FOR TAX YEAR 2018

USA DANCE, INC

William A Jackson & CO CPAs

905 Sarno Road

Melbourne, FL 32935

(321)394-1040

William A Jackson & CO CPAs

905 Sarno Road Melbourne, FL 32935

Phone: (321)394-1040 | Fax: (321)622-4742

November 06, 2019

Usa Dance, Inc 790 Benton Dr Melbourne, FL 32901

Usa Dance, Inc:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Usa Dance, Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (321) 394-1040.

Sincerely,

William A Jackson William A Jackson & CO CPAs

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905 Sarno Road Melbourne, FL 32935

Phone: (321)394-1040 | Fax: (321)622-4742

November 06, 2019

Usa Dance, Inc 790 Benton Dr Melbourne, FL 32901

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (321)394-1040.

Sincerely,

William A Jackson William A Jackson & CO CPAs

	2018
Name(s) as shown on return USA DANCE , INC	Employer Identification Number * * - * * * 4098
Entity address 790 BENTON DR MELBOURNE, FL 32901	1 1050
Thank you for participating in IRS e-file.	
The electronic filing services were provided by William A Jackson & CO CPAs	lectronically.
2. X 990 income tax return was accepted on an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to entered a PIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or authorized the Electronic Return Originator (ERO) to entered a DIN or	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RET	URN.

_	0	20		Detur	of Oreconi-	otion Evenne	· From Inco r			L	OMB No. 15	45-0047
Forn	n 3 :	90		Return	1 of Organiz	ation Exempt	rom incor	ne rax			201	8
			Under s	ection 501(c), 527, or 4947(a)(1) of the Internal Rev	venue Code (excep	t private founda	tions)) [201	0
Depai	rtment of	the Treasury		Do not en	ter social security	y numbers on this fo	rm as it may be m	ade public.			Open to F	ublic
		Revenue Service For to www.irs.gov/Form990 for instructions and the latest information.										
A I	For the	the 2018 calendar year, or tax year beginning , 2018, and ending ,										
B	Check if a	if applicable: C Name of organization USA DANCE, INC D Emp										
	Address of	change	Doing busine	ess as						54-1	294098	
_ ı	Name cha	ange	Number and	street (or P.O. bo	x if mail is not delivered	to street address)		Room/suite	E	E Telep	phone number	r
_ ı	Initial retu	Irn	790 BE	NTON DR						(630)779-93	133
]	Final retu	rn/terminated	City or town,	state or province,	country, and ZIP or fore	ign postal code				G Gros	s receipts	
	Amended	return	MELBOU	RNE, FL	32901					\$	2,449	,762
Ī,	Applicatio	on pending		ddress of principal				H(a) Is this a group	return for	r subordina		
_								H(b) Are all subc				s 🗌 No
	Tax-exem	npt status: 🛛 🕅	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527				e instructions)	. —
	Website:		DANCE.OR	_ ,,,	, (,			H(c) Group exe				
			Corporation		ociation Other ►		L Year of formation: 1					
	rt I	Summar							on logu			
1 4	1			ization's miss	ion or most signific	ant activities: TO	IMPROVE THE	NIIANTTTV AN	וזס מ	AT.TT	ית די עי	ANCE
	1	,	0		9	IS THE NATIO		-				
e					-				DANC	ESPU	KI IN I	.пь
Jan		UNITED S	TATES WIT	TH MORE T	HAN 147 CHAP	TERS THROUGHO	UT THE COUNTI	XI.				
/erı							of month and OFO(- f : to				
90	2			•		perations or disposed				1		
Activities & Governance	3		0	0	erning body (Part V	,			3			16
ies	4		•	0	0 0	body (Part VI, line 1b)	•		4			16
iviti	5	Total numbe	r of individuals	s employed ir	n calendar year 201	18 (Part V, line 2a)			5			2
Act	6	Total numbe	r of volunteers	s (estimate if	necessary)				6			2,448
	7 a	Total unrelat	ed business r	revenue from	Part VIII, column (0	C), line 12			7a			0
	b	Net unrelate	d business ta	xable income	from Form 990-T,	line 38			7b			0
								Prior Year			Current Yea	ar
	8	Contributions	s and grants (I	Part VIII, line	1h)			136	,18e	5	27	75,785
ue	9	Program ser	vice revenue	(Part VIII, line	e 2g)		[2,352	2,277	7	2,17	73,322
Revenue	10	Investment in	ncome (Part V	/III, column (A	A), lines 3, 4, and 7	d)	[752			655
Re	11	Other revenu	ue (Part VIII, c	column (A), lir	nes 5, 6d, 8c, 9c, 10) c, and 11e)	[0
	12					II, column (A), line 12)	-	2,489	.215	5	2.44	49,762
	13					s 1-3)			,689			54,872
	14			•	K, column (A), line	,	F		,		_,	0
	15					column (A), lines 5-10		105	689	•	c	92,119
es		-	•			e)	·	103	,005			02,115
Expenses			0		().	▶	-					0
Щ.	17					4e)		2,219	624		2 14	C1 E0E
	18	•		. ,		•••) • • • • • • • • • • • • • • • • •	-					<u>51,585</u>
				•			-	2,433				18,576
u.	19	Revenue les	s expenses.	Subtract line	To norm line 12 .				5,203	5		31,186
Net Assets or Fund Balances		Total						Beginning of Curren			End of Yea	
sset Bala	20		· ·	,			-	1,858				00,854
et A	21		•	,			_		,796			52,100
				es. Subtract	line 21 from line 20)		1,617	,568	3	1,64	48,754
	rt II		re Block									
						ing schedules and statemen mation of which preparer has		nowledge and belief, i	it is			
0:			E LONG									
Sig	n	Signatur	e of officer						Date			
Her	е	RUTH	E LONG,	TREAS								
		Type or	print name and tit	le	1		1	·				
		Print/Type pre	eparer's name		Preparer's signature		Date	Check] if F	PTIN		
Pai	d	William	A Jacks	on	William A Ja	ickson	11-06-2019	self-employ	ed	P01	L348834	
Pre	pare		•		A Jackson &			Firm's EIN				
	e Only		s 🕨	905 Sarn		-		Phone no.				
	•				e FL 32935				21-3	94-1	040	
Mav	the IR:	S discuss this			iown above? (see i	nstructions)						No
~						······································						

