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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| ΑF | For the 2 | 2009 calendar year, or tax year beginning $JUL~1~,~2009$ and ending | DEC 31, 2009 | |
|-----------------------------|------------------------------|--|---|--------------------------------------|
| В | Check if applicable | Please use IRS C Name of organization | D Employer identific | cation number |
| | Address change | label or print or DANCE/USA | | |
| | Name change | type Doing Business As | 52-1 | 253457 |
| | Initial return Termin- | See Specific Instruct 1111 16TH STREET, NW Room/su 300 | |) 833-1717 |
| 늗 | ⊸ated □Amende | 1 market 1 m | G Gross receipts \$ | 1,168,198. |
| - | ∟lreturn ∏Applica- | City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 | H(a) Is this a group re | |
| | ⊥tiòn pending | F Name and address of principal officer:ANDREA SNYDER | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | H(b) Are all affiliates inc | |
| | | npt status: X 501(c) (3 | | list (see instructions) |
| | | ▶ WWW.DANCEUSA.ORG | H(c) Group exemption | |
| | | - · · · · · · · · · · · · · · · · · · · | ear of formation: 1982 N | State of legal domicile: DC |
| Pá | | Summary Paragram | | |
| ු ම | 1 B | refly describe the organization's mission or most significant activities DANCE/USA ERVICE ORGANIZATION FOR THE PROFESSIONAL DAMESTICATION. | A IS THE NATIO | ONAL |
| Activities & Governance | _ | | | note . |
| 多多 | | neck this box | 3 | 39 |
| 気の | | umber of independent voting members of the governing body (Part VI, line 1b) | 4 | 38 |
| | | otal number of employees (Part V, line 2a) | 5 | 21 |
| 開業 | 6 To | otal number of volunteers (estimate if necessary) | 6 | 10 |
| | 7a To | otal gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 8,204. |
| | b N | et unrelated business taxable income from Form 990-T, line 34 | 7b | <1,342. |
| <i>⊕</i> | | | Prior Year | Current Year |
| <u></u> | | contributions and grants (Part VIII, line 1h) RECEIVED RECEIVED | 3,780,245. | 829,308. |
| 0102 Revenue | | ogram service reverses (rank vin, into 29) | 6,351. | 295,537. |
| æ | 10 In | vestment income (Part VIII, column (A), lines 3, 4 and 7d), ther revenue (Part VIII, column (A), lines 5, 6d, 8c 9c 10c, and 11e) 2010 | 114,989. | 40,914. |
| | 11 O | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,285,926. | 1,168,198. |
| | 13 G | | 94,086. | |
| | 14 B | rants and similar amounts paid (Part IX, column (A), lines 135 DEN, UT | | |
| S | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 933,456. | 513,108. |
| Expenses | 16 a P | rofessional fundraising fees (Part IX, column (A), line 11e) | | |
| Š | ľ | otal fundraising expenses (Part IX, column (D), line 25) 69,897. | 000 610 | 520 650 |
| щ | 1 | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 870,619. | 539,659. |
| | | otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,898,161. | 1,052,767. 115,431. |
| es | | evenue less expenses Subtract line 18 from line 12 | Beginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 T | otal assets (Part X, line 16) | 3,965,926. | 4,152,368. |
| Ass d Ba | 21 T | otal liabilities (Part X, line 26) | 168,373. | 239,384. |
| Fee | 22 N | et assets or fund balances. Subtract line 21 from line 20 | 3,797,553. | 3,912,984. |
| Pa | | Signature Block | | |
| | l a | inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled | ts, and to the best of my knowledg Ige | ge and belief, it is true, correct, |
| | - 1. | | 1 4 / / | .3 |
| Sıg | 1 1 | Signature of officer | Date | 10 |
| Her | e ' | Anorex E) Snyoon, Prisipont F | Varne 1 |) Led ma |
| | i i | Type or print name and title | RECOTION D | TRUIDIC |
| 0-1 | , F | Preparer's Date | | r's identifying number tructions) |
| Paid | 0 | ignature R H IIIII | self- employed ▶ [(see ins | |
| | ' [[| irm's name (or RAFFA, PC | EIN ► | |
| | , o, | elf-employed), 1899 L STREET NW, SUITE 900 | | |
| _ | | P+4 WASHINGTON, DC 20036 | Phone no. ► 20 | 02-822-5000 |
| | | discuss this return with the preparer shown above? (see instructions) | | X Yes No |
| 9320 | 01 02-04- | 10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i | nstructions. | Form 990 (2009) |

| 4d | Other program services (Describe in Schedule O) | |
|----|---|-------------------------|
| | (Expenses \$ 401,347. including grants of \$ |) (Revenue \$ 291,688.) |
| 40 | Total program service expenses \$ 726.706 | • |

932002 02-04-10

| Part IV | Checklist of Required Schedules |
|---------|---------------------------------|

| | | | res | NO |
|-----|--|------|--------|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | N/ | A |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | _ | | f – |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable | 11 | Х | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | | | |
| • | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | |
| • | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | |
| • | 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? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | 4 | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | + | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | | Δ. |
| b | and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 140 | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | " | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Х |
| | | Form | 990 (2 | 2009) |

Form 990 (2009) DANCE/USA

Part IV Checklist of Required Schedules (continued)

| | | | res | NO |
|----------|--|-------------|----------|------------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| · | any tax-exempt bonds? | 24c | | |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 1 | | |
| <u>س</u> | 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 | 100 | | |
| J | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 1 | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 200 | | |
| 20 | person outstanding as of the end of the organization's tax year? 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 | | | |
| 21 | contributor, or a grant selection committee member, or to a person related to such an individual? 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 | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions) | , | | |
| _ | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | - | \mathbf{x}^{-} |
| a | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| b | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | 200 | | |
| С | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 20 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 29 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | - |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 24 | Did the organization liquidate, terminate, or dissolve and cease operations? | - 30 | | |
| 31 | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 22 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | Schedule N, Part II | 32 | | х |
| 22 | | - 3Z | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 0.4 | Was the organization related to any tax-exempt or taxable entity? | 33 | | - 21 |
| 34 | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 24 | | Х |
| 0E | | 34 | | 71 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Х |
| 00 | | 35 | \vdash | 71 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? | 200 | | Х |
| 27 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | 41 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | Х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | \vdash | - 11 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 20 | x | |
| | Note. All Form 990 filers are required to complete Schedule O | | 990 (2 | 2000; |
| | | rom | 33U (2 | 2009) |

| • | • | | Yes | No |
|------------|---|------|-----|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms 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 reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | L., |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | L |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Х | L |
| 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_ | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | | | |
| | Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| 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, Disclosure by Tax-Exempt Entity Regarding Prohibited | _ | | |
| _ | Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | _ | | х |
| | any contributions that were not tax deductible? | 6a | | |
| Ø | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | CL | | 1 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | | | - ' |
| а | 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 | | - |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| · | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | , | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | i . |
| | benefit contract? | 7e | - | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings | | | |
| | at any time during the year? N/A | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? N/A | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| a | | | | |
| 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 N/A 11a | 1 | | |
| a | | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | İ | |
| 12- | amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 122 | | |
| | I I | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | Form | 990 | 2000) |

