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DLN: 93493201003332

Department of the Treasury

## 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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number C Name of organization **B** Check if applicable **DANCEUSA** 52-1253457 Address change Doing Business As E Telephone number Name change (202)833-1717 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 3,401,789 1111 16TH STREET NW NO 300 Terminated City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 Amended return Application pending Name and address of principal officer Is this a group return for AMY FITTERER affiliates? 1111 16TH STREET NW NO 300 WASHINGTON, DC 20036 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW DANCEUSA ORG K Form of organization Corporation Trust Association L Year of formation 1982 M State of legal domicile DC Summary Part I Briefly describe the organization's mission or most significant activities DANCE/USA IS THE NATIONAL SERVICE ORGANIZATION FOR THE PROFESSIONAL DANCE FIELD Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 46 Number of independent voting members of the governing body (Part VI, line 1b) . 45 4 5 26 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . 6 71 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 14,157 **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b -2,000 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,093,151 2,893,923 9 Program service revenue (Part VIII, line 2g) . 508,156 434,332 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,824 2,579 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 89,955 70,955 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,401,789 1,696,086 13 713.334 838.488 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 966,335 961,628 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  115,737 1,276,895 1,088,221 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,956,564 2,888,337 19 -1,260,478 513,452 Revenue less expenses Subtract line 18 from line 12 . t Assets or ind Balances **Beginning of Current End of Year** Year 2,884,382 3,314,571 20 Total assets (Part X, line 16) . Net / 21 Total liabilities (Part X, line 26) . . 231,876 148,613 22 Net assets or fund balances Subtract line 21 from line 20 2,652,506 3,165,958 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. \*\*\*\*\* 2011-07-19 Signature of officer Sign Here AMY FITTERER PRESIDENT/EXECUTIVE DIRECTOR Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's 2012-07-19 FRANK H SMITH (see instructions) P00639053

1899 L STREET NW SUITE 900

WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

**Use Only** 

employed 🕨 🧧

EIN > 52-1511275

Phone no (202) 822-5000

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Brief	ly describe the org	janization's mission				
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Did th	ne organization und	dertake any significan	t program se	rvices during the year wh	ich were not listed on	
the pr	rıor Form 990 or 9	90-EZ?				Yes 🔽 No
Did th	ne organization cea	ase conducting, or ma	ke significan	t changes in how it condu	ucts, any program ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Yes ┌ No
If "Ye	es," describe these	changes on Schedule	e O			
exper	nses Section 501	(c)(3) and 501(c)(4)	organizations	and section 4947(a)(1)	trusts are required to report t	
(Code	e	) (Expenses \$	1,133,547	ıncludıng grants of \$	747,469 ) (Revenue \$	0)
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YE AS A SOURCE OF INFORMATION ABOUT DANCE FOR THE PUBLIC  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E Z?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report in the program service propried of

Other program services (Describe in Schedule O )  $\,$ 

Total program service expenses►\$

358,902 including grants of \$

2,567,111

4d

4e

(Expenses \$

Form **990** (2011)

31,714)

) (Revenue \$

Form 990 (	2011)	
Part IV	Checklist of Required	Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	<b>Yes</b> Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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	100	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 50			
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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
A				B 1
+a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	It tipe a been a tip to report these hallments I it "ole " been de en evelenetien in Ceh-dule O			

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct	3							
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No					
_	filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ection B. Policies (This Section B requests information about policies not required by the Internal			•					
Re	venue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a	Yes						
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give								
_	rise to conflicts?	12b	Yes						
	ın Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No.					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	va		.,,,					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure			l					
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization AMY FITTERER