Form	990 (2018) USA DANCE, INC 54-1294098 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE QUANTITY AND QUALITY OF DANCE IN THE UNITED STATES. USA DANCE, INC. IS THE
	NATIONAL GOVERNING BODY FOR DANCESPORT IN THE UNITED STATES WITH MORE THAN 147 CHAPTERS
	THROUGHOUT THE COUNTRY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,220,254 including grants of \$ 164,872) (Revenue \$ 2,449,762)
iu	CONDUCT NATIONAL CHAMPIONSHIPS; SELECT REPRESENTATIVES FOR THE UNITED STATES TEAMS ABROAD;
	EDUCATIONAL OUTREACH NATIONALLY, PRODUCE AND DISTRIBUTE A NATIONAL MAGAZINE AND NEWSLETTERS;
	SPONSOR AND CONDUCT EVENTS; PROMOTE CHAPTER FORMATION; INTRODUCE THE PUBLIC TO THE HEALTH
	BENEFITS OF DANCING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,220,254
EEA	Form 990 (2018)

Form	990 (2018) USA DANCE, INC 54-12940	98	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
-	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete Schedule D, Part III	8		Λ
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	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		Δ
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Λ
	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,"			
u	complete Schedule D, Part VI	11a	x	
b			- 25	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		Х
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? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Х
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		Х

Form	990 (2018) USA DANCE, INC 54-12940	98	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	~~		37
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
214	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? <i>" "res, complete ceriodale N, rattricteres</i> "	51		
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	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			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.4	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	2010
EEA			990 (2	-010J

Form **990** (2018)

	990 (2018) USA DANCE, INC 54-12940	98	P	Page 5
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 returm 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		Х
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		Х
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			-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12			
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: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
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	120		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2018) USA DANCE, INC 54-1294	098	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		37	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
8	stockholders, or persons other than the governing body?	7b		X
0	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	- 23	
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> .</u>	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an exercise to make its Forms 1022 (1024 or 1024 Å if applicable), 000, and 000, T (Section 501(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
_•	RUTH E LONG (630)779-9133, 1147 WAKEFIELD FARM RD, ZEBULON, NC 27597			

Form 990 (201) USA DANCE, INC	54-1294098	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employee	s, 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.