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Part 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 instructions

| Sec | tion A. Governing Body and Management | | | | | |
|-----|--|-------------------------|---------|---------|---------------|----------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 39 | | | |
| þ | Enter the number of voting members that are independent | _1b | 38 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p with any other | | | | |
| | officer, director, trustee, or key employee? | | | 2 | X | |
| 3 | Did the organization delegate control over management duties customanly performed by or under th | e 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 organizational documents since the prior Fo | m 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's asset | :s? | l | 5 | | X |
| 6 | Does the organization have members or stockholders? | | | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more me | mbers of the | | i | | |
| | governing body? | | | 7a | | <u>X</u> |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other per | sons? | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | during the year | | | | |
| | by the following: | | | | | |
| а | The governing body? | | | 8a _ | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | ched at the | | | | 7.7 |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | <u> </u> |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Ri | evenue Code) | | | | |
| 40 | Desired to the second of the s | | Ī | 40 | Yes X | No |
| | Does the organization have local chapters, branches, or affiliates? | abantara affiliatas | ł | 10a | | |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization? | criapters, armates, |] | 10b | х | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before fi | ling the form? | 1 | 11 | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | mig the form | Ì | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | Ī | 12a | х | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that cou | ıld aıve nse | Ì | | | <u> </u> |
| - | to conflicts? | 3 | | 12b | Х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If | 'Yes," describe | | | | |
| | ın Schedule O how this is done | | | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | | 1 | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | al by independent | l | ĺ | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | ļ | İ | Ţ. | |
| а | The organization's CEO, Executive Director, or top management official | | - | 15a | X | |
| b | Other officers or key employees of the organization | | } | 15b | Х | |
| | 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 arranger | nent with a | | | | х |
| | taxable entity during the year? | | | 16a | | |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval | • • | ' [| | ļ | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements? | anization s | | 16b | | |
| Sec | tion C. Disclosure | | | TOD 1 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY , PA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (501(c)(3)s only) ava | ılable | for | | |
| | public inspection Indicate how you make these available Check all that apply | | | | | |
| | Own website Another's website X Upon request | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c | onflict of interest pol | ıcy, an | d finai | ncial | |
| | statements available to the public | • | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books ar | nd records of the org | anızat | on. 🕨 | | |
| | THE ORGANIZATION - (202)833-1717 | | | | | |
| | 1111 16TH STREET, NW, #300, WASHINGTON, DC 20036 | | | | | |
| | | | | Form ! | 990 (: | 2009) |

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

* Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

| Name and Telle | (A) | (B) | 1 | 17011 | |) (2) | , unc | 3010 | (D) | (E) | (F) |
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| Part VII Section A. Officers, Directors, Tru | stees, Key E | mplo | yee | s, a | nd I | High | nest | Compensated Employ | ees (continued) | |
| · (A) | (B) | | | | C) | | | (D) | (E) | (F) |
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| | | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
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| MATTHEW KEEFE | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| LARRY KEIGWIN | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| JACK LEMMON | | | | | | | | | | _ |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN MALASHOCK | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | L | | | | 0. | 0. | 0. |
| KEN MALDONADO | | | | ŀ | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| LESLIE MALMED | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | ŀ | 0. | 0. | 0. |
| VICTORIA MORGAN | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | <u> </u> | 0. | 0. | 0. |
| 1b Total | | | | | | | | 183,548. | 0. | 13,090. |
| 2 Total number of individuals (including but n | ot limited to th | nose | liste | ed al | pove | e) wł | ho r | eceived more than \$100 | 0,000 in reportable | |
| compensation from the organization | | | | | | | | | | 1 |

| | compensation from the organization | | | 1 |
|---|--|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on | _ | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | Х |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to | | | |
| | the organization? If "Yes," complete Schedule J for such person | 5 | | X |

Section B. Independent Contractors

| 1 | Complete this table for | your five highest compensated independent contractors that received more than \$100,000 of compensation from |
|---|-------------------------|--|
| | the organization | NONE |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of independent contractors (including but not limited to those li | | |

Form **990** (2009)

DANCE/USA 52-1253457 Form 990 (2009) Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 100,000 Government grants (contributions) All other contributions, gifts, grants, and 729,308 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 829,308 Total. Add lines 1a-1f Business Code 2 a SERVICE FEES 900099 140,283. 140,283 Program Service Revenue b MEMBERSHIP DUES 900099 131,161. 131,161 900099 21,085. 21,085. c REGISTRATION FEES PUBLICATIONS 900099 3,008. 3,008 All other program service revenue 295,537. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,439 2,439. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code**

9

28,585.

4,125.

900099

900004

900099

28,585

8,204.

4.125.

40,914.

295,537.

168,198.

932009 02-04-10

11 a SUBLEASE

ADVERTISING

d All other revenue

MISCELLANEOUS

Total. Add lines 11a-11d

Total revenue See instructions.

8,204

8,204.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and | | , | | , |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 98,319. | 30,444. | 57,998. | 9,877 |
| 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 | 336,217. | 242,866. | 50,005. | 43,346 |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | 23,062. | 18,875. | 1,763. | 2,424 |
| 9 | Other employee benefits | 23,095. | 13,460. | 9,101. | 534 |
| 10 | Payroll taxes | 32,415. | 23,768. | 4,688. | 3,959 |
| 11 | Fees for services (non-employees). | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 14,164. | 5,043. | 8,718. | 403 |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | <u></u> | |
| f | Investment management fees | | | | |
| g | Other | 148,717. | 132,818. | 15,877. | 22 |
| 12 | Advertising and promotion | 4,972. | 4,972. | | |
| 13 | Office expenses | 39,045. | 29,304. | 8,995. | 746 |
| 14 | Information technology | 31,722. | 1,710. | 30,012. | |
| 15 | Royalties | 400 400 | 64 055 | | |
| 16 | Occupancy | 103,400. | 61,075. | 38,937. | 3,388 |
| 17 | Travel | 68,962. | 63,073. | 4,627. | 1,262 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 60 000 | | 4 544 | |
| 19 | Conferences, conventions, and meetings | 68,202. | 66,658. | 1,544. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 04 161 | | 6 005 | 2 4 4 4 |
| 22 | Depreciation, depletion, and amortization | 24,161. | 14,133. | 6,887. | 3,141. |
| 23 | Insurance | 2,461. | | 2,461. | |
| 24 | Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | - | | | |
| а | UBI TAXES | 401. | 401. | | |
| b | PROF. DUES/MEMBERSHIPS | 10,925. | 660. | 10,265. | |
| С | GRANT EXPENSE | 4,931. | 4,931. | | |
| d | EQUIP. MAINT./REPAIR | 4,270. | 2,723. | 1,547. | |
| е | HOSPITALITY/TICKETS | 4,140. | 3,922. | 179. | 39. |
| f | All other expenses | 9,186. | 5,870. | 2,560. | 756. |
| 25 | Total functional expenses Add lines 1 through 24f | 1,052,767. | 726,706. | 256,164. | 69,897. |
| 26 | Joint costs. Check here If following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | j | | | |

