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Form	990
Form	330

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

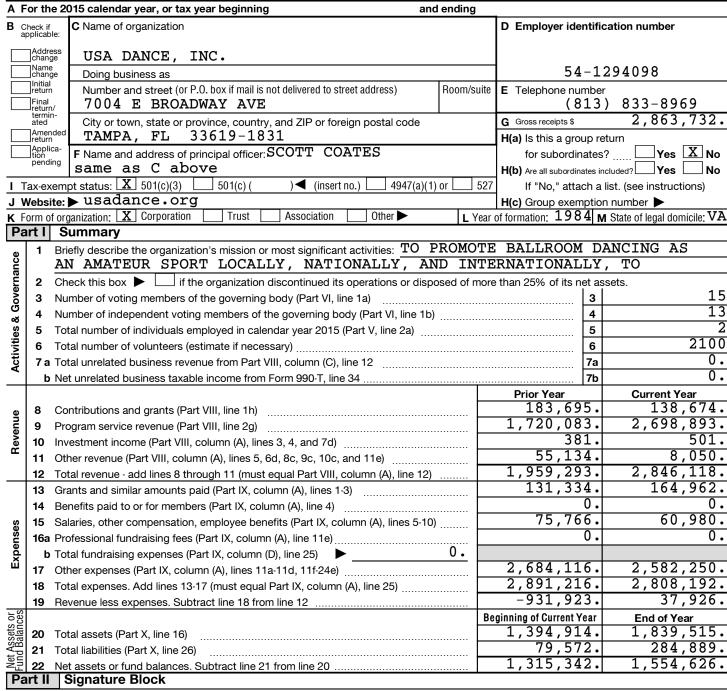
Open to Public

Inspection

5

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.



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

Sign Here	Signature of officer SCOT'T COATES, TREASURE Type or print name and title	R	Date	
Paid	Print/Type preparer's name MONTE WILLIAMS	Preparer's signature	Date	Check PTIN if self-employed P00033826
Preparer		LC	Firm's	sEIN 20-4749363
Use Only	Firm's address 839 ALDER CREEK	DR.		-
	MEDFORD, OR 9750	4	Phon	e no.(541)779-7641
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
532001 12-*	16-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2015)

See Schedule O for Organization Mission Statement Continuation

0-	2		81621
532002 12-16-		Form	<b>990</b> (201
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ▶ 2,607,913.	)	
4d	Other program services (Describe in Schedule O.)	```	
-	, (, , , , ,), (, , , , , , , , , , , , , , , , , ,	·	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	nue \$	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
	EVENTS, PROMOTE CHAPTER FORMATION, INTRODUCE THE PUBLIC, CHILDREN, TO THE HEALTH BENEFITS OF BALLROOM DANCING.	ADULTS AND	
	ABROAD, PRODUCE AND DISTRIBUTE MONTHLY NATIONAL MAGAZIN NEWSLTTERS WITH EMPHASIS ON CHARITABLE PROGRAMS, SPONSO	OR AND CONDUC	'T
14	CONDUCT NATIONAL CHAMPIONSHIPS, SELECT REPRESENTATIVES	FOR U.S. TEA	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,607,913. including grants of \$ 164,962.) (Reve	nue \$ 2,699,	394.
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants and allocations to other services are required to report the amount of grants are re	• •	
U	If "Yes," describe these changes on Schedule O.		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services'		XN
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XN
	UTE A BI-MONTHLY NATIONAL MAGAZINE AND NEWSLETTER.		
	AND INTERNATIONALLY; TO CONDUCT NATIONAL CHAMPIONSHIPS, REPRESENTATIVES FOR UNITED STATES TEAMS ABROAD, PRODUCE		}
•	TO PROMOTE BALLROOM DANCING AS AN AMATEUR SPORT LOCALLY	•	•
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		🗆
	t III Statement of Program Service Accomplishments	54-1294090	Page
Form	990 (2015) USA DANCE, INC.	54-1294098	Page

Form	990	(201)	15)

 Form 990 (2015)
 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?	2		X
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	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	11b		X
с	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	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?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	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			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	•		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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	
19	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		x

Form **990** (2015)

532003 12-16-15

Form	aan	(2015)	
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USA DANCE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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? If "Yes," complete			
	Schedule J	23		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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			v
	Schedule L, Part I	25b		X
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,"			x
07	complete Schedule L, Part II	26		
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	27		x
28	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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	x	
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
34	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	1 A	1

Form **990** (2015)

532004 12-16-15

	990 (2015) USA DANCE, INC. 54-1294	0.20	<u> </u>	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		1.00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		X
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	n <b>990</b>	(2015)