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

					C)				
(A)	(B)			Pos	sition		(D)	(E)	(F)
Name and Title	Average				ore than on son is both a		Reportable	Reportable	Estimated
	hours per week (list any	offic	er and	d a dir	ector/truste	e)	compensation from	compensation from related	amount of other
	hours for				T 0.		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Hinhe	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	sctor	tiona		mployee	\$	(and related
	line)	ruste	l trus		yee	mper			organizations
		e	tee			neate			
					2	2			
(1) RUTH_E_LONG	50.00								
TREASURER AND DIR. OF DEVELOPMENT		Х		Χ				0 0	0
(2) GARY_STROICK_X	25.00			T 7					
PRESIDENT		Х		Χ				0 0	0
(3) GREG_WARNER	40.00			T 7					
SENIOR VICE PRESIDENT		Х		Χ		-		0 0	0
(4) JACK_KELLNER	10.00	37		77					
SECRETARY		Х		Χ		_		0 0	0
(5) LELAND WHITNEY	25.00	37		37					
VP SOCIAL DANCE		Х		Χ				0 0	0
(6) GIACOMO STECCAGLIA	5.00	v		v					
VP DANCESPORT	10.00	Х		Χ		-		0 0	0
(7) INNA BRAYER	10.00			Х					
DANCESPORT DELEGATE				Λ		-		0 0	0
(8) ROGER GREENAWALT	20.00			Х				0 0	
DANCESPORT DELEGATE	20.00			Λ				0 0	0
(9) MICHAEL MURPHY	20.00			Х				o o	
DANCESPORT DELEGATE (10)DAMIAN PATULANA	10.00			Λ		+		0 0	0
DANCESPORT DELEGATE				Х				o o	0
(11) BOGG DIEDCE	10.00			17					
COLLEGE NETWORK DIRECTOR				х				o o	0
(12)HERB MCGURK	15.00					1		`	<u> </u>
DIRECTOR OF MEMBER SERVICES				Х				o o	0
(13)KYM ZION	10.00								
DIRECTOR K-12 PROGRAMS				Х				o o	0
(14)MELISSA DEXTER	10.00								
VP PROFESSIONAL DANCE				Х				o o	0
FEA				_					Form 000 (2018)

	90 (2018) USA DANCE, INC									54-129	4098	F	9age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	npen	sated Employee	s (continued)			
	(A) Name and title	(B) Average hours per	box, u	Inless	pers	tion ore th on is	ian one both an trustee)		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	oi	other mpensati from the ganizatio nd relate ganizatio	on d
(15)DO	N DAVENPORT	10.00											
	R. OF CHAPTER RELATIONS				X					D	0		0
(17)													
<u>(</u> 1 <u>8</u>)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total		•••	•••	••	•••	•••	►					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)		•••							n	0		0
2	Total number of individuals (including but not limited								e than \$100,000 o		0		
	reportable compensation from the organization										0		
3	Did the organization list any former officer, director	, or trustee,	key er	nplo	yee,	or l	highes	st coi	mpensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of reporting organization and related organizations greater than	\$150,000?	If "Yes	s," co	ompl	lete	Scheo	dule	J for such				
5	individual	mpensation	from a	ny ui	nrela	ated	orgar	nizati	on or individual		. 4		X
Sacti	for services rendered to the organization? <i>If "Yes,"</i> on B. Independent Contractors	complete So	chedul	e J fe	or si	ıch ,	persol	n .			5		X
1	Complete this table for your five highest compensation compensation from the organization. Report compen-												
	year. (A)								(B)			(C)	
	Name and business address								Description of	SELVICES	Com	ipensatio	<u>n</u>

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

art V	90 (20 ⁻	18) USA DANC Statement of Revenu						54-1294	.098 Pa
		Check if Schedule O contain		or no	ote to any line in thi	s Part VIII			
			· · ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under section: 512-514
s	1a	Federated campaigns		1a					
and Other Similar Amounts	b	Membership dues		1b					
Ă	c	Fundraising events		1c	43,508				
ar	d	Related organizations		1d					
<u>n</u>	е	Government grants (contribution	ons)	1e					
Jer	f	All other contributions, gifts, gr	ants,						
ĕ		and similar amounts not includ		1f	232,277				
anc	g	Noncash contributions include							
	h	Total. Add lines 1a-1f		•••		275,785			
ę	22	ADMIGITONS		-	Business Code 713990	1 602 867	1 602 867		
		ADMISSIONS MEMBER DUES		-	713990	1,602,867 399,377	1,602,867 399,377		
		SANCTIONING		-	713990	33,657	33,657		
		ADVERTISING		-	713990	19,871	19,871		
riogram Service Kevenue		CAMP		-	713990	14,750	14,750		
50		All other program service rever		-		102,800	102,800		
-		Total. Add lines 2a-2f				2,173,322			
		Investment income (including di							
		and other similar amounts) .				655	655		
	4	Income from investment of tax-e	exempt bond p	oroce	eds►				
	5	Royalties		•••					
			(i) Real		(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss) .							
	7a	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other				
		Less: cost or other basis and sales expenses							
		Gain or (loss)							
,		Net gain or (loss) Gross income from fundraising		•••	🕨				
		events (not including \$	43,508	,					
		of contributions reported on line		2					
-		See Part IV, line 18		a					
5		Less: direct expenses		- F					
		Net income or (loss) from fundr							
		Gross income from gaming acti	-	[
		See Part IV, line 19		a					
	b	Less: direct expenses		b					
	с	Net income or (loss) from gami	ng activities	•••					
		Gross sales of inventory, less returns and allowances		а					
	b	Less: cost of goods sold		b					
	c	Net income or (loss) from sales	of inventory		►				
		Miscellaneous Revenue			Business Code				
	11a			_					
	b								
	C d								
		All other revenue							
		Total. Add lines 11a-11d . Total revenue. See instructions				2,449,762	2,173,977		0

