	1,775,598.	0.	0
 '				-10001600.	±11101000	U.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a res	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic		expenses	general expenses	expenses
	organizations and domestic governments. See Part IV, line 21	131,334.	131,334.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	69,945.	24,230.	45,715.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,7313.	21,2001	10,7110.	0.
9	Other employee benefits				
10	Payroll taxes	5,821.	2,209.	3,612.	0.
11	Fees for services (non-employees):				
a	Management	1,205.	0.	1,205.	0.
	Legal	1/2001	· ·	1/200.	
	Accounting	51,237.	0.	51,237.	0.
17.5	Lobbying	31,237.	0.	31,237.	0.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11q amt exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	77,758.	77,758.	0.	0.
12	Advertising and promotion	88,141.	88,141.	0.	0.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,700.	0.	4,700.	0.
17	Travel	172,171.	172,171.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,765.	14,831.	4,934.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	40,905.	37,990.	2,915.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Dance Programs & Events	943,047.	943,047.	0.	0.
	Printing	88,561.	88,561.	0.	0.
	Supplies	111,500.	103,973.	7,527.	0.
	Equip Rental	135,976.	135,976.	0.	0.
	All other expenses	949,150.	949,150.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	2,891,216.	2,769,371.	121,845.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			·	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,005,643.	1	1,380,030.
	2	Savings and temporary cash investments	•	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,944.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
				6	
Assets	7	Notes and loans receivable, net	·	7	
58	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	55,544.	9	14,884.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	0.	10 c	0.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,093,131.	16	1,394,914.
	17	Accounts payable and accrued expenses	2,557.	17	0.
	18	Grants payable		18	
	19	Deferred revenue	242,284.	19	67,282.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,006.	25	12,290.
	26	Total liabilities. Add lines 17 through 25	254,847.	26	79,572.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete			
es		lines 27 through 29, and lines 33 and 34.			
ů	27	Unrestricted net assets	1,837,334.	27	1,312,842.
a	28	Temporarily restricted net assets	950.	28	2,500.
d B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,838,284.	33	1,315,342.
Z	34	Total liabilities and net assets/fund balances	2,093,131.	34	1,394,914.
BA	A				Form 990 (2014)

		54-14	429409		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,9	59,2	93.
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,8	91,2	16.
3	Revenue less expenses. Subtract line 2 from line 1		3		31,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4	1,8	and the same	
5	Net unrealized gains (losses) on investments	[5			
6	Donated services and use of facilities	[6			
7	Investment expenses		7			
8	Prior period adjustments	[8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	• • 1	10	9	06,3	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. Г
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a				
1	b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis					

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

If the organization changed either its oversight process or selection process during the tax year, explain

in Schedule O.

X

Χ

2 c

3 a

3 b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

USA	Dance, Inc.					54-142940	
Part	Reason for Public Cha	arity Status (All or	ganizations must co	mplete	this p	art.) See instruction	ıs.
The or	rganization is not a private founda	tion because it is: (For	lines 1 through 11, check	only on	e box.)		
1	A church, convention of churc	hes, or association of o	churches described in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)				
3	A hospital or a cooperative ho	spital service organizat	tion described in section	170(b)(1)(A)(iii)		
4	A medical research organizati	on operated in conjunc	tion with a hospital descr	ibed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's
	name, city, and state:						
5	An organization operated for t	Part II.)					in section
6	A federal, state, or local gover					A	
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)	4 5	governn	nental ur	nit or from the general pu	ıblic described
8	A community trust described i	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	X An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	empt functions — subje sted business taxable in 69(a)(2). (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) i tax) from	no more busines	than 33-1/3% of its supp sses acquired by the org	oort from gross
10	An organization organized and	d operated exclusively	to test for public safety. S	See sect	ion 509	(a)(4).	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	anizations described in	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	rposes of one Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its so t a majority of the directo	ipported ors or tru	organiz stees of	ation(s), typically by giving the supporting organization.	ng the supported tion. You must
b	Type II. A supporting organization management of the supporting must complete Part IV, Section 11.	g organization vested ir	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having the supported organiz	control or ation(s). You
С	Type III functionally integral organization(s) (see instruction	t ed. A supporting orgar ns). You must compl e	nization operated in conn ete Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported
d	Type III non-functionally integrated. The or instructions). You must comp	ganization generally m	ust satisfy a distribution i	connecti equirem	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see
е	Check this box if the organiza integrated, or Type III non-fun	tion received a written of ctionally integrated sup	determination from the IF oporting organization.	RS that is	a Type	I, Type II, Type III functi	onally
107.0	Enter the number of supported or						
g	Provide the following information	about the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u>(B)</u>							
(C)							
(D)							
<u>(E)</u>							
Total							