	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	1b	13	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other					
	officer, director, trustee, or key employee?			2		Σ		
3	Did the organization delegate control over management duties customarily performed by or under t							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		2		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Σ		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Σ		
6	Did the organization have members or stockholders?			6		Σ		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a	x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?			7b		2		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)					
				_	Yes	N		
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	rs, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х			
I1a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13		Σ		
14	Did the organization have a written document retention and destruction policy?			14		2		
15	Did the process for determining compensation of the following persons include a review and approx	/al by ir	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
	The organization's CEO, Executive Director, or top management official			15a		Z		
b	Other officers or key employees of the organization			15b		Σ		
	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 arrange	ement v	vith a					
	taxable entity during the year?			16a		2		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatic	on's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ See Schedule							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)s only)	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain	n in Sci	hedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, an	d finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's b SCOTT COATES - (813) $833-8969$	ooks ai	nd records:					
	7004 E BROADWAY AVE, TAMPA, FL 33619-1831							
32006	5 12-16-15			Form	1 <b>990</b>	(20		
	6							
11	115 759688 25081600 2015.05000 USA DANCE, INC	•		250	081	52		

Form 990 (		DANCE,			54-1294098	. ag.
Part VI	Governance, Manag	jement, and	d Disclosure For each	"Yes" response to lines 2 through 7b	below, and for a "No" i	response
	to line 8a, 8b, or 10b below	v, describe the	circumstances, processe	s, or changes in Schedule O. See inst	tructions.	

USA DANCE, INC.

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing

54-1294098

15

1a

Page **6** 

X

Yes No

Part VII	I Compensation of Officers, Directors, Trustees, Key Employees, I	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

1a 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do not check more th					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			son is both an		compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	vidua	In stitutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	Emi	For			
(1) PETER POVER	0.00									0
PRESIDENT	0.00	X		X				0.	0.	0.
(2) KEN RICHARDS	0.00									0
SENIOR VICE PRESIDENT	0.00	X		X				0.	0.	0.
(3) MARTA PASCALE	0.00			37						0
NATIONAL SECRETARY	0.00	X		X				0.	0.	0.
(4) SCOTT COATES	0.00			37						0
NATIONAL TREASURER	0.00	X		X				0.	0.	0.
(5) JEAN KRUPA	0.00			37						0
VP SOCIAL DANCE	0.00	X		X				0.	0.	0.
(6) STAN ANDREWS	0.00	v						0	<u>م</u>	0
VP DANCESPORT	0.00	X		X				0.	0.	0.
(7) INNA BRAYER		v						0		0
DANCESPORT DELEGATE	0.00	X						0.	0.	0.
(8) EDWARD GOLBERT	0.00	v						0.	0.	0
CHAMPIONSHIP DELEGATE	0.00	X						0.	0.	0.
(9) ROGER GREENAWALT	0.00	x						0.	0.	0.
CHAMPIONSHIP DELEGATE	0.00	^						0.	0.	0.
(10) HANNA COLE	0.00	x						0.	0.	0.
COLLEGE NETWORK DIRECTOR	0.00	<u>^</u>						0.	0.	0.
(11) JAMES DICECCA	0.00	x						0.	0.	0.
MEMBERSHIP SERVICES DIRECTOR (12) ANN DUROCHER	0.00	^						0.	0.	0.
DEVELOPMENT DIRECTOR	0.00	x						0.	0.	0.
(13) ANGELA PRINCE	0.00							0.		<u>.</u>
PUBLIC RELATIONS DIRECTOR	0.00	x						0.	0.	0.
(14) LINDA SUCCI	0.00							0.		<b>0</b> .
K-12 PROGRAM DIRECTOR	0.00	x						0.	0.	0.
(15) LELAND WHITNEY	0.00	<u> </u>		<u> </u>	-				<u>0.</u>	<b>U</b> •
NAT'L ELECTION COMMITTEE DIR	0.00	x						0.	0.	0.
		<u> </u>		-						<b>Ŭ</b>
		1								
		1								
		-								

532007 12-16-15

-	990 (2015) USA DANCI									54-129	409	<mark>8 г</mark>	Page <b>8</b>
Par	VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unle	(C Posi heck iss per ind a di	ition more rson irecto	than is bot	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	; co o a	(F) Estimat amount other ompensa from th rganiza and rela rganizat	tion tion tion ted
		line)	Indivic	Institu	Officer	Keyen	Highe: emplo	Former					
											_		
	Sub-total								0.	0			0.
d	Total (add lines 1b and 1c)								0.		•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste	ed at	DOV	e) wr	10 r	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	ey en	nplc	oyee,	, or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su				 enss	ation	 . and		her compensation from	the organization	. 3		X
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. 4	_	x
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								v		. 5		x
	ion B. Independent Contractors Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax ( (B)	year.		(C)	
	Name and business	address	NC	ONI	Ξ				Description of s	ervices		pensatio	on
								$\neg$					
2	Total number of independent contractors (i	-	ot li	mite	d to		~	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organi	zation 🕨				(	0				For	m <b>990</b>	(2015)
532008 12-16-1	5												,