	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		
4	· · · · · · · · · · · · · · · · · · ·		
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	Other salaries and wages	84,740	11,263
8	Pension plan accruals and contributions (include		
	section 401(k) and 403(b) employer contributions)		
9	Other employee benefits		
10	Payroll taxes	7,379	911
11	Fees for services (non-employees):		
а	Management	25,795	
b	Legal	1,950	1,950
С	Accounting	13,333	
d	Lobbying		
е	Professional fundraising services. See Part IV, line 17 .		
f	Investment management fees		
g	Other. (If line 11g amount exceeds 10% of line 25, column		
	(A) amount, list line 11g expenses on Schedule O.)	1,444	
2	Advertising and promotion	137,672	137,672
3	Office expenses	50,496	35,807
4	Information technology	11,544	6,341
5	Royalties	-	
6	Occupancy		
7	Travel	73,728	69,871
8	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , , ,	057072
•	for any federal, state, or local public officials		
9	Conferences, conventions, and meetings	13,646	6,124
20		13,040	0,124
21	Payments to affiliates		
22	Depreciation, depletion, and amortization		
		FF 433	45 433
23		55,433	45,433
24	Other expenses. Itemize expenses not covered		
	above (List miscellaneous expenses in line 24e. If		
	line 24e amount exceeds 10% of line 25, column		
	(A) amount, list line 24e expenses on Schedule O.)		
а	DANCE FACILITIES / EVENTS	914,817	893,620
b	DANCE INSTRUCTION	184,341	177,501
С	OFFICIALS JUDGES	180,238	180,238
d	MUSIC	168,320	168,320
е	All other expenses	328,828	320,331
25	Total functional expenses. Add lines 1 through 24e .	2,418,576	2,220,254
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		
	from a combined educational campaign and		
	fundraising solicitation. Check here		
	fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)		

Form 990 (2018) USA DANCE, INC Part IX **Statement of Functional Expenses**

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic individuals. See Part IV, line 22

Grants and other assistance to foreign

8b, 9b, and 10b of Part VIII.

1

2

3

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

. . .

Check if Schedule O contains a response or note to any line in this Part IX . . . (B) Program service expenses (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b,

41,511

123,361

41,511

123,361

73,477

6,468

25,795

13,333

1,444

14,689 5,203

3,857

7,522

10,000

368

3,950

166,106

20,829 6,840

4,547

32,216

Page 10

(D) Fundraising

expenses

Χ

		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	1,801,092	1	1,826,887
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,412	4	4,330
	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 disgualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	53,860	9	62,137
	10a	Land, buildings, and equipment: cost or		-	,
		other basis. Complete Part VI of Schedule D 10a 7,500			
	b	Less: accumulated depreciation		10c	7,500
	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			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,858,364	16	1,900,854
	17	Accounts payable and accrued expenses	16,417	17	37,078
	18	Grants payable	· •	18	
	19		211,741	19	209,100
	20	Tax-exempt bond liabilities	•	20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	12,638	25	5,922
	26	Total liabilities. Add lines 17 through 25	240,796	26	252,100
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🔀 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,617,568	27	1,648,754
ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright and			
۲.		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	1,617,568	33	1,648,754

1,858,364

34

1,900,854

Form 990 (2018)

54-1294098

Page 11

Total liabilities and net assets/fund balances

34

EEA

Form 990 (2018)

Balance Sheet

Part X

USA DANCE, INC

Form	990 (2018) USA DANCE, INC 54	-1294098	8	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	49,7	762
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,4	18,5	576
3	Revenue less expenses. Subtract line 2 from line 1	3		31,3	186
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	17,5	568
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	1,6	48,	754
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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?	[2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

(Form	990	or	990-EZ)
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Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

mation. Inspection

Name	lame of the organization Employer identification number							
USA	DA	NCE, INC					54-12940	98
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructior	IS.
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	r 990-EZ).	.)		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect i	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or ι	iniversity owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	rernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti						
9	\Box	An agricultural research organization			rated in co	njunction	with a land-grant coll	ege
		or university or a non-land-grant colle				-	-	5
		university:	0 0 1	,			C C	
10	Х	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gros	S
		receipts from activities related to its e	. ,					
		support from gross investment income	•		•	<i>.</i>		
		acquired by the organization after Ju		,		,		
11	\square	An organization organized and opera				,		
12	\square	An organization organized and operat	•					es
		of one or more publicly supported or	•	•				
		Check the box in lines 12a through 12	-					
	а	Type I. A supporting organization						•
		the supported organization(s) the			•••	-		5
		supporting organization. You mu			,			
	b	Type II. A supporting organizatio	-		th its supp	orted ora	anization(s), by havin	a
		control or management of the sup				-	.,	•
		organization(s). You must comp		•				
	с	Type III functionally integrated			nection w	ith, and fu	nctionally integrated	with
	-	its supported organization(s) (see		•			, ,	
	d	Type III non-functionally integr	,	•	•			tion(s)
	-	that is not functionally integrated.						
		requirement (see instructions). Y						•
	е	Check this box if the organization	•	•	•		Type II. Type III	
	•	functionally integrated, or Type III				α.)ρο.,	.) po, .) po	
	f	Enter the number of supported organ	-					
	g	Provide the following information about		danization(s).				
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you	-	support (see	other support (see
	above (see instructions)) document? instructions) instructions)							
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								