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

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

_								
Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							al .
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			1	2	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		▶ 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 201	4 (line 6, column (f) divided by line 11	, column (f))		1	4	%_
15	Public support percentage from 20)13 Schedule A, Pa	art II, line 14			1	5	%
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and the nization	he line 14 is 33-1/3	% or more, che	eck this bo	ox ▶ □
	33-1/3% support test — 2013. If t and stop here. The organization of	qualifies as a public	cly supported orga	nization				ox ▶ □
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exc	lain in Part VI i	now	▶ 🗍
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	and stop here. Exp olicly supported org	lain in Part VI l anization	now the	▶ 🔲
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instru	ctions .	▶ 📗

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

oec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	801,836.	777 477	701 472	704 701		2 106 040
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	801,836.	777,477.	701,473.	784,721.	130,735.	3,196,242.
	Gross receipts from activities that are not an unrelated trade or business under section 513.	2,538,444.	2,524,294.	2,406,877.	1,508,755.	1,537,726.	10,516,096.
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	3,340,280.	3,301,771.	3,108,350.	2,293,476.	1,668,461.	13,712,338.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						13,712,338.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	3,340,280.	3,301,771.	3,108,350.	2,293,476.	1,668,461.	13,712,338.
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,607.	3,249.	2,796.	939.	380.	14,971.
	Add lines 10a and 10b	7,607.	3,249.	2,796.	939.	380.	14,971.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,560.	8,114.	13,771.	95,863.	55,134.	177,442.
							13,904,751.
14	First five years. If the Form 990 is organization, check this box and s						▶∏
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 201	4 (line 8, column (f) divided by line 13	3, column (f))		15	98.62 %
	Public support percentage from 20						98.93 %
	tion D. Computation of Inv						
17	Investment income percentage for	2014 (line 10c, co	lumn (f) divided by	line 13, column (f))	17	0.11 %
							0.17 %
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the						
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organizatio	n ▶ 📗

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below	3a		
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
ı	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 ;	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
ı	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
	gover	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	b A fam	nily member of a person described in (a) above?	11b		
	c A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
1	or ele Part \ If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint not at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in WI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec		C. Type II Supporting Organizations			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at less during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 📙 T	the organization satisfied the Activities Test. Complete line 2 below.			
	b 📙 T	the organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌 T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
	b Did th the or the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? Provide details in Part VI	3a		
	b Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novemb tions A	er 20, 1970. See instru through E.	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
- 0	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type		
BAA			Schedule A (Fr	orm 990 or 990-FZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)					
Sec	tion D – Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpose	es						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,						
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI). See instructions								
7								
8	de details							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)							
3	Excess distributions carryover, if any, to 2014:							
а								
b								
С								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
_	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7	Excess distributions carryover to 2015. Add lines 3j and 4c							
8	Breakdown of line 7:							
a								
b								
С								
d	Excess from 2013							
е	Excess from 2014							

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10 Other Income Part III, Line 12 Description: Misc 2010: 4560. 2011: 8114. 2012: 13771. 2013: 95863. 2014: 55134.