		Check if Schedule O conta			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
1	а	Federated campaigns	1a					
		Membership dues			1			
		Fundraising events			1			
		Related organizations						
		Government grants (contributi			1			
		All other contributions, gifts, grant			1			
		similar amounts not included abov		138,674.				
	g	Noncash contributions included in lines			1			
	h	Total. Add lines 1a-1f			138,674.			
				Business Code				
2	a	ADMISSIONS			2,023,205.	2,023,205.		
_		DUES		713990		520,769.		
	С	CHAPTER EVENTS		713990	79,081.			
	d	ADVERTISING		713990	53,003.	53,003.		
		SUBSCRIPTIONS		713990	5,611.			
	-	All other program service reve	nue		17,224.	17,224.		
		Total. Add lines 2a-2f			2,698,893.	,		
3		Investment income (including			,,			
Ŭ		other similar amounts)			501.	501.		
4	L	Income from investment of tax						
5		Royalties						
Ŭ			(i) Real	(ii) Personal				
6	a	Gross rents	(i) Heal		1			
0		Less: rental expenses			4			
		Rental income or (loss)			4			
		Net rental income or (loss)						
-		Gross amount from sales of						
'	а		(i) Securities	(ii) Other	4			
		assets other than inventory			4			
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)			-			
		Net gain or (loss)		··· <u>····· •</u>				
8	a	Gross income from fundraising						
		including \$						
		contributions reported on line	,					
		Part IV, line 18		25,664.	4			
	b	Less: direct expenses	I	17,614.				0.05
		Net income or (loss) from fund	-	<b>▶</b>	8,050.			8,05
9	a	Gross income from gaming ac						
		Part IV, line 19	6	a				
	b	Less: direct expenses	I	<b>b</b>				
	с	Net income or (loss) from gam	ing activities	<u></u>				
10	a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold		<b>b</b>				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
11	а			1				
	b							1
	c							
		All other revenue						+
		Total. Add lines 11a-11d						
12					2,846,118.	2 699 391	0	. 8,050
- 12		Total revenue. See instructions.				ニ , マ ノ ノ , フ ノ ヱ •	0	

USA DANCE, INC. Form 990 (2015) USA DANG

USA DANCE, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX	(C)	<u>2</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	164,962.	164,962.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
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		56,491.	13,431.	43,060.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	50,4910	, ŢŢŢ		
0	section 401(k) and 403(b) employer contributions)				
9	E E E E E E E E E E E E E E E E E E E				
9 0	Other employee benefits Payroll taxes	4,489.	1,067.	3,422.	
1	Fees for services (non-employees):	1,1050	270071	571220	
' a	Management	20,984.	20,984.		
	Legal	8,340.	2072011	8,340.	
	Accounting	5,000.		5,000.	
	Lobbying	.,			
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	117,764.	75,011.	42,753.	
2	Advertising and promotion	106,242.	106,083.	159.	
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	102,634.	83,980.	18,654.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	45,470.	6,530.	38,940.	
4	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 0.)	1 001 000	1 107 014	4 075	
а	DANCE PROGRAMS & EVENTS	1,201,889.	1,197,814.	4,075.	
b	OFFICIALS, JUDGES	236,008.	231,906.	4,102.	
c	DANCE INSTRUCTION	232,266.	232,266.	3,387.	
d	EQUIPMENT RENTAL	121,401. 384,252.	118,014. 355,865.	28,387.	
	All other expenses See Sch O	384,252.	2,607,913.	28,387.	
5	Total functional expenses. Add lines 1 through 24e	2,000,192.	4,007,913.	200,219.	(
6	<b>Joint costs</b> . 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)				

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Form **990** (2015)

USA DANCE, INC.