(E)

		DANCE, INC				54-1294098	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify	under the tests	s listed below, p	please complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				•		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percen	tage			1	
14	Public support percentage for 2018 (line 6, o	column (f) divided l	by line 11, column	(f))		14	%
15	Public support percentage from 2017 Sched	lule A, Part II, line	14			15	%
16a	33 1/3% support test - 2018. If the organiz	zation did not cheo	ck the box on line	13, and line 14 is 3	33 1/3% or more, cl	neck this	
	box and stop here. The organization quality	fies as a publicly s	upported organization	ation			🕨 🗌
b	33 1/3% support test - 2017. If the organized	zation did not cheo	ck a box on line 1	3 or 16a, and line 1	5 is 33 1/3% or mo	re, check	_
	this box and stop here. The organization of	ualifies as a publi	cly supported orga	anization			🕨 🗌
17a	10%-facts-and-circumstances test - 201	 If the organization 	on did not check a	a box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstan	ces" test. The orga	anization qualifies a	s a publicly suppor	ted	
	organization						🕨 🗌
b	10%-facts-and-circumstances test - 201	7. If the organizati	on did not check a	a box on line 13, 16	6a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization mee	ets the "facts-and-o	circumstances" tes	st. The organization	qualifies as a publi	cly	
18	supported organization						► 🗌
	instructions	<u></u> .	<u></u> .	<u></u>	<u></u>	<u></u>	· · · · ► 🔲
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2018

Sche		DANCE, INC				54-1294098	Page 3
Pa	rt III Support Schedule for Org	janizations De	scribed in Sec	tion 509(a)(2)			
	(Complete only if you check	ked the box on	line 10 of Part I	or if the organ	ization failed t	o qualify under	Part II.
	If the organization fails to q	ualify under the	e tests listed be	low, please co	mplete Part II.)		
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120 725	650 442	641,008	E90 400	275 792	2 206 202
2	Gross receipts from admissions, merchandise	130,735	659,443	041,008	589,423	275,783	2,296,392
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,537,726	2,186,125	1,940,044	1,777,852	2,273,926	9,715,673
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,668,461	2,845,568	2,581,052	2,367,275	2,549,709	12,012,065
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) .						12,012,065
See	ction B. Total Support		1	1			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,668,461	2,845,568	2,581,052	2,367,275	2,549,709	12,012,065
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	380	501	388	752	655	2,676
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	380	501	388	752	655	2,676
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,134	17 662	50 639	101 100	82,154	335,777
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,723,975	17,662	59,638 2,641,078	121,189 2,489,216		12,350,518
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	, or fifth tax year a	as a section 501(c))(3)	
Sec	organization, check this box and stop here . ction C. Computation of Public Su						· · · · F 📋
15	Public support percentage for 2018 (line 8, cc		-)		15	97.26 %
16	Public support percentage from 2017 Schedu				ł	16	99.99 %
	ction D. Computation of Investme						/0
17	Investment income percentage for 2018 (line			olumn (f)		17	0.00 %
18	Investment income percentage from 2017 S	.,	•	.,,	-	18	0.00 %
	33 1/3% support tests - 2018. If the organiz	zation did not checł	k the box on line 14	l, and line 15 is mo	ore than 33 1/3%,	and line	
b	17 is not more than 33 1/3%, check this box33 1/3% support tests - 2017. If the organized in the organized i	zation did not check	k a box on line 14 c	or line 19a, and line	e 16 is more than	33 1/3%, and	_
<u>20</u>	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did r	•	0		, ,, ,,	•	=

Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ecti	on A. All Supporting Organizations			
			Yes	1
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	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).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
2	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
a	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	Ea		
	was accomplished (such as by amendment to the organizing document).	5a		_
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		_
	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).	8		_
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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.	9b		
С	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.	9с		
а	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
	Schedule A			-

Sched	ule A (Form 990 or 990-EZ) 2018 USA DANCE, INC 54-1294098		P	age 5
Pa	rt IV Supporting Organizations (continued)			
	the the energiestics exected a sift as exactly time from any of the following second 0		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? 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? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Jec	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		103	NO
•	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 Part VI 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 year (see in	struc	tions)).
a				
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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	20		
۲	that these activities constituted substantially all of its activities.	2a		
U	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	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? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedule A (Fo		r 990-EZ	2) 2018