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer Identification number USA Dance, Inc. 54-1429409 Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 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. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious. charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because

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

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

it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1	of	1	of Part
Name of organization	Employe	r identific	ation n	umber	
USA Dance, Inc.	54-1	42940	9		
Part I Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed					

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Borbala Bunnet 733 Mediteranean Lane Redwood City CA 94065	\$4 <u>.</u> 050.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	USA Dance, Inc.	E4 1420400	
Par		54-1429409	
r ai	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	ounts.	
	(a) Donor advised funds (b) Fu	unds and other accou	nts
1	Total number at end of year	The sing said decou	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds		_
	are the organization's property, subject to the organization's exclusive legal control?	· · · · L Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	· · · · Yes	No
Par	t II Conservation Easements.		
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	important land area	
	Protection of natural habitat Preservation of a certified his	storic structure	
	Preservation of open space		
2		rvation easement on	the
	last day of the tax year.	eld at the End of the	Tay Voar
	a Total number of conservation easements	ela at the Life of the	Tax Teal
	o Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in (a) 2 c		
	15 A		
c	1 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat tax year ►	ion during the	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?		No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	it, and balance sheet, ation's accounting for	and
	conservation easements.		
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Sim Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	illar Assets.	+
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of in Part XIII, the text of the footnote to its financial statements that describes these items.	palance sheet works of public service, provid	of de,
ł	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	olic service, provide th	t, ne
	(i) Revenue included in Form 990, Part VIII, line 1	▶\$	
	(ii) Assets included in Form 990, Part X	▶\$	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
	a Revenue included in Form 990, Part VIII, line 1	▶\$	
	Assets included in Form 990 Part Y	> 5	

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (cc	ntinu	ed)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check	any of the following that a	re a significant use of its	collection	on	
a Public exhibition	d Loan o	or exchange programs				
b Scholarly research	e Other					
c Preservation for future generations	_					
 Provide a description of the organization's collect Part XIII. 	tions and explain how the	y further the organization'	s exempt purpose in			
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maintain	ined as part of the organi	zation's collection?		Yes		No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	nents. Complete if the form 990, Part X, line	ne organization answ e 21.	ered 'Yes' to Form	990, P	art IV	,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?			ts not included	Yes		No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following tal	ole:				
				Amount		
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance				1		T
2 a Did the organization include an amount on Form				Yes	-	No
b If 'Yes,' explain the arrangement in Part XIII. Che	eck here if the explanation	has been provided in Par	t XIII		· · L	_
Bart V Fredering and Friends Complete if	the erganization and	wared 'Vaa' ta Form (000 Part IV line 10			
Part V Endowment Funds. Complete if				1.00000000	Ur voore	hack
(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) F0	ur years	Dack
1 a Beginning of year balance b Contributions					-	
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance				l		
2 Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) held as:				
a Board designated or quasi-endowment						
b Permanent endowment ►						
c Temporarily restricted endowment						
The percentages in lines 2a, 2b, and 2c should e	equal 100%.					
3 a Are there endowment funds not in the possessic organization by:					Yes	No
(i) unrelated organizations				3a(i)		
(ii) related organizations				3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations list	ed as required on Schedu	ıle R?		3b		
4 Describe in Part XIII the intended uses of the org	ganization's endowment fo	unds.				
Part VI Land, Buildings, and Equipmen Complete if the organization answ		90. Part IV. line 11a.	See Form 990. Pa	rt X. lir	ne 10.	
Description of property					ook va	
10400-00-000	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u) L		
1 a Land						
b Buildings					4-	
c Leasehold improvements	4 576		4 570		_	^
d Equipment			4,579.		-	0.
e Other.		(D) line 40- \			-	
Total. Add lines 1a through 1e. (Column (d) must equ	aı ⊢orm 990, Part X, coluı	mn (B), line 10c.)		ıle D (Fo	orm 990	0.
DAA						