1111 16TH STREET NW 300 WASHINGTON, DC 20036

(202)833-1717

## 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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	more unles an	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from to organizati	ated fother sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			Prise)		organiza	
See A	ddıtıonal Data Table											$\top$		
												+		
												+		
												+		
												+		
						_	1	_				+		
												+		
												+		
												4		
1b	Sub-Total				•	•		<u> </u>	l					
С	Total from continuation sheets	to Part VII, Sec	tion A					<b>&gt;</b>						
d	Total (add lines 1b and 1c) .						•	<b>&gt;</b>		4,300		0		17,792
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above	) who	o received mo	re tha	ın			
													Yes	No
3	Did the organization list any <b>for</b>	<b>mer</b> officer, direc	tor or t	ruste	e, k	ey e	mploy	ee, c	or highest cor	npens	ated employee		163	110
	on line 1a? If "Yes," complete Sci	hedule J for such	ındıvıdı	ual			•	•		•		3		No
4	For any individual listed on line : organization and related organiz													
		• • • •		•	•		• •	•	· · · ·	•		4		No
5	Did any person listed on line 1a								_					
	services rendered to the organiz	ation? <i>If</i> " <i>Yes,"</i> (	complet	e Sch	edul	e J f	or suci	h per	son		•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio												
	Nar	(A) ne and business ad	dress							Desc	(B) ription of services		(C Comper	
												$\dashv$		
_	Total number of independent cont	wa atawa (maludir		ما امم			<b>.</b>	14-	<u> </u>	<b>***</b>	and make than	$\dashv$		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99							Page <b>9</b>
Part V	<b>/1111</b>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
s, g	c	Fundraising events 1c					
<u>#</u>	d	Related organizations 1d					
ξĒ	e	Government grants (contributions) <b>1e</b>	133,511				
tion sr s	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above	2,760,412	İ	İ		
é¥	g	Noncash contributions included in					
돌		lines 1a-1f \$					
<u>~~</u>	h	Total. Add lines 1a-1f	• •	2,893,923			
e E	_	_	Business Code				
мен	2a	MEMBERSHIP DUES	900099	280,099	280,099		
Program Service Revenue	b	CONF REGISTRATIONS	900099	116,633	116,633		
¥ C	С	SERVICE FEES	900099	35,196	35,196		
Š	d	PUBLICATIONS	900099	2,404	2,404		
Ē	e	All abban and an an an an an an an an an an an an an					
Ş	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		434,332			
	3	Investment income (including dividends	· -	2,579			2,579
		and other similar amounts)	H-	2,379			2,379
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents	, ,				
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	c d	Sain or (loss)  Net gain or (loss)					
	8a	Net gain or (loss)					
<u>Φ</u>		events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
ě,		See Part IV, line 18					
<u>.</u>	١.	a					
Ě	b c	Less direct expenses <b>b</b> Net income or (loss) from fundraising ev	vents 🏲				
•	9a	Gross income from gaming activities	, cincs .				
		See Part IV, line 19					
	١.	a					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming activity	ties 🕨				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inven	tory •				
	-	Miscellaneous Revenue	Business Code				
	11a	SUBLEASE INCOME	900099	48,942			48,942
	ь	ADVERTISING	900004	14,157		14,157	
	С	MISCELLANEOUS	900099	7,856			7,856
	d	All other revenue					
	е	Total. Add lines 11a-11d		70,955			
			•.	70,955			
	12	<b>Total revenue.</b> See Instructions	. •	3,401,789	434,332	14,157	59,377

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX  ot include amounts reported on lines 6b,	(A)	(B) Program service	(C)	( <b>D</b> ) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	791,920	791,920		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	46,568	46,568		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	192,092	113,565	63,909	14,618
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	630,802	526,050	51,347	53,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,498	7,161	1,056	1,281
9	Other employee benefits	64,063	48,934	8,268	6,861
10	Payroll taxes	65,173	51,727	8,284	5,162
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,737	2,347	1,016	374
c	Accounting	32,035	22,638	6,736	2,661
d	Lobbying	·	,	·	<u> </u>
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	428,407	397,667	29,229	1,511
12	Advertising and promotion	3,268	3,097	125	46
13	Office expenses	123,925	95,716	19,445	8,764
14	Information technology	10,861	10,187	357	317
15	Royalties	10,001	10,107	337	31,
16	•	126,690	101,783	10,060	14,847
17	Occupancy	139,189	135,176	1,116	2,897
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	139,109	133,170	1,110	2,037
19	Conferences, conventions, and meetings	189,513	188,362	412	739
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,238	22,733	3,487	2,018
23	Insurance	2,358	1,480	642	236
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		7,12		
a					
Ь					
C					
d					
е					
f	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	2,888,337	2,567,111	205,489	115,737
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 55,208 80,910 1 1 1.932.205 1.855.342 2 2 3 694,449 1,042,792 3 37.634 4 43.018 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 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 6 7 8 9 73,151 9 54.377 Prepaid expenses and deferred charges . . . . . . 218,758 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 180,860 b Less accumulated depreciation . . . . . 61,426 **10c** 37,898 11 11 12 12 172,000 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 30,309 15 15 28,234 2,884,382 3,314,571 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 104,522 50,029 17 17 Accounts payable and accrued expenses . 18 18 19 124,019 19 88,272 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,335 25 10,312 D . . . . 26 231,876 26 148,613 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 485,394 27 450,063 Unrestricted net assets . . . . 2,167,112 28 2,715,895 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 2.652.506 33 3,165,958 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 2.884.382 34 3.314.571