Pa	πλ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,380,030.	1	1,780,744.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule 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		-	
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11 001	8	58,771.
	9	Prepaid expenses and deferred charges	14,884.	9	50,771.
	10a	Land, buildings, and equipment: cost or other			
	Ι.	basis. Complete Part VI of Schedule D10a4,579Less: accumulated depreciation10b4,579	. 0.		0.
				10c	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	1,839,515.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16 17	49,692.
	17 18	Accounts payable and accrued expenses			45,052.
	10	Grants payable		18 19	220,835.
	20	Deferred revenue	07,202.	20	220,035.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
6	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lique		Complete Part II of Schedule L		22	
Lië	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	12,290.	25	14,362.
	26	Total liabilities. Add lines 17 through 25	79,572.	26	284,889.
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,312,842.	27	1,554,626.
ala	28	Temporarily restricted net assets	2,500.	28	0.
Б В	29	Permanently restricted net assets		29	
Fund Balances	1	Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
∋ts	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,315,342.	33	1,554,626.
	34	Total liabilities and net assets/fund balances	1,394,914.	34	1,839,515.

Form 990 (2015)

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Form	1990 (2015) USA DANCE, INC.	54-12	94098	Page <b>1</b>	2
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	2,846		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,808		
3	Revenue less expenses. Subtract line 2 from line 1	3		,926	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,315	5,342	•
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	201	.,358	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,554	.,626	•
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes No	) 
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	X	<u>.                                    </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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(Form	990	or	990-	·EZ)
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# **Public Charity Status and Public Support**

Total

(Fo	rm 99	0 or 990-EZ)			rity Status an					2015
			UC CC		ization is a section 50 <sup>.</sup> 47(a)(1) nonexempt cha			or a section		2010
		f the Treasury			Attach to Form 990 or F					Open to Public
Intern	al Reven	nue Service	Informati	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo	rm990.	Inspection
Nam	ne of t	he organizatio								identification number
				DANCE, INC						4-1294098
Pa	rt I	Reason f	or Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organi	ization is not a	private found	lation because it is: (	For lines 1 through 11, o	heck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2		A school desc	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizatio	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
		section 170(	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, stat	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizatio	on that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from 1	he general	public described in
				omplete Part II.)		U U			U U	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9	Х				than 33 1/3% of its sup		contributi	ons. member	ship fees. a	nd aross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fr					
				mplete Part III.)	(,				3	,,
10					ively to test for public sa	fetv. See	section 50	)9(a)(4).		
11		-	-	-	ively for the benefit of, to	•			arrv out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organizatio					
а		7	-		upervised, or controlled				-	aivina
					gularly appoint or elect a					
			-	complete Part IV, Se						
b		٦ <sup>-</sup>		-	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	vina
~	-			-	anization vested in the s			-		•
			-	t complete Part IV,					age the earp	
с		Τ		•	g organization operated	in connec	tion with	and functiona	llv integrate	ed with
•			-		b). You must complete l				ing integrate	, a with,
d					orting organization oper				rted organi <sup>.</sup>	zation(s)
u			-	• •	zation generally must sa					
			-		nplete Part IV, Sections	-		-	a an attorn	
е		- ·	·	,	written determination fro					
Ŭ			-		nally integrated support			, iype i, iype	in, rype in	
f	Fnt≏	er the number of	0,		, , , , , , , , , , , , , , , , , , , ,	0 0				
g				about the supporte	ad organization(s)					
9		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount o	fmonetary	(vi) Amount of
		organization			(described on lines 1-9	listed i governing o	in your	support	(see	other support (see
					above (see instructions))	Yes	No	instruct	ions)	instructions)

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

13 2015.05000 USA DANCE, INC. Schedule A (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

## Schedule A (Form 990 or 990 EZ) 2015 USA DANCE, INC.

54-1294098 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4							
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.						
	ction B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(u) 2011	(10) 2012	(0) 2010	(u) 2011	(0) 2010	(i) Fotal
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
	Total support. Add lines 7 through 10		·			40	
	Gross receipts from related activities,	-				12	
13	First five years. If the Form 990 is for	0	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	nere	ercentage			<u></u>	
	Public support percentage for 2015 (li			oolump (f))		14	%
							<u>%</u>
	Public support percentage from 2014 33 1/3% support test - 2015. If the o						
106		-					
	stop here. The organization qualifies						
Ľ	<b>33 1/3% support test - 2014.</b> If the o	-					
47.	and <b>stop here.</b> The organization quali						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-		
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instru	