932010 02-04-10

Part X | Balance Sheet (A) Beginning of year End of year 10,425. 13,078. 1 1 Cash - non-interest-bearing 1,284,432. 2,107,865. 2 2 Savings and temporary cash investments 2,431,747. 1,723,658. 3 Pledges and grants receivable, net 3 50,589. 194,009. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 7 Notes and loans receivable, net Assets Inventories for sale or use 8 86,335. 25,845. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 177,636 10a basis. Complete Part VI of Schedule D 72,089. 119,232. 58,404. 10b 10c b Less: accumulated depreciation Investments · publicly traded securities 11 Investments - other secunties See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 30,309 29,509. 15 15 Other assets See Part IV, line 11 3,965,926. 143,716. 4,152,368. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 70,938. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 151,051. 3,305. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D abilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 21,352. 17,395. Other liabilities Complete Part X of Schedule D 25 168,373. 26 Total liabilities. Add lines 17 through 25 26 239,384. Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 385,563. 485,510. 27 27 Unrestricted net assets 3,411,990. 3,427,474. 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 3,797,553. 3,912,984. 33 Total net assets or fund balances 3,965,926. 4,152,368.

Form 990 (2009)

34

Total liabilities and net assets/fund balances

| Pa | t XI Financial Statements and Reporting | | | |
|----|--|------|------------------|--------|
| | • | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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 | _ X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| ď | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| За | 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? | За | | 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 | | |
| | | Form | 990 ₍ | (2009) |

11081110 786783 DUSA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 52-1253457 DANCE/USA

| Par | 1 | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this par | t) See ins | tructions. | | | |
|------------|-------|--|-----------------------------|-------------------------------|----------------------|---------------------------|--------------------|---------------------|------------------------|--|------------------------|--|
| The o | rgani | zation is not a | private foundation l | because it is (For lines | 1 through | 11, check | only one b | oox) | | | | |
| 1 [| | | • | s, or association of chur | | | | |). | | | |
| 2 [| | A school des | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E) | | | | | | | |
| з [| | | | tal service organization of | | | 170(Ь)(1) | (A)(iii). | | | | |
| 4 [| | • | • | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter t | he hospital's name, | |
| | | city, and stat | | | | | | | | | | |
| 5 [| | An organizati | on operated for the | benefit of a college or ur | niversity o | wned or op | perated by | a govern | mental uni | t describe | ed in | |
| _ | | • | (b)(1)(A)(ıv). (Comple | = | - | · | | - | | | | |
| 6 | | | | ent or governmental uni | t describe | d ın sectio | n 170(b)(| 1)(A)(v). | | | | |
| 7 | X | | | | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | |
| 8 [| | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | |
| 9 [| | • | | eives (1) more than 33 1 | | | rom contr | ibutions, n | nembershi | p fees, ar | nd gross receipts from | |
| | | | • | nctions - subject to certa | | | | | | • | * | |
| | | income and u | unrelated business to | axable income (less sect | tion 511 ta | x) from bu | sinesses | acquired b | y the orga | ınızatıon a | after June 30, 1975. | |
| | | | 509(a)(2). (Complete | | | | | | | | | |
| 10 | | An organizati | on organized and op | perated exclusively to te | st for publ | ıc safety. S | See sect io | n 509(a)(4 | 4). | | | |
| 11 [| | An organizati | ion organized and op | perated exclusively for th | ne benefit | of, to perfo | orm the fu | nctions of | , or to carr | y out the | purposes of one or | |
| | | more publicly | supported organiza | ations described in secti | on 509(a)(| 1) or section | on 509(a)(a | 2). See se e | ction 509(| a)(3). Che | eck the box that | |
| | | describes the | e type of supporting | organization and compl | et <u>e lin</u> es 1 | 1e through | 11h | | | | - | |
| _ | | a Type I | 1 b | ☐ Type II | тур 📖 з | e III - Func | tionally in | tegrated | | d L | Type III - Other | |
| e [| | By checking | this box, I certify tha | it the organization is not | controlled | d directly o | r indirectly | by one o | r more dis | qualified p | persons other than | |
| | | foundation m | nanagers and other t | han one or more publicly | y supporte | ed organiza | ations des | cribed in s | section 509 | 9(a)(1) or s | section 509(a)(2) | |
| f | | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Typ | e III | | | |
| | | supporting o | rganization, check th | nis box | | | | | | | | |
| g | | Since Augus | t 17, 2006, has the o | organization accepted ar | ny gift or c | ontribution | from any | of the foll | owing per | sons? | | |
| | | (i) A perso | n who directly or ind | irectly controls, either al | lone or tog | ether with | persons o | described | ın (ıı) and (| ш) below, | Yes No | |
| | | the gove | erning body of the su | upported organization? | | | | | | | 11g(i) | |
| | | (ii) A family | member of a persor | n described in (i) above? | 1 | | | | | | 11g(ii) | |
| | | (III) A 35% (| controlled entity of a | person described in (i) of | or (II) abovi | e? | | | | | 11g(ıii) | |
| h | | Provide the f | ollowing information | about the supported or | ganızatıon | (s) | | | | | | |
| | | | | | . | | | | | | | |
| (ı) N | lame | of supported | (ıı) EIN | (iii) Type of organization | r , | organization | | | (vi) ls organizatio | the | (vii) Amount of | |
| | orga | ınızatıon | | /dagawhad an Imag 1 O | | sted in your document? | | non in col. | (i) organiz U.S | ed in the | support | |
| | | | | above or IRC section | | | | , | ļ | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
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| Total | | | | | <u> </u> | | | | J | اا | | |
| LHA I | or F | rivacy Act ar | nd Paperwork Redu | ction Act Notice, see the | he Instruc | tions for | | | Schedul | e A (Forn | n 990 or 990-EZ) 2009 | |