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	101,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,888,				
3	Revenue less expenses Subtract line 2 from line 1	3	513,4				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	552,50		
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,1	.65,95		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII			୮			
				Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	issued					
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?	ie	За		Νo		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b				

## OMB No 1545-0047

## - - - -

2011

Open to Public
Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

DANCEUSA

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

**Public Charity Status and Public Support** 

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

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

_	ection A. Public Support	organization i	rails to qualify u	inder the tests i	isted below, ple	ase complete i	art III.)
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,296,29			1,093,151	2,893,923	9,892,921
	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,296,29	4 3,780,245	829,308	1,093,151	2,893,923	9,892,921
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						5,771,005
	on line 1 that exceeds 2% of the						3,771,003
	amount shown on line 11, column						
_	(f)						
6	<b>Public Support.</b> Subtract line 5 from line 4						4,121,916
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
7	A mounts from line 4	1,296,294	3,780,245	829,308	1,093,151	2,893,923	9,892,921
8	Gross income from interest,	, ,		,		, ,	
	dividends, payments received on						
	securities loans, rents, royalties	93,478	65,713	31,024	67,255	51,521	308,991
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or		2,413				2,413
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss	95,035	52,025	4,125	14,332	7,856	173,373
	from the sale of capital assets						
11	Total support (Add lines 7 through 10)						10,377,698
12	Gross receipts from related activiti	es, etc (See inst	ructions )	L.	L	12	2,056,356
13	First Five Years If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a !		
	check this box and <b>stop here</b>						▶┌
S	ection C. Computation of Pub	olic Support F	Percentage				
14	Public Support Percentage for 2011			11 column (f))		14	39 720 %
15	Public Support Percentage for 2010	) Schedule A , Pa	rt II, line 14			15	46 780 %
16a	33 1/3% support test—2011. If the	organization did	not check the box	x on line 13, and li	ine 14 is 33 1/3%	or more, check t	:his box
_	and <b>stop here.</b> The organization qua						<b>▶</b> ▽
b	33 1/3% support test—2010. If the	<del>-</del>			a, and line 15 is 3	33 1/3% or more,	check this ►
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b>				e 13.16a.or 16b	and line 14	-1
	ıs 10% or more, and ıf the organıza	tion meets the "f	acts and circums	tances" test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	
	in Part IV how the organization mee	ets the "facts and	d cırcumstances"	test The organiza	ation qualifies as a	a publicly suppor	- <del>-</del>
h	organization 10%-facts-and-circumstances test-	<b>-2010</b> If the ora	anization did not a	check a hov on lin	e 13 16a 16h o	r 17a and line	<b>►</b>
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organiza						
18	supported organization  Private Foundation If the organizat	ion did not check	a hox on line 13	16a 16h 17a or	17h checkthis	oox and see	<b>►</b> □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 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 assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-1253457 **Name:** DANCEUSA

Form 990, Special Condition Description:

#### **Special Condition Description**

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program servi					
(Code DANCE/NYC	) (Expenses \$	316,157	including grants of \$	) (Revenue \$	9,844 )
(Code DANCE/METRO DC	) (Expenses \$	42,745	including grants of \$	) (Revenue \$	21,870 )