Schedule A (Form 990 or 990-EZ) 2015

### Schedule A (Form 990 or 990-EZ) 2015 USA DANCE, INC.

## 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.)

Sec	ction A. Public Support	/	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	777,477.	701,473.	784,721.	130,735.	659,443.	3,053,849.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,524,294.	2,406,877.	1,508,755.	1,537,726.	2,186,125.	10,163,777.
3	Gross receipts from activities that						
U	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,301,771.	3,108,350.	2,293,476.	1,668,461.	2,845,568.	13,217,626.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						13,217,626.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	3,301,771.	3,108,350.	2,293,476.	1,668,461.	2,845,568.	13,217,626.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,242.	2,796.	939.	380.	501.	7,858.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	a guired offer lune 00 1075						
	Add lines 10a and 10b	3,242.	2,796.	939.	380.	501.	7,858.
	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.)	8,114.	13,771.	95,863.	55,134.	17,662.	190,544.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,313,127.	3,124,917.	2,390,278.	1,723,975.	2,863,731.	13,416,028.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				- 	-	<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (	line 8, column (f) di	ivided by line 13, c	olumn (f))		15	98.52 %
16	Public support percentage from 2014	,	,			16	%
Sec	ction D. Computation of Investion						
17						17	.06 %
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the	•					
_	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
53202	23 09-23-15			15	Sche	edule A (Form 990	or 990-EZ) 2015

14111115 759688 25081600

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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.
- 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 described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **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.
- **4a** 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.*
- **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.
- **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.*
- 5a 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

532024 09-23-15

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16 2015.05000 USA DANCE, INC.

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h				
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI.</b> tion B. Type I Supporting Organizations	11c		
000	aton D. Type i Supporting Organizations		Yes	No
-	Did the divertory twisters or membership of one or more supported eventiations have the neuror to		Tes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
<b>۲</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
52200	5 09-23-15 Schedule A (Form 9		0-F7	2015
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#### Schedule A (Form 990 or 990-EZ) 2015 USA DANCE, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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		

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
<u> </u>				
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u>b</u>				
<u> </u>	From 2013			
-	From 2014			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
-	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

	Section D, lines 5, 6, and 8; and Part (See instructions.)	, ,			
2028 09-23-	C		20	Schedule A (F	orm 990 or 990-EZ

SC	HEDULE D	Supplementa	al Financial State	ements		OMB No. 1545-0047	
(Forn	n 990)	Complete if the org Part IV. line 6. 7. 8. 9. 10	anization answered "Yes" on , 11a, 11b, 11c, 11d, 11e, 11f,	n Form 990, . 12a. or 12b.		2015	
	ment of the Treasury I Revenue Service	<ul> <li>Information about Schedule D (For</li> </ul>	Attach to Form 990.		orm990	Open to Public Inspection	÷
	e of the organizati				Employer	identification numb $4-1294098$	ber
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Simi	lar Funds or A			
	organizatio	n answered "Yes" on Form 990, Part IV, lir	e 6.			·	
			(a) Donor advised fund	ds (	<b>b)</b> Funds and	d other accounts	
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4 5		t end of year on inform all donors and donor advisors in		donor advised fun	ds		
U	-	on's property, subject to the organization's	-			Yes II	No
6		on inform all grantees, donors, and donor a					
	-	ooses and not for the benefit of the donor o			-		
		ate benefit?					No
Par		ation Easements. Complete if the org	-	Form 990, Part IV	, line 7.		
1		servation easements held by the organizat					
		n of land for public use (e.g., recreation or e		on of a historically	•		
		of natural habitat		on of a certified hi	storic struct	ure	
2		n of open space through 2d if the organization held a quali	fied concernation contribution	in the form of a or	noon ation a	accoment on the last	
2	day of the tax yea	• •				at the End of the Tax Y	
а		onservation easements			2a		
b		ricted by conservation easements			2b		
с		vation easements on a certified historic str			2c		
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a his	storic structure			
	listed in the Nation	nal Register			2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or termir	nated by the orgar	nization durir	ig the tax	
	year ►						
4		where property subject to conservation ea					
5	-	tion have a written policy regarding the pe forcement of the conservation easements i		-		Yes III	No
6		er hours devoted to monitoring, inspecting,					NU
Ū				for only conteel val	on casemen	to during the your	
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcir	ng conservation ea	asements du	ring the year	
	►\$		-	-			
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(E	3)(i)		
		)(4)(B)(ii)?					No
9		be how the organization reports conservat		-			
		ble, the text of the footnote to the organiza	tion's financial statements that	t describes the org	ganization's a	accounting for	
Par	conservation ease	ations Maintaining Collections o	f Art. Historical Treasu	res. or Other	Similar Ag	ssets	
. a		f the organization answered "Yes" on Form			enniar / a		
1a		elected, as permitted under SFAS 116 (AS		enue statement a	nd balance s	heet works of art.	
		s, or other similar assets held for public ex					,
	the text of the foo	tnote to its financial statements that descr	bes these items.				
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenu	e statement and b	alance shee	t works of art, histori	cal
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furthe	rance of public se	rvice, provid	e the following amou	nts
	relating to these it				•		
		Ided on Form 990, Part VIII, line 1					
0	.,		agurage or other similar agosts				
2		received or held works of art, historical tre unts required to be reported under SFAS 1			hiovide		
а		on Form 990, Part VIII, line 1			▶ \$		
		i Form 990, Part X					
		eduction Act Notice, see the Instruction				dule D (Form 990) 2	015
53205 <sup>-</sup> 11-02-	1						

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21 2015.05000 USA DANCE, INC.