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 1497764. 1296294. 3780245. 829,308. 8245176. 841,565. 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 1497764. 1296294. 3780245. 829.308. 8245176. 841,565. 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, 4252830. column (f) 3992346. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total 829,308. 1497764. 1296294 3780245. 8245176. 841,565 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 58,914 98,932 93,478 65,713 31,024. 348,061. and income from similar sources 9 Net income from unrelated business activities, whether or not the 2,413. 2,413. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 6,159. 3,747 95,035 52,025 4,125. 161,091. assets (Explain in Part IV) 8756741. 11 Total support. Add lines 7 through 10 984,002. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 45.59 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 43.92 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \overline{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

| Section A. Public Support | garnzations | Described in | oconon ocoqu | /(-/ (Complete only | 7 ii you checkeu the o | ox on line 9 of Part |
|---|--------------------------|-------------------------------------|-----------------------|---------------------|--|----------------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and | (4) 2000 | (2) 2300 | (0) 200. | (4,200 | 10,2000 | (1) 10101 |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | } | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | 1 | İ |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | . | · · · · · · · · · · · · · · · · · · | | | | |
| 8 Public support (Subtract line 7c from line 6) | | <u> </u> | | | <u> </u> | |
| Section B. Total Support | | т | | , | , | |
| alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| Other income Do not include gain or loss from the sale of capital | | | | 1 | | |
| assets (Explain in Part IV) | | | | . | | |
| 3 Total support (Add lines 9 10c 11, and 12) | | | | <u> </u> | <u> </u> | |
| 14 First five years. If the Form 990 is for t | he organization | 's first, second, thii | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi | zation, |
| check this box and stop here | | | | | | |
| ection C. Computation of Public | Support Pe | ercentage | | | · | |
| 5 Public support percentage for 2009 (lin | ie 8, column (f) d | divided by line 13, o | column (f)) | | 15 | |
| 6 Public support percentage from 2008 | | | | | 16 | |
| ection D. Computation of Invest | tment Incon | ne Percentage | | | - | |
| 7 Investment income percentage for 200 | 9 (line 10c, colu | mn (f) divided by lii | ne 13, column (f)) | | 17 | |
| 8 Investment income percentage from 20 | 008 Schedule A | Part III, line 17 | | | 18 | |
| 9a 33 1/3% support tests - 2009. If the o | organization did | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box and | d stop here. The | organization quali | fies as a publicly s | supported organiz | ation | ▶□ |
| b 33 1/3% support tests - 2008. If the c | rganization did | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | k this box ands | top here. The orga | nization qualifies a | as a publicly supp | orted organization | ▶□ |
| 20 Private foundation. If the organization | did not check a | <u>box on line</u> 14, 19 | a, or 19b, check t | his box and see in | structions | ▶□ |
| | | | | • | hedule A (Form 99 | 0 or 990-EZ) 200 |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| | Section 501(c)(4), (5), or (6) organizat | ions complete rait iii. | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|
| Nam | ne of organization | | | Emp | loyer identification number | | | | | |
| | DANCE/U | | | | 52-1253457 | | | | | |
| Pa | ert I-A Complete if the org | anization is exempt und | der section 501(c) | or is a section 527 of | organization. | | | | | |
| 1 | Provide a description of the organiz | ation's direct and indirect politic | cal campaign activities | | | | | | | |
| 2 | Political expenditures | | | ▶\$ | S | | | | | |
| 3 | Volunteer hours | | | | | | | | | |
| | | | | | | | | | | |
| | | anization is exempt und | | | | | | | | |
| | Enter the amount of any excise tax | • • | | - | | | | | | |
| | Enter the amount of any excise tax | | | 5 ▶\$ | | | | | | |
| | If the organization incurred a section | n 4955 tax, did it file Form 4/20 | for this year? | | Yes No | | | | | |
| | Was a correction made? | | | | Yes No | | | | | |
| | o If "Yes," describe in Part IV art I-C Complete if the org | anization is exempt und | er section 501(c) | except section 501 | (c)(3). | | | | | |
| | Enter the amount directly expended | | | | | | | | | |
| | | | | | · | | | | | |
| 2 | exempt function activities | ization's failes contributed to o | iner organizations for s | ► ¢ | | | | | | |
| 3 | Total exempt function expenditures | Add lines 1 and 2 Enter here | and on Form 1120-POI | • | | | | | | |
| Ü | line 17b | Add in roo T drid E Entor Horo t | 21.0 01.1 01.11 11.201 01 | -, > \$ | | | | | | |
| 4 | | | | | | | | | | |
| | | | | | | | | | | |
| 5 | • • | · | IN) of all section 527 p | olitical organizations to which | | | | | | |
| 5 | • • | nployer identification number (E | • | - | ch payments were made | | | | | |
| 5 | Enter the names, addresses and en | nployer identification number (E he amount paid from the filing o | organization's funds Al | so enter the amount of poli | ch payments were made tical contributions received | | | | | |
| 5 | Enter the names, addresses and en For each organization listed, enter t | nployer identification number (E he amount paid from the filing o vered to a separate political org | organization's funds Al | so enter the amount of poli | ch payments were made tical contributions received | | | | | |
| 5 | Enter the names, addresses and er For each organization listed, enter t that were promptly and directly deli | nployer identification number (E he amount paid from the filing o vered to a separate political org | organization's funds Al | so enter the amount of poli | ch payments were made tical contributions received | | | | | |
| 5 | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and | | | | | |
| 5 | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of policeparate segregated fund or (d) Amount paid from | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly | | | | | |
| 5 | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |
| | Enter the names, addresses and en For each organization listed, enter that were promptly and directly delicated (PAC) If additional space is needed | nployer identification number (E he amount paid from the filing overed to a separate political org I, provide information in Part IV | organization's funds Al anization, such as a se | so enter the amount of politic parate segregated fund or (d) Amount paid from filing organization's | ch payments were made tical contributions received a political action committee (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | | | |

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

502.

207.

219.

249,323.