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) Average hours	verage Position (check all				ıll		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Office	Ke) employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RUBY LOCKHART CHAIR	5 00	Х		х				0	0	0
MEG BOOTH VICE CHAIR	2 00	Х		x				0	0	0
MATTHEW KEEFE VICE CHAIR	2 00	Х		х				0	0	0
JOHN MALASHOCK VICE CHAIR	2 00	Х		х				0	0	0
AMY SMITH TREASURER	2 00	Х		х				0	0	0
JULIE NAKAGAWA SECRETARY	1 00	Х		х				0	0	0
RUTH BIRNBERG DIRECTOR	1 00	Х						0	0	0
KAREN KB BROWN DIRECTOR	1 00	Х						0	0	0
BARBARA BRYAN DIRECTOR	1 00	Х						0	0	0
JACQULYN BUGLISI DIRECTOR	1 00	Х						0	0	0
HARRIS FERRIS DIRECTOR	1 00	Х						0	0	0
IAN GARRETT DIRECTOR	1 00	Х						0	0	0
JODIE GATES DIRECTOR - THRU 07/2011	1 00	Х						0	0	0
GINA GIBNEY DIRECTOR	1 00	Х						0	0	0
MICHAEL GINSBERG DIRECTOR	1 00	Х						0	0	0
WAYNE HAZZARD DIRECTOR	1 00	Х						0	0	0
BARRY HUGHSON DIRECTOR	1 00	Х						0	0	0
DWIGHT HUTTON DIRECTOR	1 00	Х						0	0	0
ROSEMARY JOHNSON DIRECTOR	1 00	Х						0	0	0
VIRGINIA JOHNSON DIRECTOR	1 00	Х						0	0	0
PAUL KING DIRECTOR	1 00	Х						0	0	0
KEN MALDONADO DIRECTOR	1 00	Х						0	0	0
LESLIE MALMED DIRECTOR	1 00	Х						0	0	0
GLENN MCCOY DIRECTOR - THRU 07/2011	1 00	Х						0	0	0
RACHEL MOORE DIRECTOR	1 00	Х						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		( ition that		y)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
VICTORIA MORGAN DIRECTOR	1 00	Х						0	0	0
TON MOSSBRUCKER DIRECTOR	1 00	Х						0	0	0
MATHEW NEENAN DIRECTOR	1 00	Х						0	0	0
RENAE WILLIAMS NILES DIRECTOR	1 00	Х						0	0	0
HAROLD NORRIS DIRECTOR	1 00	Х						0	0	0
PAUL ORGANISAK DIRECTOR	1 00	Х						0	0	0
APARNA RAMASWAMY DIRECTOR	1 00	Х						0	0	0
PAMELA ROBINSON DIRECTOR	1 00	Х						0	0	0
AMELIA RUDOLPH DIRECTOR	1 00	Х						0	0	0
CHARLES SANTOS DIRECTOR	1 00	Х						0	0	0
RENA SHAGAN DIRECTOR	1 00	Х						0	0	0
SUSAN SHIELDS DIRECTOR	1 00	Х						0	0	0
SYDNEY SKYBETTER DIRECTOR	1 00	Х						0	0	0
GEORGE SUTTON DIRECTOR	1 00	Х						0	0	0
KEN TABACHNICK DIRECTOR	1 00	Х						0	0	0
ANNA THOMPSON DIRECTOR	1 00	Х						0	0	0
SARAH THOMPSON DIRECTOR	1 00	Х						0	0	0
NANCY UMANOFF DIRECTOR	1 00	Х						0	0	0
PAUL VASTERLING DIRECTOR	1 00	Х						0	0	0
DONNA WALKER-KUHNE DIRECTOR	1 00	Х						0	0	0
SEPTIME WEBRE DIRECTOR	1 00	Х						0	0	0
PAMELA YOUNG DIRECTOR	1 00	Х						0	0	0
AMY FITTERER PRESIDENT/EXECUTIVE DIRECTOR	40 00	Х		х				100,000	0	11,143
CASEY MCENELLY DIRECTOR OF FINANCE	40 00			x				74,300	0	6,649

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DLN: 93493201003332

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

► Complete if the organization is described below. Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service