Page 5

Schedule A (Form 990 or 990-EZ) 2018 USA DANCE, INC		54-12	94098 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			,
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supportin	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

	ule A (Form 990 or 990-EZ) 2018 USA DANCE, INC t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	54-129 zations (continued)	94098 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			
EEA			Sched	ule A (Form 990 or 990-EZ) 2018

Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCH	IEDULE D	Suppler	nental Financial Statements			OMB No. 1545-0047
(Form 990)		Complete if the complete of	he organization answered "Yes" on Form 990,			2018
		Part IV, line 6, 7 ,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.			Open to Public
	ment of the Treasury I Revenue Service	► Go to www.irs.gov/F	Form990 for instructions and the latest informat	ion.		Inspection
	of the organization				oyer identifi	cation number
USA	A DANCE, I	NC		5	4-129	4098
Pa	t I Organiza	tions Maintaining Donor Advise	ed Funds or Other Similar Funds or Accou	nts.		
	Complete	if the organization answered "Ye	s" on Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b)	Funds and o	other accounts
1		nd of year				
2		f contributions to (during year) .				
3		f grants from (during year)				
4		t end of year				
5	-		s in writing that the assets held in donor advised			
•	•		nization's exclusive legal control?	• • • • •	• • • • •	🗌 Yes 🗌 No
6	-		or advisors in writing that grant funds can be used			
		•	donor or donor advisor, or for any other purpose			Yes No
Pa		vation Easements.		• • • •	• • • • •	
i ui		e if the organization answered "Ye	es" on Form 990 Part IV line 7			
1		servation easements held by the organ				
-		of land for public use (e.g., recreation c		lv importa	ant land a	ea
	Protection of r	1 (0)	Preservation of a certified	• •		
	Preservation c	f open space				
2			ualified conservation contribution in the form of a co	nservatio	n	
		ist day of the tax year.				he End of the Tax Year
а	Total number of co	inservation easements		. 2a		
b	Total acreage rest	ricted by conservation easements .		. 2b		
с	Number of conserv	vation easements on a certified historic	c structure included in (a)	. 2c		
d	Number of conserv	vation easements included in (c) acqui	red after 7/25/06, and not on a			
	historic structure lis	sted in the National Register		. 2d		
3	Number of conserv	ation easements modified, transferred	d, released, extinguished, or terminated by the orga	nization o	during the	
	tax year					
4		where property subject to conservation				
5	-		e periodic monitoring, inspection, handling of			
_	,	prcement of the conservation easemen				
6	Staff and volunteer	hours devoted to monitoring, inspectir	ng, handling of violations, and enforcing conservation	n easem	ents durin	g the year
-	►	—				
7		s incurred in monitoring, inspecting, n	andling of violations, and enforcing conservation ea	sements	auring the	e year
8	► \$	vation accoment reported on line 2(d)	above satisfy the requirements of section 170(h)(4)	(B)(i)		
0	and section 170(h)					Yes No
9	.,		rvation easements in its revenue and expense state			
Ū	-	0	otnote to the organization's financial statements that			
		ounting for conservation easements.				
Pa		-	ons of Art, Historical Treasures, or Of	her Sir	milar A	ssets.
		te if the organization answered "Y				
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statement a	ind balan	ice sheet	
	works of art, histor	cal treasures, or other similar assets I	neld for public exhibition, education, or research in f	urtherand	e of	
	public service, pro	vide, in Part XIII, the text of the footnot	e to its financial statements that describes these ite	ms.		
b	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement and	balance s	sheet	
	works of art, histor	cal treasures, or other similar assets I	neld for public exhibition, education, or research in f	urtherand	e of	
		vide the following amounts relating to t				
			•••••••••••••••••••••••••••••••••••••••			
	.,					
2	-		I treasures, or other similar assets for financial gain	, provide	the	
	-		16 (ASC 958) relating to these items:			
a						
b					►\$	
For F	aperwork Reducti	on Act Notice, see the Instructions f	or Form 990.			Schedule D (Form 990) 2018