928.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2009 DANCE/USA 52-1253457 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | | a) | (k |) |
|-----------|--|----------------|-------------------|-------------|-----------|
| | | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of | | | | |
| а | Volunteers? | | l | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| j | Other activities? If "Yes," describe in Part IV | | | | |
| i | Total Add lines 1c through 1i | | | | |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), sect | ion 501(c |)(5), or se | ection | |
| | 501(c)(6). | | | Yes | No |
| _ | Mary and a total all and 1000 are analysis are assessed and advertise to a second and a second a | | | - 103 | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 Dai | Did the organization agree to carryover lobbying and political expenditures from the prior year? † III-B Complete if the organization is exempt under section 501(c)(4), sect | ion 501/c | 3 \(5\) or se | ction | |
| | 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | tical | | | |
| | expenses for which the section 527(f) tax was paid). | | - | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| С | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- | cess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| _ | t IV Supplemental Information | | | | |
| Com | plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a | and Part II-B, | line 1ı Also | o, complete | this part |
| | ny additional information | | | • | · |
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|-----|--|---|---|
| | organization answered "Yes" to Form 990, Part IV, lin | | o or recounted complete it the |
| | organization answered Tes to Form 990, Fartiv, in | (a) Donor advised funds | (b) Funds and other accounts |
| 4 | Total number at and of year | (a) Bellet ad less talled | (2) t divide divide delegative |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | and friends |
| 5 | Did the organization inform all donors and donor advisors in | | Yes No |
| _ | are the organization's property, subject to the organization's | · · | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | |
| Pai | mpermissible private benefit? † II Conservation Easements. Complete if the or | gapuration answered "Ves" to Form 900. I | |
| | | | raitiv, inte 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | otomooth, moneytont land aver |
| | Preservation of land for public use (e.g., recreation or | · | storically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| _ | Preservation of open space | £ - d | of a constant of the last |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year | | Held at the End of the Tax Year |
| | Tabel and the second se | | |
| a | Total number of conservation easements | | 2a |
| D | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic st | • • | 2c 2d |
| d | Number of conservation easements included in (c) acquired | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by th | e organization during the tax |
| | year - | annoment is located | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | Yes No |
| | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting, and | - | |
| 7 | | | · |
| 8 | Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)? | ve satisfy the requirements of section 170 | Yes No |
| 9 | In Part XIV, describe how the organization reports conservat | ion assaments in its revenue and expens | |
| 9 | include, if applicable, the text of the footnote to the organization | • | |
| | conservation easements | mon a mancial statements that describes | the organization's accounting to |
| Pai | t III Organizations Maintaining Collections of | of Art. Historical Treasures, or C | Other Similar Assets. |
| L | Complete if the organization answered "Yes" to Form | | |
| | | • | |
| 1a | If the organization elected, as permitted under SFAS 116, no | ot to report in its revenue statement and b | palance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | · | |
| | the footnote to its financial statements that describes these | | |
| h | If the organization elected, as permitted under SFAS 116, to | | nce sheet works of art, historical treasures |
| - | or other similar assets held for public exhibition, education, | • | • |
| | these items | | e, pre tree and remaining amounts relating to |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financia | |
| _ | the following amounts required to be reported under SFAS 1 | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |
| | . 100010 Oldddd iri i olin ddd, i dir A | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

58,404.

d Equipmente Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

| Part VII Investments - Other Securities. Se | e Form 990, Part X, line | 12 | | |
|--|----------------------------|---------------------------|---|---|
| (a) Description of security or category (including name of security) | (b) Book value | Cos | (c) Method of valua t or end-of-year mark | |
| Financial derivatives | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12) | | | | |
| Part VIII Investments - Program Related. S | ee Form 990, Part X, Iır | | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valuat t or end-of-year mark | |
| | | <u> </u> | | |
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| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line | Description | | 1 | (b) Book value |
| (a) | Description | | | (b) Book value |
| | | | | |
| | | | | |
| | | | | |
| | . = | | | |
| | | | | |
| | | . <u>.</u> | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, | 9 15) | | | |
| (a) Description of helpilitis | line 25 | (b) Amount | | ··· |
| | | (b) / tillouin | | |
| DEFERRED RENT | | 10,924. | * * | |
| DEPOSITS | | 2,700. | | |
| CAPITAL LEASE OBLIGATION | | 3,771. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| T. 1 (Oderson /h) and a 15 and 200 St. 14 and 200 | - 05) | 17 205 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | | 17,395. | that ranged at a | numation le liefe le C |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote tax positions under FIN 48 | outote to the organization | on s financial statements | mai reports the orga | unzation's liability for |
| uncertain tax positions under FIN 48 932053 02-01-10 | | | Sche | dule D (Form 990) 2009 |

24

| _ | dnie n (koum aan) 500a - DYINCE / ORY | | | | 1233437 Page 4 |
|------------|---|-----------|-------------------|------------------|---------------------------------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | Audited | I Financial State | emen | |
| • 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 1,168,198. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 1,052,767. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | | 115,431. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | 6 | | |
| 7 | Pnor period adjustments | | 7 | | <u> </u> |
| 8 | Other (Describe in Part XIV) | | 8 | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | | 0. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | 10 | | 115,431. |
| Par | t XII Reconciliation of Revenue per Audited Financial Stateme | ents With | n Revenue per F | ≀etun | 1 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,454,124. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | _ |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | 1 | |
| С | Recovenes of prior year grants | 2c | | 1 | |
| d | Other (Describe in Part XIV.) | 2d | 4,285,926. | 1 | |
| e | Add lines 2a through 2d | | <u> </u> | 2e | 4,285,926. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,168,198. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | ٣ | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | 1 | |
| | Add lines 4a and 4b | _ 70 | | 4c | 0. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | 1,168,198. |
| | t XIII Reconciliation of Expenses per Audited Financial Statem | ents Wit | h Expenses per | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,950,928. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | - - - | |
| • | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | 1 | |
| | Other losses | 2c | | 1 | |
| ن | | 2d | 1,898,161. | 1 | |
| ď | Other (Describe in Part XIV) | 20] | 1,050,101. | ا ہے ا | 1,898,161. |
| e | Add lines 2a through 2d | | | 2e 3 | 1,052,767. |
| 3 | Subtract line 2e from line 1 | | | → | 1,032,707. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 . 1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 | |
| b | Other (Describe in Part XIV) | 4b | | 1. | 0. |
| _C | Add lines 4a and 4b | | | 4c | • • |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information | | | 5 | 1,052,767. |
| | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | | | | |
| | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp | | | ditiona | Information |
| PAI | RT X: DANCE/USA PERFORMED AN EVALUATION OF | UNCER | CTAIN TAX | | · · · · · · · · · · · · · · · · · · · |
| D01 | TIMIONG AG OF DEGENDED 21 2000 AND DEMED | MENTED | | T.777 | DD 110 |
| <u> PO</u> | SITIONS AS OF DECEMBER 31, 2009, AND DETER | MINED | THAT THERE | WE. | RE NO |
| | | | | | |
| MA' | TTERS THAT WOULD REQUIRE RECOGNITION IN TH | E LINA | ANCIAL STAT | EME | NTS OR THAT |
| | | | | | |
| MA | HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS | • | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PAI | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | ٠. ـ | | | |
| TO | TAL REVENUE BETWEEN THE PERIOD OF 7/1/2008 | - 6/3 | 30/2009: 42 | 859 | 26 |
| | | | | | |
| | | | | | |
| | | | | Sched | lule D (Form 990) 2009 |

DUSA___1

932055 02-01-10

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ➤ See the Instructions for Form 990.