_	dule D (Form 990) 2015 USA DAN	CE, INC.					5	4-12	9409	8 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or	· Other	Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that a	are a sigi	nificant u	se of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o								٦.,		٦
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ir the	organizatio	n answered "Y	es" on F	orm 990,	Part IV,	line 9, oi	ſ	
1a	Is the organization an agent, trustee, custodi		diary for c	ontribution	s or other asse	ets not in	cluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······		L	
~			ino tring to						Amoun	t	
с	Beginning balance						1c		,	-	
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds. Complete it	-	swered "	'Yes" on Fo	orm 990, Part IV	V, line 10	).				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	back (d	<b>)</b> Three ye	ars back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance	ant constant and balance									
2	Provide the estimated percentage of the curr			j, column (a	a)) neid as:						
	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	_%								
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	ation that	t are held a	nd administere	ed for the	organiza	ation			
	by:	eelen et alle elgaling					gai		1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	<b>(a)</b> Cost or c basis (investr		.,	or other (other)		umulatec eciation	1	( <b>d)</b> Boo	k value	9
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment	4,	579.				4,57	9.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)	<u></u>					0.

Schedule D (Form 990) 2015

532052 09-21-15

(a) Description of security or category (including name of security)	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security of category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or er	id-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or er	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes		line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(2)				
(3)				
(4)				
(4)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	ne 15 )			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes'			n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability		line 11e or 11f. See Form (b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	' on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	' on Form 990, Part IV,		▶ n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	' on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR	' on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3)	' on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3) (4)	' on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" L (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3) (4) (5) (6)	' on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3) (4) (5) (6) (7)	' on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3) (4) (5) (6) (7) (8)	' on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) RESERVE FOR INACTIVE CHAR (3) (4) (5) (6) (7)	on Form 990, Part IV,	(b) Book value	n 990, Part X, line 2	5.

Sche	dule D (Form 990) 2015 USA DANCE, INC.	54-	1294098 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Revenue per R	eturi	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	827,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	827,717.
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.)	. 4b	2,018,401.		
с	Add lines 4a and 4b			4c	2,018,401.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,846,118.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	ı <b>rn.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	853,873.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	_ 2b			
С	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	853,873.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	1,954,319.		
с	Add lines 4a and 4b			4c	1,954,319.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,808,192.
Pa	t XIII Supplemental Information.				

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.

# Part XI, Line 4b - Other Adjustments:

## UNAUDITED CHAPTER REVENUE

### Part XII, Line 4b - Other Adjustments:

# UNAUDITED CHAPTER EXPENSES

SCHEDULE G	ental Information Regarding	Eun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the	e organization answered "Yes" on	Form	990, P	Part IV, lines 17, 18,			2015
Department of the Treasury	organization entered more than \$1 Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Name of the organization	about Schedule G (Form 990 or 990-EZ)	and its	s instru	uctions is at WWW.irs.	gov/f		Inspection dentification number
0	ICE, INC.					54-129	
Part I Fundraising Activities required to complete this part	• Complete if the organization answe t.	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
1 Indicate whether the organization rai		•					
a      Mail solicitations     b      Internet and email solicitations			•	overnment grants nment grants			
c Phone solicitations d In-person solicitations	g 🔛 Special						
<b>2</b> a Did the organization have a written	or oral agreement with any individual	l (inclu	ding o	fficers, directors, tru	stees	s or	
key employees listed in Form 990, F <b>b</b> If "Yes," list the ten highest paid ind	Part VII) or entity in connection with p			-			<b>′es No</b>
compensated at least \$5,000 by the			Jagre		uie		
		(iii)	Did			Amount pai	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	raiser ustody ntrol of utions?	(iv) Gross receipts from activity		or retained b fundraiser ted in col. <b>(i</b> )	y) to (or retained by)
		Yes	No				
Total 3 List all states in which the organization	on is registered or licensed to solicit	<u></u>		s or has been notifie	d it is	exempt from	n registration
or licensing.		CONTIN	Julion	s of has been notified		exemptitor	registration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Sche	dule G (For	n 990 or 990-EZ) 2015
532081 09-14-15	· · · · · · · · · · · · · · · · · · ·					- (	,,