f the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

the Sec Sec the	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or It have filed Form 5768 (election under stance NOT filed Form 5768 (election urs," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Co nder section 501(h	omplete Part II-A Do n)) Complete Part II-	not co B Do	omple not co	te Part II-B omplete Part		
	me of the organization ICEUSA			Employ	erıde	ntıfıca	atıon numbe	er	
				52-125					_
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c	or is a section	n 52	7 org	<u>janizatio</u>	<u>n.</u>	_
L	Provide a description of the orgin opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	rities on behalf of o	r				
2	Political expenditures				F	\$_			
3	Volunteer hours								
_	Commission if the com			\(\alpha\)					_
er	•	ganization is exempt under s		)(3).					_
L	·	e tax incurred by the organization und			•	\$ <u> </u>			_
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	•	\$ <u>_</u>			_
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	) for this year?				☐ Yes	☐ No	
<del>1</del> a	Was a correction made?						☐ Yes	┌ No	
b	If "Yes," describe in Part IV								
ar	t I-C Complete if the or	ganization is exempt under s	ection 501(c	) except sectio	n 50	1(c)	(3).		
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	►	\$ <u>_</u>			
2	<del>-</del>	rganızatıon's funds contrıbuted to oth	er organizations	for section 527					
	exempt funtion activities				•	\$ <u>_</u>			_
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	Þ	\$			
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?					☐ Yes	┌ No	
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and dii political action committee (PAC) If a	amount paid fron rectly delivered to	n the filing organiza o a separate politic	tıon's al org	funds anıza	s Also ente tion, such a	er the	
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid			A mount o	•	

(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

	······································	ı ug
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check		If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		_	expenses, and share of excess lobbying expenditures)

<u>B</u>	Check   If the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	11,750	
C	Total lobbying expenditures (add lines 1a and 1b	o)	11,750	
d	O ther exempt purpose expenditures		2,869,629	
е	Total exempt purpose expenditures (add lines 1	2,881,379		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	294,069	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	73,517	
h	Subtract line 1g from line 1a If zero or less, ente	er-O-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a	Lobbying non-taxable amount	244,663	179,221	297,617	294,069	1,015,570
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,523,355
c	Total lobbying expenditures	1,679	6,912	25,672	11,750	46,013
d	Grassroots non-taxable amount	61,166	44,805	74,404	73,517	253,892
e	Grassroots ceiling amount (150% of line 2d, column (e))					380,838
f	Grassroots lobbying expenditures	219	502			721

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	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?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	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 excess 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			

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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DLN: 93493201003332

OMB No 1545-0047

Open to Public Inspection

## **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	e of the organization EUSA	Employer identification number			
DAN	EUSA		52-1253457		
Pai	Organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	·		
		(a) Donor advised funds	(b) Funds and other accounts		
L	Total number at end of year				
2	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised <b>Yes No</b>		
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for ar	ny other purpose <b>Yes No</b>		
Par	Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.		
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	cion or pleasure) Preservation of an Preservation of a c	certified historic structure		
	easement on the last day of the tax year	1	Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
c	Number of conservation easements on a certified hi	-	2c		
d	Number of conservation easements included in (c) a	` ′	2d		
3	Number of conservation easements modified, transf the taxable year 🛌		d by the organization during		
4	Number of states where property subject to conserv		<u> </u>		
5	Does the organization have a written policy regardir enforcement of the conservation easements it holds		lling of violations, and Yes No		
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the year ▶		
7	A mount of expenses incurred in monitoring, inspect  \$\mathbb{F}\$\$	ing, and enforcing conservation easements	during the year		
3	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No		
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial			
ar	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.		
La	If the organization elected, as permitted under SFA! art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	ch in furtherance of public service,		
b	If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r financial gain, provide the		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Fall	Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	<u>tori</u>	cal Tre	<u>asur</u>	es, or Otl	<u>her</u>	Similar Asse	ts (cc	ntınued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	าe foll	owing tha	at are	a significan	t us	e of its collection		
а	Public exhibition		d	Γ	Loan or	exch	ange progra	ms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w they	y further t	he or	rganızatıon's	exe	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Yes	┌ No
Part	Part IV, line 9, or reported an an						answered	"Ye	es" to Form 990	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	forc	ontributio	ns or	r other asset	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving ta	able				Amou	nt	
С	Beginning balance							c	Allou		
d	Additions during the year						1	+			
e	Distributions during the year						1	_			
f	Ending balance						1	-+			
	Did the organization include an amount on Fo	orm 990 Dart V lin	a 212	,				·•	Γ,	V 05	□ No
	If "Yes," explain the arrangement in Part XIV	•	e ZI,						ı	. 63	, 140
ь Par			n ans		ad "Vac"	to F	orm 990 E	)art	TV line 10		
rai	Endownient i unus. complete i	(a)Current Year		)Prior \						Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as				•		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	are held a	nd ad	dministered 1	for t	he 	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations							•	3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	•				•		•	3b		<u> </u>
4 Pari	Describe in Part XIV the intended uses of th										
rein	VI Land, Buildings, and Equipme	int. See ronn 99	,0, Pa				(1.)		(-) A		
	Description of property				a) Cost or o sıs (ınvestn		(b)Cost or ot basis (other		(c) Accumulated depreciation	( <b>d)</b> B	ook value
<b>1a</b> L	and		•	<u> </u>							
	Buildings		•	<u> </u>							
c L	easehold improvements		•	<u> </u>			40,9	922	39,604		1,318
d E	quipment						177,8	836	141,256		36,580
	Other		•	上					▶		37,898