Inspection

Name of the Organization

DANCE/USA

Employer Identification number 52-1253457

| DANCE/USA | | | | | | | | | | 52-1253457 | | | |
|------------------------------------|--------------|--------------------------------|-----------------------|----------|--------------|------------------------------|-----------|---------------------------------|-----------------|--------------------------|--|--|--|
| Part I Continuation of Officers, D | irectors, Tr | ust | tee | s, K | (ey | En | nple | oyees, and Highes | t Compensated | Employees | | | |
| (A) | (B) | 1 | | (0 | C) | | | (D) | (E) | (F) | | | |
| Name and title | Average | 1 | Position | | Reportable | Reportable | Estimated | | | | | | |
| | hours | (cl | hecł | c all t | that | app | ly) | compensation | compensation | amount of | | | |
| | per | | | | | | | from | from related | other | | | |
| | week | | l | | | Highest compensated employee | | the | organizations | compensation | | | |
| | | Irect | | | | e de de | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | | |
| | 1 | e or d | eg. | | | sated | 1 | (44-27 1099-141130) | | and related | | | |
| | | Individual trustee or director | Institutional trustee | | yee | mpeu | | | | organizations | | | |
| | | ldua | utron | | Key employee | est co | 늅 | | | | | | |
| | | hdiv | Instit | Officer | Keye | | Former | | | | | | |
| TOM MOSSBRUCKER | | | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | l | 0. | 0. | 0. | | | |
| JULIE NAKAGAWA | 1 | - | | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | | | |
| HAROLD NORRIS | | Ħ | | | | T | | | | | | | |
| DIRECTOR | 1.00 | x | İ | | | | | 0. | 0. | 0. | | | |
| PAUL ORGANISAK | | | | \vdash | | ┢ | ┰ | | | | | | |
| DIRECTOR | 1.00 | x | | | | | ŀ | 0. | 0. | 0. | | | |
| BEN PRYOR | + | | | \vdash | \vdash | ╁┈ | ╁ | | | | | | |
| DIRECTOR | 1.00 | x | | | | | ŀ | 0. | 0. | 0. | | | |
| MARK ROXEY | 1.00 | `` | ┢ | \vdash | - | ╁╌ | \vdash | | 0. | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. | | | |
| CHARLES SANTOS | 1.00 | <u> </u> | ⊢ | ├ | - | ┝┈ | ╁─ | | 0. | • | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | | | |
| SYDNEY SKYBETTER | 1.00 | <u> </u> | ├ | | _ | ┢ | ├ | 0. | 0. | - 0. | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. | | | |
| KEN TABACHNICK | 1.00 | <u> </u> | ⊢ | ├ | ┢ | | ⊢ | 0. | 0. | 0. | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | | | |
| ANNA THOMPSON | 1.00 | ^ | - | | | | ⊢ | | 0. | <u></u> | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. | | | |
| EDUARDO VILARO | 1.00 | <u> </u> | - | ⊢ | _ | ┢ | ⊢ | 0. | 0. | 0. | | | |
| DIRECTOR | 1 00 | x | | | | | 1 | 0. | 0. | 0 | | | |
| SEPTIME WEBRE | 1.00 | ^ | ┝ | | | ├- | ⊢ | 0. | 0. | 0. | | | |
| | 1 00 | 1,7 | ŀ | | | | | 0. | 0. | 0 | | | |
| DIRECTOR | 1.00 | X | - | | - | ┢ | ⊢ | 0. | | 0. | | | |
| TOM THIELEN | 1 40 00 | | | ٠. | | | | 74 264 | 0. | 0 710 | | | |
| DIR. FINANCE AND OPER. | 40.00 | - | - | Х | | | ├ | 74,264. | 0. | 8,718. | | | |
| | | ŀ | | | | | | | | | | | |
| | <u> </u> | - | ⊢ | ┝ | _ | ├ | <u> </u> | | | | | | |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

(Form 990)

Supplemental Information to Form 990

. Department of the Treasure

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPEAKING AS A UNITED NATIONAL VOICE AND RESPONSIBLE ADVOCATE FOR DANCE,

AND UNDERTAKING OTHER ACTIVITIES WHICH, IN THE JUDGMENT OF THE BOARD OF

TRUSTEES, WILL SERVE THE PURPOSES OF THE CORPORATION. THE CORPORATION

MAY PROVIDE COMMUNICATION, MANAGEMENT, ARTISTIC, AND OTHER SUPPORT

SERVICES TO NONPROFIT PROFESSIONAL DANCE COMPANIES AND ORGANIZATIONS,

TO INDIVIDUALS, AND MAY SERVE AS A SOURCE OF INFORMATION ABOUT DANCE

FOR THE PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDING DIRECT FINANCIAL SUPPORT TO PHILADELPHIA-BASED DANCE

COMPANIES TO HELP OFFSET THE EXPENSE OF RENTING THEATER FACILITIES FOR

THEIR HOME SEASON PERFORMANCES; THE "PHILADELPHIA IS DANCING! WALL

CALENDAR," FEATURING PHOTOS AND IMAGES OF PHILADELPHIA DANCE COMPANIES

AND ARTISTS, BOTH PROMOTES AND HELPS GENERATE REVENUE THROUGH SALES FOR

THE PHILADELPHIA DANCE COMMUNITY.

OTHER PROGRAMS INCLUDE THE ADVANCE PLANNING CALENDAR, A TOOL TO HELP
PRODUCING DANCE COMPANIES AVOID SCHEDULING CONFLICTING OR OVERLAPPING
PERFORMANCE DATES; A VIDEO SERVICES PROGRAM PROVIDES VIDEO DUBBING,
TRANSFERRING, AND BASIC EDITING SERVICES AT SUBSIDIZED RATES FOR THE
DANCE COMMUNITY; A COMMUNITY ACCESS IMAC COMPUTER EQUIPPED WITH DESIGN
SOFTWARE IS AVAILABLE TO CONSTITUENTS FOR CREATING DIGITAL, PRINT, OR
WEBSITE PROMOTIONAL MATERIALS, AND A RESOURCE CENTER HOUSES A
COLLECTION OF BOOKS ON DANCE AS WELL AS ARTICLES, STUDIES, REPORTS AND
ARTIFACTS ON WIDE-RANGING SUBJECTS FROM INTERNATIONAL DANCE FESTIVALS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