Schedule D (Form 990) 2014 USA Dance, Inc.		54-1429409	Page 3
Part VII Investments – Other Securities. Complete if the organization answered "	Yes' to Form 990. Pa	art IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related.	/oo' to Form 000 Do	ant IV line 11e Coe Form 000 Best V line 10	
(a) Description of investment type	(b) Book value	art IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market val	 lue
(1)	• or Constitution of Table	, , , , , , , , , , , , , , , , , , ,	
(2)			
_ (3)			
(4)			
(7)			
(8)			
(9)			
(10)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered '		art IV, line 11d. See Form 990, Part X, line 15.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered '\((a) Des	es' to Form 990, Participation	art IV, line 11d. See Form 990, Part X, line 15.	ıe
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered '\((a) Des (1)		art IV, line 11d. See Form 990, Part X, line 15.	ie
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered '\((a) Des		art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu	ie
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered '\ (a) Des (1) (2) (3) (4)		art IV, line 11d. See Form 990, Part X, line 15.	ie
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '\((a) \) Des (1) (2) (3) (4) (5)		art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu	le
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '\((a) \) Des (1) (2) (3) (4) (5) (6)		art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu	JIE
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '\((a) \) Des (1) (2) (3) (4) (5) (6) (7) (8)		art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '\((a) \) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)		art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu	le
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '\((a) \) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered '\(\) (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 13.).	ine 15.)	(b) Book valu	Ie
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part X, column (B) line 13.) Part IX Other Assets. (a) Description (b) Description (Column	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part X, column (B) line 13.) Part IX Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part X, column (B) line 13.) Part IX Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X Other Liabilities.	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part X, column (B) line 13.) Part IX Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), line 13.) Part X	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 1 (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 1 (a) Description of liability (1) Federal income taxes (2) Misc (3) (4)	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), In Federal income taxes (2) Misc (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	ine 15.)	(b) Book valu	Je
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 1.00 percent in the organization of liability (1) Federal income taxes (2) Misc (3) (4) (5) (6)	ine 15.)	(b) Book valu	JIE
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' (a) Destination (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) Misc (3) (4) (5) (6) (7) (8)	ine 15.)	(b) Book valu	ue
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	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2 e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1
1 2		
2	Total expenses and losses per audited financial statements	
2 a	Total expenses and losses per audited financial statements	
2 a b	Total expenses and losses per audited financial statements	
2 a b	Total expenses and losses per audited financial statements	
2 a b c	Total expenses and losses per audited financial statements	
2 a b c	Total expenses and losses per audited financial statements	1
2 a b c d e 3 4	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a	1
2 a b c d d e 3 4 a b	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 4b	1 2 e 3
2 a b c d e 3 4 a b c c	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) 4a Other (Describe in Part XIII.) Add lines 4a and 4b.	1 2 e 3 4 c
2 a b c d a b c c 5	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 4b	1 2 e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

USA Dance, Inc.

Employer identification number

54-1429409

See Statement re Line 11b

Pt VI, Line 6 Members only

Pt VI, Line 7a Members elect Officers

Pt VI, Line 8b Minutes of all meetings are taken and released thereafter to members.

During regularly held GC meetings, written policies were provided, discussed and reviewed. Often signatures were collected to ensure the mandate was followed.

Pt VI, Line 12c mand

Not applicable as there is no compensation paid.

Pt VI, Line 15b

Pt VI, Line 15a

Not applicable as there is no compensation paid.

Pt VI, Line 6

See statement regarding late filing for details.

Statement Regarding Late Filing of 990

USA Dance, Inc. (previously known as USABDA) has been in existence since before 1984. It is a 501(c)(3) Corporation. Esther Freeman, the past National Treasurer (NT) has been involved in the organization for about 20 years and has served as a volunteer in all four officer positions. During that time all income returns, to the best of her knowledge, have been timely filed.

At year end 2013, she retired from the NT position when the organization elected a new slate of officers. At that time three of the four corporate officer positions were newly elected with only one corporate officer having served for several months during the previous administration. This resulted in an inexperienced team to manage USA Dance. The newly elected president then replaced existing appointed directors with new inexperienced directors. This left the new Governing Council (GC) with very little if any institutional knowledge.