Schedu	ule D (Form 990) 2018 USA DANCE, INC							54-129	4098	<u> </u>	2 age
Par	t III Organizations Maintaining C	ollec	tions c	of Art, Histo	orical T	reasures,	or Othe	er Similar As	sets (co	ntinue	ed)
3	Using the organization's acquisition, accession, a	and otl	her record	ds, check any o	of the follo	wing that are	a significa	ant use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or excha	ange prog	Irams					
b	Scholarly research		e	Other							
с	 Preservation for future generations 										
4	Provide a description of the organization's collect	ctions a	and expla	in how they fu	ther the o	rganization's e	exempt p	uroose in Part			
	XIII.					5					
5	During the year, did the organization solicit or re-	ceive o	Ionations	of art, historica	al treasure	es, or other sin	nilar				
•	assets to be sold to raise funds rather than to be								🗆	Yes	No
Par	t IV Escrow and Custodial Arrang			part of the org	anization		•••		•• 🗆		
	Complete if the organization an			s" on Form	990 Pa	rt IV line 9	or rep	orted an amo	unt on F	orm	
	990, Part X, line 21.		04 100		000, i u		, 01 10p			0	
1a	Is the organization an agent, trustee, custodian of	r othe	r intermer	liany for contrib	utions or	other assets r	ot				
ia				-						Yes	No
h	If "Yes," explain the arrangement in Part XIII and				• • • •				•• 🗆		
b		1 COM		ollowing table.				Δ.	mount		
	Deginning belongs						10		nount		
C L	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance									V	
2a	Did the organization include an amount on Form									Ē	No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck he	ere if the e	explanation ha	s been pro	ovided on Pari		• • • • • • • • •		•••[
Par	<u>Tt V</u> Endowment Funds.				000 D-		<u> </u>				
	Complete if the organization an										
		(a)	Current year	r (b) Pi	ior year	(c) Two year	's back	(d) Three years back	(e) Fo	ur years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year e	nd balanc	ce (line 1g, colu	umn (a)) h	neld as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment %										
С	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b, and 2c should	equal '	100%.								
3a	Are there endowment funds not in the possession	on of tl	ne organiz	zation that are	held and a	administered f	or the				
	organization by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons liste	ed as requ	uired on Scheo	lule R?.				. 3b		
4	Describe in Part XIII the intended uses of the or	ganiza	ation's end	dowment funds	i.						
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization an		ed "Yes	s" on Form	990, Pa	rt IV, line 1	1a. See	e Form 990, P	art X, lir	ne 10.	
	Description of property			or other basis		, t or other basis		Accumulated		ok value	
				vestment)		(other)		epreciation			
1a	Land										
b	Buildings										
c	Leasehold improvements										
d											
e	Other STMD11	 z			1	7,500				7 1	500
	I. Add lines 1a through 1e. (Column (d) must eq		orm 990 1	Part X column	(B) line	-	1				500
					(_),	••••					

Schedule D (Form 990) 2018

EEA

Schedule D (Form			54-12940	98 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(U) (H)				
	must actual Form 000, Part X, and (P) line 12)			
Part VIII) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b,) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Pa	rt X, line 15.
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)	•	
Part X	Other Liabilities.	.,		
T ut X	Complete if the organization answere line 25.	d "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
-	income taxes		-	
		4 162	-	
	VE FOR INACTIVE CHAPTERS	4,162	-	
	LL LIABILITIES	1,760	-	
(4)			-	
(5)			-	
(6)			-	
(7)			-	
(8)			-	
(9)				
) must equal Form 990, Part X, col. (B) line 25.) 🕨	5,922		
-	uncertain tax positions. In Part XIII, provide the tex			_
organization's	liability for uncertain tax positions under FIN 48 (A	SC 740). Check here if the text of	of the footnote has been provided in Part	XIII

Sched	ule D (Form 990) 2018 USA DANCE, INC	54-1294098	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	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	
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
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.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Pa	rt 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.

SCHEDULE G	Supplemen	tal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047
orm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						if the	2018	
Department of the Treasury	Intrement of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public
nternal Revenue Service Iame of the organization	►G	o to www.irs.gov/i	-orm990 for	Instructions	and the latest informat	ion.	Employer ide	Inspection Intification number
ISA DANCE, INC								94098
	na Activities	Complete if t	he organi	zation an	swered "Yes" on	Form 90		
	-	required to con	-					
1 Indicate whether the	organization raise	ed funds through	any of the fo	llowing activ	ities. Check all that a	oply.		
a 🗌 Mail solicitations			е 🗌	Solicitation	of non-government gra	ants		
b Internet and email	solicitations		f 🗌	Solicitation	of government grants			
c Phone solicitation	S		g 🗌	Special fund	draising events			
d 🗌 In-person solicitati	ons							
2a Did the organization	have a written or	oral agreement w	vith any indiv	idual (includ	ing officers, directors,	trustees,	_	_
or key employees list b If "Yes," list the 10 high compensated at leas	ghest paid individ	uals or entities (fu		•	ssional fundraising se greements under whit			es ∐ No e
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
3								
7								
3								
9								
0								
otal	the organization	is registered or lic		►	tions or has been noti	ified it is e	kempt from	