| DANCE/ USA | 34-1233437 |
|--|----------------------------|
| TO REVIEWS OF LOCAL COMPANIES, AND A VIDEO LIBRARY OF WOR | KS SPANNING |
| MULTIPLE DANCE GENRES. | |
| | |
| A TWO-DAY MINI-BOOKING CONFERENCE, ORGANIZED BY DANCE/USA | PHILADELPHIA, |
| FEATURES PHILADELPHIA DANCE COMPANIES AND ARTISTS IN SHOW | CASE |
| PERFORMANCES FOR DANCE PRESENTERS WHO TRAVELED TO PHILADE | LPHIA TO |
| BETTER ACQUAINT THEMSELVES WITH PHILADELPHIA DANCE. | |
| | |
| DANCE/USA PHILADELPHIA'S ELECTRONIC COMMUNICATIONS REGULA | RLY REACHES |
| MEMBERS OF THE DANCE COMMUNITY AND DANCE AUDIENCES WITH I | NFORMATION ON |
| DANCE PERFORMANCES, CLASSES AND WORKSHOPS, AUDITIONS, PRO | FESSIONAL |
| DEVELOPMENT OPPORTUNITIES, AND OTHER DANCE NEWS. ITS WEBS | ITE, |
| www.danceusaphiladelphia.org, is also an important hub fo | R PERFORMANCE |
| AND JOB LISTINGS, INTERNSHIPS, FUNDING OPPORTUNITIES, AND | OTHER |
| INFORMATION FOR AND ABOUT PHILADELPHIA'S DANCE COMMUNITY. | |
| | |
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME | NTS: |
| - LOCAL RADIO PERSONALITY AND DANCE/METRODC ADVISORY COMM | ITTEE MEMBER, |
| NIKKI STRONG, AND MARYLAND-BASED CHOREOGRAPHER VINCENT TH | OMAS OF VT |
| DANCE HOSTED, WITH PERFORMANCES BY URBAN IMPACT AND MARYL | AND YOUTH |
| BALLET; | |
| | |
| - FREDERICK, MD, NATIVE RICHARD MOVE, WELL KNOWN FOR "MAR | THA @" AS |
| MISTRESS OF CEREMONIES IN HIS PERSONIFICATION OF MARTHA G | RAHAM; HE |
| RECALLED HIGHLIGHTS OF GRAHAM'S CAREER THAT INTERSECTED T | HE DC REGION, |
| INCLUDING THE COMMISSIONING BY, AND PREMIERE OF APPALACHI | AN SPRING AT |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 | Schedule O (Form 990) 2009 |

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| DANCE/USA | 52-1253457 |
|--|----------------------------|
| THE LIBRARY OF CONGRESS. | |
| | |
| - THE DC COWBOYS, FRESH FROM THEIR SPIN ON AMERICA'S GOT | TALENT LAST |
| SUMMER, ESCORTED THE PRESENTERS AND PERFORMED THROUGHOUT | THE EVENING. |
| | |
| THE WASHINGTON POST NOTED IN THEIR REVIEW THE IMPROVEMENT | TO THE AWARDS |
| CEREMONY. AN OVER-SOLD HOUSE RESULTED IN SOLID INCOME, BO | TH THROUGH |
| TICKETS AND THE REQUIRING OF THOSE SEEKING DISCOUNTED TIC | KETS TO |
| PURCHASE A DANCEPASS FROM DANCE/METRODC. | |
| | |
| VELOCITYDC DANCE FESTIVAL - FOLLOWING ON THE HEELS OF THE | AWARDS, A |
| UNIQUE PARTNERSHIP OF PRESENTER, VENUE, AND SERVICE ORGAN | IZATIONS |
| JOINED FORCES TO CONCEIVE AND BRING TO THE PUBLIC THE FIR | ST VELOCITYDC |
| DANCE FESTIVAL. THE RECENTLY OPENED HARMAN CENTER FOR THE | ARTS RUN BY |
| THE SHAKESPEARE COMPANY, ALONG WITH WASHINGTON PERFORMING | ARTS SOCIETY, |
| A PRESENTER WITH A LONG HISTORY OF BRINGING DANCE TO DC S | TAGES, BECAME |
| LEAD PARTNERS ALONG WITH DANCE/METRODC. | |
| | |
| FORWARD 5 APPLICATIONS FOR DANCE/METRODC'S FORWARD 5 PILO | T PROGRAM WERE |
| PROCESSED AND ADJUDICATED BY A PANEL OF ARTISTS, INCLUDIN | G ARTISTS FROM |
| OUTSIDE THE REGION. DESIGNED AS A PEER-MENTORING PROCESS, | WITH |
| EXPERTISE NOT FOUND WITHIN THE GROUP BROUGHT IN PERIODICA | LLY TO BOOST |
| KNOWLEDGE AND PRACTICE, THE FORWARD 5 WILL MEET THROUGHOU | т 2010 то |
| TACKLE SOME OF THE INDIVIDUAL COMPANIES' STUMBLING BLOCKS | , вотн |
| ADMINISTRATIVELY AS WELL AS ARTISTICALLY, AND SHARE THEIR | SUCCESSFUL |
| PRACTICES AND METHODS AS WELL. A CURRICULUM PLANNING SESS | ION, ADVISED |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule O (Form 990) 2009 |

932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

| BY BOTH REGIONAL AND OUT OF REGION ARTISTS/ADMINISTRATORS, TOOK PLACE | | | | | |
|--|--|--|--|--|--|
| IN NOVEMBER, FOLLOWED BY A SESSION WITH THE FORWARD 5 PARTICIPANTS TO | | | | | |
| FURTHER PLAN. | | | | | |
| | | | | | |
| OTHER PROFESSIONAL TRAINING/DEVELOPMENT SESSIONS BEING HELD PRIOR TO | | | | | |
| THE END OF THE CALENDAR YEAR INCLUDED DANCING AND DOUGH AND BEYOND | | | | | |
| BUTTS IN SEATS. BOTH TOOK FORM AS DIALOGUES WITH REAL-LIFE CASE STUDIES | | | | | |
| USED AS A CATALYST FOR CONVERSATIONS. DIVERSE GROUPS, INCLUDING | | | | | |
| PRESENTERS, FUNDERS, MARKETING STAFFS, DANCERS AND ADMINISTRATORS, WERE | | | | | |
| INVITED. | | | | | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | | | | | |
| CONFERENCES | | | | | |
| EXPENSES \$ 93233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 44118. | | | | | |
| DANCE/NYC | | | | | |
| EXPENSES \$ 91622. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1075. | | | | | |
| RESEARCH AND INFORMATION | | | | | |
| EXPENSES \$ 62813. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48326. | | | | | |
| GOVERNMENT AFFAIRS | | | | | |
| EXPENSES \$ 45877. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22696. | | | | | |
| INTERNATIONAL TANZMESSE | | | | | |
| EXPENSES \$ 42469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | | | | |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10 | | | | | |

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number Name of the organization DANCE/USA 52-1253457 INTERNATIONAL EXPORT STRATEGY FOR AMERICAN DANCE EXPENSES \$ 27398. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COMMUNICATIONS REVENUE \$ 24634. EXPENSES \$ 24878. INCLUDING GRANTS OF \$ 0. AMERICAN MASTERPIECES: DANCE - COLLEGE COMPONENT EXPENSES \$ 5362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 117706. **PUBLICATIONS** EXPENSES \$ 3417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14994. FORUMS AND WORKSHOPS INCLUDING GRANTS OF \$ 0. **REVENUE \$ 18139.** EXPENSES \$ 3119. **ASSESSMENTS** EXPENSES \$ 1159. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: DANCE/USA HAS ESTABLISHED BEST PRACTICES OF GOVERNANCE AS WELL AS ADOPTING A CONFLICT OF INTEREST POLICY. AS THE NATIONAL SERVICE ORGANIZATION FOR DANCE, THE TRUSTEES ARE REPRESENTATIVE OF THE MEMBERSHIP AND THE FIELD OF DANCE. IN THE NORMAL COURSE OF BUSINESS, FROM TIME TO TIME, TRANSACTIONS OR CONTRACTUAL ARRANGEMENTS OCCUR BETWEEN MEMBER ORGANIZATIONS, WHICH MAY BE REPRESENTED BY INDIVIDUALS WHO SERVE AS TRUSTEES TO DANCE/USA. THESE TRANSACTIONS CAN LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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OMB No 1545-0047 Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