 Schedule G (Form 990 or 990-EZ) 2015 USA DANCE, INC.
 54-1294098 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	Uss income on Form 990	FEZ, IITIES T ATU OD. LIST	evenus with gross receip	ots greater than \$5,000.
			(a) Event #1 CRUISE	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
						col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	25,664.			25,664.
	2	Less: Contributions	0.			
	3	Gross income (line 1 minus line 2)	25,664.			25,664.
	4	Cash prizes				
es	5	Noncash prizes				
Expens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses				17,614.
	-	Direct expense summary. Add lines 4 through				17,614.
		Net income summary. Subtract line 10 from li	<i>, , ,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8,050.
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ве	4					
_	1	Gross revenue				
ses	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes %	Yes %	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through			•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
						-
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
		No," explain:				
		· · · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No
		Yes," explain:			••••••	
		· · · ·				
53208	32 09	9-14-15			Schedule G (For	rm 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 USA DANCE, INC. 54 -	1294098	Page
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		_
	to administer charitable gaming?	_ 🗌 Yes	
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	· • • •	
	Name		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
		100	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🖂 Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10	0b, <b>1</b> 5
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
3208	33 09-14-15 Schedule G (Fo 27	rm 990 or 990	)-EZ) 2
		250	916
[]	.115 759688 25081600 2015.05000 USA DANCE, INC.	2500	0 T 0

			Schedule G (F	orm 890 ~ 000
32084 14-01-15	28 5000 USA		Schedule G (F	0111 990 01 990

SCHEDULE L (Form 990 or 990-EZ)			28b, or 28c, o	swered or Form	d "Yes n 990-	" on Fo EZ, Pa	orm 990, Par rt V, line 38a	rt IV a or	, line 25a, 25b, 2	26, 27	, 28a,		MB No.		_
Department of the Treasury Internal Revenue Service	► Informatio	n about					Form 990-E2 its instruction		at www.irs.gov/f	orm99	00.		pen T spect		lic
Name of the organization	USA DA			01(c)(3)	, sect	on 501	(c)(4), and 50	01(c)	(29) organizatio	54	-12	r ident 940		on nu	Imber
	the organizatio	1					ne 25a or 25t	b, or	Form 990-EZ, F	Part V,	line 40	Ob.			
1 (a) Name of disqualif	ied person	(b) H	elationship bet person and o			ified	(0	<b>c)</b> De	escription of trar	sactio	on			es	cted? No
													+		
2 Enter the amount of section 4958	-		-	-		-	-	-	the year under		•				
<b>3</b> Enter the amount of											► \$				
Complete if	and/or From the organizatio amount on For (b) Relation with organ	m ansv m 990 onship	vered "Yes" on	Form 9	90-EZ	(e)	, line 38a or l Original pal amount		n 990, Part IV, lir Balance due	(g) In		(h) Ap	-		/ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
															<u> </u>
Total Part III Grants or	r Assistance	e Ber	efiting Inte	rested	d Pei	sons	<b>&gt;</b> \$								
•	the organizatio								( )) =						
(a) Name of interes	ited person		b) Relationship interested per the organiz	son and		•	Amount of Assistance		<b>(d)</b> Type assistan			•	e) Purp assist		ſ

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

Schedule L (Form 990 or 990-EZ) 2015

532131 10-02-15

Schedule L (Form 990 or 990-EZ) 2015 USA	A DANCE,	INC.
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#### 54-1294098 Page 2

artiv	Business	Transactions	involving	interested Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization		(c) Amount of transaction			(e) Sharing of organization's revenues?	
						Yes	No
ANGELA PRINCE	DIRECTOR	OF	PUBLIC	48,000.	EDITOR CONT		X
ANN DUROCHER	DIRECTOR	OF	DEVELOP	4,167.	ORGANIZER C		Х

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

- Sch L, Part IV, Business Transactions Involving Interested Persons:
- (a) Name of Person: ANGELA PRINCE
- (b) Relationship Between Interested Person and Organization:

### DIRECTOR OF PUBLIC RELATIONS

(c) Amount of Transaction \$ 48,000.

(d) Description of Transaction: EDITOR CONTRACT

(e) Sharing of Organization Revenues? = No

(a) Name of Person: ANN DUROCHER

(b) Relationship Between Interested Person and Organization:

DIRECTOR OF DEVELOPMENT

(c) Amount of Transaction \$ 4,167.