Ра			DANCE, INC			-1294098 Page
u	rt II	Fundraising Events. Com than \$15,000 of fundraising				
		gross receipts greater than		a gross income on ronn		
		<u></u>	(a) Event #1 VA CHAPTER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
PUEVEIUUE	1	Gross receipts	44,516			44,516
	2	Less: Contributions				
	3	Gross income (line 1 minus				
_		line 2)	44,516			44,516
	4	Cash prizes				
	5	Noncash prizes				
00015	6	Rent/facility costs	20,829			20,829
הווכתו באממוסמס	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses	11,387			11,387
	10	Direct expense summary. Add lines	4 through 9 in column (d)			32,216
					•	10.000
	11	Net income summary. Subtract line				12,300
a	11 rt II	Gaming. Complete if the c	rganization answered			
'a			rganization answered			
		Gaming. Complete if the c	rganization answered			more (d) Total gaming (add
	rt II	Gaming. Complete if the c than \$15,000 on Form 990	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	
		Gaming. Complete if the c	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	more (d) Total gaming (add
0000	rt II	Gaming. Complete if the c than \$15,000 on Form 990	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	more (d) Total gaming (add
0000	<u>1</u>	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	more (d) Total gaming (add
	1 2	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	more (d) Total gaming (add
	rt II 1 2 3 4	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs	organization answered I-EZ, line 6a.	"Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported	more (d) Total gaming (add
0000	1 2 3	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue	rganization answered -EZ, line 6a. (a) Bingo	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported	more (d) Total gaming (add
0000	rt II 1 2 3 4	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs	rganization answered -EZ, line 6a. (a) Bingo	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported (c) Other gaming	more (d) Total gaming (add
	rt II 1 2 3 4 5	Gaming. Complete if the c than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	rganization answered ' -EZ, line 6a. (a) Bingo	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported (c) Other gaming	more (d) Total gaming (add

b If "No," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

USA DANCE, INC

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2018 Open to Public Inspection

Employer identification number

54-1294098

01. Member election for additional members (Part VI, line 7a)

VOTING MEMBERS MUST BE AT LEAST 18 YEARS OF AGE AND IN GOOD STANDING WITH USA DANCE. THE

VOTING MEMBERS ELECT THE NATIONAL OFFICERS EXCEPT: THE VICE PRESIDENT FOR DANCESPORT WHO

IS ELECTED BY THE VOTING ATHLETES, THE VICE PRESIDENT FOR SOCIAL DANCE WHO IS ELECTED BY

SOCIAL DANCERS, AND THE VICE PRESIDENT FOR PROFESSIONAL DANCE WHO IS ELECTED BY

PROFESSIONAL DANCERS.

02. Form 990 governing body review (Part VI, line 11)

THE 990 IS REVEIWED BY THE TREASURER PRIOR TO FILING, AND LATER BY THE EXECUTIVE COMMITTEE

AFTER FILING DUE TO TIME CONSTRAINTS. THE TREASURER REVIEWS THE 990 PRIOR TO RELEASE AND

THE GOVERNING BODY REVIEWS IT AFTER RELEASE DUE TO TIME CONSTRAINTS

03. Conflict of interest policy compliance (Part VI, line 12c)

THE SECRETARY OF THE ORGANIZATION MONITORS POLICY COMPLIANCE ON A REGULAR BASIS.

04. Form 990 availability to public (Part VI, line 18)

AVAILABLE ON OUR WEBSITE

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE ON THE WEBSITE SELECTED GOVERNING DOCUMENTS WILL BE PROVIDED UPON REQUEST

06. Audited by an independent accountant (Part XII, line 2b)

AN AUDIT WILL BE CONDUCTED FOLLOWING THE FILING OF THE 990 DUE TO TIME CONSTRAINTS.

07. List of other expenses (Part IX, line 24e)

SEE MISC PROGRAM COSTS LISTING ON 'OVERFLOW STATEMENT' FOR LINE ITEM TOTALS.

	Federal Supporting Statements	2018 PG01
ame(s) as shown on return		Tax ID Number
JSA DANCE, INC		54-1294098
FC	RM 990, PART VI, SECTION C, LINE 17	STATEMENT #017
_		
tates where a c s required to h	opy of this Form 990 e filed:	
Alabama Arkansas	Tennessee	
Arizona	Virginia Washington	
California	Wisconsin	
Colorado	Wisconsin West Virginia	
Connecticut		
District of Colu	mbia	
Florida		
Georgia		
Hawaii		
Illinois		
Kansas		
Kentucky		
Massachusetts		
Maryland		
Michigan		
Minnesota		
Missouri		
Mississippi		
North Carolina		
North Dakota		
New Jersey		
New Mexico		
New York		
Ohio		
Oklahoma		
Oregon Pennsylvania		
Rhode Island		
South Carolina		
	FOR YOUR RECORDS ONLY	- 201
	RM 990 - SCHEDULE D - PART VI - LINE	PG01
FC	INVESTMENTS - OTHER	1E STATEMENT #D1E
ESCRIPTION	COST/BASIS COST/BASIS	BOOK
F INVESTMENT	(INVESTMENT) (OTHER)	
EBSITE UPGRADE	07,500	07,5
OTAL	07,500	07,50