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	od of valuation f-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other		
(A) CERTIFICATE OF DEPOSITS	172,000	F
Total. (Column (b) should equal Form 990. Part X. col (B) line 12 )	172.000	
Totali (column (2) cheal equal veni 220) variati cer (2) inte 12 )		
Part VIII Investments—Program Related. See		od of valuation
(a) Description of investment type	(b) Book value	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
101111 ( 00111111 ( 00111111 ) 001111 ( 001111111 ) 0011 ( 001111111111	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip	ne 15. Ition	 (b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Description (a) Description (a) Description (b) Should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. Ition	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)	(b) Book value

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,401,789
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,888,337
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	513,452
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	513,452
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· ·
1	Total revenue, gains, and other support per audited financial statements	1	3,422,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,340
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,401,789
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,401,789
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1		1	2,908,677
2			
а			
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,340
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,888,337
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	2,888,337
Par	Supplemental Information		
b c d e 3 4 a b c Far	Prior year adjustments	2e 3 4c 5	2,888

Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		DANCE/USA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

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**(b)** EIN

Schedule I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2011

DLN: 93493201003332

Open to Public Inspection

(h) Purpose of grant

or assistance

Department of the Treasury Internal Revenue Service Name of the organization

(a) Name and address of

organization

DANCEUSA

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Employer identification number

52-1253457

(g) Description of

non-cash assistance

Fe	General Information on Grants and Assistance		
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
	the selection criteria used to award the grants or assistance?	√ Yes	_ N

(e) A mount of non-

cash

(f) Method of

valuation

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(c) IRC Code section

ıf applıcable

(d) Amount of cash

arant

or government		п аррпсавте	grant	assistance	(book, FMV, appraisal, other)	,	or assistance
(1) AMERICAN DANCE FESTIVAL715 BROAD STREET DURHAM,NC 27708	06-0932294	501(C)(3)	126,111				ENGAGING DANCE AUDIENCES
(2) ARTSSPACE PROJECTS INC250 3RD AVENUE SUITE 500 MINNEAPOLIS, MN 55401	41-1350071	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
(3) AUDIENCE ARCHITECTS1412 W BELMONT AVENUE CHICAGO,IL 60657	38-3748678	501(C)(3)	15,000				HOST COMMITTEE SUPPORT FOR CONFERENCE
(4) MELANIE STEWART DANCE THEATREPO BOX 22354 PHILADELPHIA,PA 19110	23-2324678	N/A	11,380				NEW STAGES FOR DANCE
(5) MISNOMER INC16 MISIELI PLACE 1 BROOKLYN,NY 11218	26-1418868	501(C)(3)	156,568				ENGAGING DANCE AUDIENCES
(6) ODC DANCE351 SHOTWELL STREET SAN FRANCISCO,CA 94110	34-1191163	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
(7) ON THE BOARDS100 W ROY STREET SEATTLE, WA 98119	91-1081983	501(C)(3)	23,593				ENGAGING DANCE AUDIENCES
(8) RINGSIDE INC51 N 1ST STREET BROOKLYN,NY 11211	13-3268549	501(C)(3)	50,445				ENGAGING DANCE AUDIENCES
(9)TREY MCINTYRE PROJECT775 FULTON STREET BOISE,ID 83702	65-1239526	501(C)(3)	36,445				ENGAGING DANCE AUDIENCES
(10) WALKER ARTS CENTER 1750 HENNEPIN AVENUE MINNEAPOLIS,MN 55403	41-0693929	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
(11) YERBA BUENA CENTER FOR THE ARTS701 MISSION STREET SAN FRANCISCO,CA 94103	94-3042571	501(C)(3)	42,288				ENGAGING DANCE AUDIENCES

Enter total number of other organizations listed in the line 1 table . . . . .