(d) Description of Transaction: ORGANIZER CONTRACT

(e) Sharing of Organization Revenues? = No

Schedule L (Form 990 or 990-EZ) 2015

532132 10-02-15

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to Form 99	tal Information to provide information for respon 00 or 990-EZ or to provide any ► Attach to Form 990 or edule 0 (Form 990 or 990-EZ) and it	uses to specific questions on additional information. r 990-EZ.	ZU15 Open to Public
Name of the organization			is instructions is at www.#3.gov/	Employer identification numb
	USA DANCE,	, INC.		54-1294098
Form 990, Par	rt I, Line 1,	Description of (	Organization Mis	sion:
CONDUCT NATIO	ONAL CHAMPIONS	SHIPS, TO SELECT	REPRESENTATIVES	FOR US TEAMS
ABROAD, TO PF	RODUCE AND DIS	STRIBUTE A BI-MON	NTHLY NATIONAL M	AGAZINE AND
NEWSLETTER, A	AND TO EDUCATE	E THE PUBLIC REGA	ARDING THE SOCIA	L AND HEALTH
BENEFITS OF E	BALLROOM DANCI	ING.		
Form 990, Par	rt VI, Sectior	n A, line 7a:		
VOTING MEMBER	RS MUST BE AT	LEAST 18 YEARS (	OF AGE AND IN GO	OD STANDING WITH
USA DANCE.				
THE VOTING ME	MBERS ELECT 1	THE NATIONAL OFF	ICERS EXCEPT THE	VICE PRESIDENT C
DANCESPORT				
WHO IS ELECTE	D BY THE VOTI	ING ATHLETES, ANI	O THE VICE PREST	DENT OF SOCIAL
DANCE				
WHO IS ELECTE	ED BY SOCIAL I	DANCERS.		
Form 990, Par	ct VI, Sectior	B, line 11:		
THE 990 IS RE	EVIEWED BY THE	E EXECUTIVE COMMI	ITTEE AFTER FILI	NG DUE TO TIME
CONSTRAINTS.				
Form 990, Par	rt VI, Sectior	n B, Line 12c:		
THE SECRETARY	OF THE ORGAN	IZATION MONITORS	5 POLICY COMPLIA	NCE ON A REGULAR
BASIS.				
Form 990, Par	rt VI, Line 17	7, List of States	s receiving copy	of Form 990:
AZ, AR, CA, CT, I	DC,FL,GA,HI,II	, KS, KY, MD, MI, MN	, MS , MO , NJ , NM , NY ,	NC, ND, OH, OK, OR, PA
RI, SC, TN, VA, W	NA,WV,WI			
LHA For Paperwork Re 532211 09-02-15	duction Act Notice, see t	he Instructions for Form 990 o	or 990-EZ. Schee	dule O (Form 990 or 990-EZ) (20
111115 759688	25081600	31 2015.05000 USA		2508162
	72001000	2013.03000 0DA		200102

Name of the organization	Employer identification numbe 54-1294098
USA DANCE, INC.	54-1294098
Form 990, Part VI, Section C, Line 19:	
AVAILABLE ON THE WEBSITE	
Form 990, Part IX, Line 24e, All Other Functio	onal Expenses:
PRINTING:	
Program service expenses	85,824
Management and general expenses	0
Fundraising expenses	0
Total expenses	85,824
SUPPLIES:	
Program service expenses	79,730
Management and general expenses	5,414
Fundraising expenses	0
Total expenses	85,144
DONATIONS:	
Program service expenses	65,438
Management and general expenses	0
Fundraising expenses	0
Total expenses	65,438
MISCELLANEOUS:	
Program service expenses	49,586
Management and general expenses	10,271
Fundraising expenses	0
Total expenses	59,857
532212 09-02-15 <b>32</b>	Schedule O (Form 990 or 990-EZ) (201

Name of the organization USA DANCE, INC.	Employer identification numb 54-1294098
USA DANCE, INC.	54-1294090
BANK CHARGES:	
Program service expenses	28,863
Management and general expenses	2,346
Fundraising expenses	(
Total expenses	31,209
POSTAGE & SHIPPING:	
Program service expenses	22,204
Management and general expenses	3,384
Fundraising expenses	(
Total expenses	25,588
CHAPTER SUPPORT:	
Program service expenses	15,245
Management and general expenses	(
Fundraising expenses	(
Total expenses	15,24
CONFERENCES & MEETINGS:	
Program service expenses	7,762
Management and general expenses	103
Fundraising expenses	(
Total expenses	7,865
TELEPHONE:	
Program service expenses	1,21
Management and general expenses	5,184
532212 09-02-15 <b>33</b>	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization USA DANCE , INC .	Pa Employer identification num 54-1294098
Fundraising expenses	
Total expenses	6,39
PAYROLL PROCESSING FEES:	
Program service expenses	
Management and general expenses	1,68
Fundraising expenses	
Total expenses	1,68
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 384,25
532212 09-02-15 Sche	edule O (Form 990 or 990-EZ) (2