The newly elected NT was Michael J Brocks, a CPA (License # CA012242L) from Sewickley, PA. Existing policy mandated that the NT spend no money for outside assistance that was not included in the GC approved 2014 Budget or without receiving prior GC approval.

As was found out through our forensic accounting, within the first month of taking office he wrote checks to himself and his firm without any approval. He continued to write checks and make cash withdrawals well into 2015 (total is over \$150,000). Past records were moved to PA at the new NT's request and he wrote checks to himself for storage before the records even arrived. This was clearly against the organization's conflict of interest policy. Being a CPA, he certainly should have understood the policies and procedures of the organization. An investigation into this matter is under way by the GC and their insurance carrier.

The new NT, Michael Brocks was in charge of arranging for an outside

Name of the organization
USA Dance, Inc.

Employer identification number

54-1429409

audit of the books but never made such an arrangement. He was also in charge of overseeing preparation of the federal income tax return Form 990. He filed the first extension timely, however he did not file the second extension nor did he notify anyone that it needed to be done. Two GC members repeatedly asked for full disclosure since the audit was past due including sending a registered letter in June of 2015 to the new President, Yang Chen. Mr. Chen forwarded the letter to Michael Brocks. Upon receipt of the letter, Michael Brocks resigned verbally. However, it took Mr. Chen eight weeks to negotiate Mr. Brocks' resignation during which time the NT continued to control the finances.

In a GC meeting held on September 12, 2015, GC members were presented with a QuickBooks's (QB) report informing them of the possible inappropriate handling of USA Dance funds. The GC gave Mr. Chen a brief period of time to work with Mr. Brocks to try to clean up the situation. Mr. Chen was not successful and before year end the two remaining officers Yang Chen, President and Greg Warner, Senior Vice President both resigned.

An interim NT, Scott Coates, was appointed and upon receiving the QB's file engaged an auditor to prepare the 2014 audit and to file the form 990. He then immediately retained the prior NT, Esther Freeman to assist with financial reporting. Meanwhile the new auditors looked at the condition of the books and determined that an audit with a clean opinion was impossible, Mr. Brocks had taken an elaborate QB's system painstakingly set up for financial statement and income tax reporting over the last 10 years and effectively destroyed it. Accounts were merged, deleted and changed.

Once it was found out that the second extension for the Form 990 had not been filed. it was decided that the books should be put into the best condition possible under the circumstances. Filing the tax return was impossible due to the condition of the books so Ms. Freeman then began the painstaking process of reconstructing the records as best as possible.

At the end of January 2016 she completed the process to the best of her ability and turned the information over to the interim NT whom met with the auditors. The auditors started on the audit in order to make sure the data was auditable. After making a favorable determination, the accountants switched gears to work on the Form 990. The audit will be completed after the Form 990 is filed.

Esther Freeman is now working on the books for 2015 in order to ensure timely filing of the 2015 Form 990 as well as timely completion of the 2015 audit. New financial oversight steps are being discussed and finalized.

The late filing was due to reasonable cause since the books were in such a condition the they needed to be redone in order to file the best possible complete and accurate return.

Based on the above facts and circumstances presented herein we respectfully request relief from any penalty assessment.

Schedule	O (F	orm	990	or	990	-EZ)	2014
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Page 2

Name of the organization		Employer Identification number
USA Dance, Inc.		54-1429409
	ade under penalties of pe of my knowledge.	This statemen erjury and is complete and accurate to the
	National Treasurer	Date
	Scott Coates	

Pt VI, Line 11b

USA Dance, Inc. 54-1429409 1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

conduct national championships; Select representatives for US Teams abroad;
Produce and distribute a bi-monthly national magazine & newsletter

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Florida
Virginia
California
Connecticut
District of Columbia
Georgia
Hawaii
Illinois
Kansas
Kentucky
Maryland

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Awards	28,568.	28,568.	0.	0.
Contributions	38,246.	38,246.	0.	0.
Judges, Lessons, Workshops	717,455.	717,455.	0.	0.
All Other Exp	164,881.	164,881.	0.	0.