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RENTAL SPACE SUBSIDY PROGRAM/NEW STAGES FOR DANCE	14	33,453			
(2) SCHOLARSHIPS TO ATTEND ANNUAL CONFERENCE	25	13,115			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DANCE/USA'S EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND OPERATIONS
MONITORING GRANTS		ARE CHARGED WITH MONITORING THE USE OF GRANT FUNDS PAID TO INDIVIDUALS AND ORGANIZATIONS
IN THE U S		GRANTS LESS THAN \$5,000 ARE GENERALLY AWARDED FOR SCHOLARSHIPS, PARTICIPATION FEES, OR TRAVEL
		ASSISTANCE FOR DANCE/USA SPONSORED EVENTS OR CONFERENCES THESE TYPES OF GRANTS ARE GENERALLY
		ON A REIMBURSEMENT BASIS AND REQUIRE DOCUMENTATION OF EXPENSES FROM THE GRANTEE GRANTS
		LARGER THAN \$5,000 ARE USUALLY ASSOCIATED WITH A PARTICULAR PROGRAM OR PROJECT INITIATIVE OVER
		A LONGER PERIOD OF TIME THESE GRANTS ARE AWARDED THROUGH AN APPLICATION AND INDEPENDENT
		PANEL REVIEW PROCESS GRANTEES ARE REQUIRED TO SUBMIT PERIODIC DETAILED PROGRESS REPORTS
		INCLUDING A FINANCIAL ACCOUNTING OF HOW GRANT FUNDS WERE USED

Software ID: Software Version:

**EIN:** 52-1253457 **Name:** DANCEUSA

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

· · · · · · · · · · · · · · · · · · ·							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DANCE FESTIVAL715 BROAD STREET DURHAM,NC 27708	06- 0932294	501(C)(3)	126,111				ENGAGING DANCE AUDIENCES
ARTSSPACE PROJECTS INC250 3RD AVENUE SUITE 500 MINNEAPOLIS, MN 55401	41- 1350071	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
AUDIENCE ARCHITECTS1412 W BELMONT AVENUE CHICAGO,IL 60657	38- 3748678	501(C)(3)	15,000				HOST COMMITTEE SUPPORT FOR CONFERENCE
MELANIE STEWART DANCE THEATREPO BOX 22354 PHILADELPHIA,PA 19110	23- 2324678	N/A	11,380				NEW STAGES FOR DANCE
MISNOMER INC16 MISIELI PLACE 1 BROOKLYN,NY 11218	26- 1418868	501(C)(3)	156,568				ENGAGING DANCE AUDIENCES
ODC DANCE351 SHOTWELL STREET SAN FRANCISCO, CA 94110	34- 1191163	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
ON THE BOARDS100 W ROY STREET SEATTLE, WA 98119	91- 1081983	501(C)(3)	23,593				ENGAGING DANCE AUDIENCES
RINGSIDE INC51 N 1ST STREET BROOKLYN,NY 11211	13- 3268549	501(C)(3)	50,445				ENGAGING DANCE AUDIENCES
TREY MCINTYRE PROJECT775 FULTON STREET BOISE,ID 83702	65- 1239526	501(C)(3)	36,445				ENGAGING DANCE AUDIENCES
WALKER ARTS CENTER1750 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	41- 0693929	501(C)(3)	88,278				ENGAGING DANCE AUDIENCES
YERBA BUENA CENTER FOR THE ARTS701 MISSION STREET SAN FRANCISCO, CA 94103	94- 3042571	501(C)(3)	42,288				ENGAGING DANCE AUDIENCES

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DLN: 93493201003332

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization DANCEUSA	Employer ident if i	cation number
	52-1253457	

ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	DURING 2011, A DECISION WAS MADE TO SEPARATE DANCE/METRO DC, A BRANCH OF DANCE/USA, INTO A SEPARATE ENTITY AS A RESULT, EFFECTIVE MARCH 1, 2011, DANCE/USA CEASED OPERATING DANCE/METRO DC, AND ALL PROGRAM OPERATIONS AND SUPPORT OF DANCE/METRO DC BECAME THE RESPONSIBLITY OF DANCE/METRO DC'S MANAGEMENT
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS VETTED AND APPROVED BY THE AUDIT COMMITTEE. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
	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 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 BOARD OF 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