INCLUDE SUCH THINGS AS THE USE OF CHOREOGRAPHY AND STAGING, COSTUMES, SETTINGS, LIGHTING, ETC. OTHER CONTRACTUAL ARRANGEMENTS CAN INCLUDE AN MEMBER ORGANIZATION PRESENTING A PERFORMANCE BY A MEMBER DANCE COMPANY DURING THEIR REGULAR SEASON. THESE TRANSACTIONS AND ARRANGEMENTS ARE CONDUCTED AT ARM'S LENGTH AND OUTSIDE THE OPERATIONS AND GOVERNANCE OF DANCE/USA. NO TRUSTEE HAS JOINT OR COMMON OWNERSHIP OR CONDUCTS BUSINESS AS DEFINED BY FORM 990 GUIDELINES WITH ANY OTHER TRUSTEE THAT WOULD BENEFIT AN INDIVIDUAL TRUSTEE OR GROUP OF TRUSTEES OR DENIGRATE THROUGH LACK OF LOYALTY THE CARE AND OBEDIENCE OF DANCE/USA'S MISSION.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF DANCE/USA INCLUDE DANCE COMPANIES, PRESENTERS, AGENT/ARTIST REPRESENTATIVES, SERVICE ORGANIZATIONS, OR EDUCATION, INTERNATIONAL, AND BUSINESS AFFILIATES. THESE ORGANIZATIONAL MEMBERS DO NOT HAVE VOTING RIGHTS ON GOVERNING DECISIONS OF DANCE/USA.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS VETTED AND APPROVED BY THE AUDIT COMMITTEE. A FINAL COPY OF THE 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF TRUSTEES REVIEW THE CONFLICT OF INTEREST POLICY AND ARE EACH REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE SIGNED STATEMENTS ARE KEPT ON FILE IN DANCE/USA'S HEADQUARTERS IN WASHINGTON, DC. BOARD MEMBERS CONSULT WITH THE EXECUTIVE DIRECTOR REGARDING QUESTIONS OF CONFLICTS OF INTEREST ON

AN INDIVIDUAL, CASE-BY-CASE BASIS. IF A QUESTION REMAINS REGARDING A LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211 02-03-10

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

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2009 Open to Public Inspection

Name of the organization

DANCE/USA

Employer identification number 52-1253457

POTENTIAL CONFLICT, THE CASE IS REFERRED TO THE EXECUTIVE COMMITTEE. THE

EXECUTIVE COMMITTEE MEETS BY TELECONFERENCE EVERY OTHER MONTH, OR BY CALL

OF THE CHAIR.

DANCE/USA STAFF MEMBERS ARE GOVERNED BY ITS PERSONNEL POLICIES, WHICH

OUTLINE PROCEDURES FOR SEEKING APPROVAL FROM THE EXECUTIVE DIRECTOR FOR ANY

OUTSIDE ACTIVITIES THAT MAY PRESENT A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE TRUSTEES HIRE FOR THE POSITION

OF EXECUTIVE DIRECTOR BASED ON GUIDELINES DEFINED BY VARIOUS FEDERAL AND

STATE LABOR AND COMPENSATION LAWS. HIRING AND COMPENSATION FOR THE POSITION

OF EXECUTIVE DIRECTOR IS COMPETITIVE AND INCLUDES A REVIEW OF INDUSTRY AND

NOT-FOR-PROFIT COMPENSATION STANDARDS INCLUDING, BUT NOT LIMITED TO, A

REVIEW OF DANCE, ARTS SERVICE ORGANIZATIONS, AND SIMILARLY SITUATED

NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: DANCE/USA'S GOVERNING DOCUMENTS,

WRITTEN POLICIES, INCLUDING CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST. DANCE/USA'S FEDERAL FORM 990 IS

ALSO AVAILABLE VIA THE INTERNET AT GUIDESTAR.COM.

FORM 990, PART IX, LINE 5: IN ACCORDANCE WITH THE IRS INSTRUCTIONS,

PART VII OF THE 990 REFLECTS COMPENSATION FROM THE 2009 W-2'S WHICH

REPORTS COMPENSATION PAID TO ITS EMPLOYEES FROM THE PERIOD OF

1/1/09-12/31/09. HOWEVER, DANCE/USA CHANGED ITS ACCOUNTING PERIOD FROM

A FISCAL YEAR END TO A DECEMBER YEAR END AND THEREFORE THE 2009 990

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization DANCE/USA 52-1253457 REFLECTS ONLY A SIX MONTH PERIOD. ACCORDINGLY, TOTAL COMPENSATION AND BENEFITS REPORTED ON PART IX, LINE 5 REFLECTS SUCH TIME PERIOD.

| Form 8 | 868 (Rév. 4-2009) | | | Page 2 | |
|---|---|---|----------------------|-------------------|--|
| Note. | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed but are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | 8868. | ► X | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | | | | | |
| Type o | Name of Exempt Organization | Employer identification number 52-1253457 | | | |
| File by t extende due date filing the | Number, street, and room or suite no. If a P.O. box, see instructions 1111 16TH STREET, NW, NO. 300 | For IRS use only | | | |
| retum S | ee City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | 3 | | |
| X | k type of return to be filed (File a separate application for each return). Form 990 Form 990·EZ Form 990·T (sec 401(a) or 408(a) trust) Form 1041·A Form 990·BL Form 990·PF Form 990·T (trust other than above) Form 4720 | | orm 5227 orm 6069 | Form 8870 | |
| STOP | ! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou | usly file | ed Form 88 | 58. | |
| THE ORGANIZATION • The books are in the care of ► 1111 16TH STREET, NW, #300 - WASHINGTON, DC 20036 | | | | | |
| Telephone No. ► (202) 833-1717 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box | | | | | |
| 4 5 6 | I request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning, and ending filts tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension | | Change in a | accounting period | |
| | ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A | | | | |
| | COMPLETE AND ACCURATE RETURN. | | | | |
| | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a | \$ | | |
| | If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid. | <u> </u> | | | |
| | previously with Form 8868 | 8b | \$ | | |
| | Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | s | N/A | |
| | Signature and Verification | | | | |

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

CPA

Date

8/9/10

Title ► CPA

Date ► & / 9 / / 0 Form 8868 (Rev 4-2009)