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DLN: 93493319053556

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the

Treasury

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

nterna	al Rever	nue Servi	ce					
A Fo	or the :	2015 ca	lendar year, or tax year beginni	ng 01-01-2015 , and ending 12-31-20	15			
3 Che	eck ıf ap	plicable	C Name of organization DANCEUSA			D Emplo	yer id	entification number
Ad	ldress ch	hange				52-12	25345	57
	ame cha	-	Doing business as					
	ıtıal retu	ırn						
Fır eturn/	nai 'termina	ited		mail is not delivered to street address) Room/s	uite	E Telepho	one nur	nber
Am	nended r	return	1111 16th Street NW No 300			(202)	833-	1717
MAp;	plication	pending	City or town, state or province, cou Washington, DC 20036	untry, and ZIP or foreign postal code				
			washington, DC 20030			G Gross i	receipts	\$ \$ 1,508,702
			F Name and address of princi	pal officer	H(a) I	s this a group	retur	n for
			A my Fitterer 1111 16th Street NW No 300	1		ubordinates?		☐ Yes 🗸
			Washington, DC 20036			No Are all subord	nates	
[Tax	x-exem _l	pt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 527		ncluded?	maces	Yes No
ı w	ebsit e	: > ww	w danceusa org			•		(see instructions)
					H(c)	Group exempt	ion nu	ımber >
K Forn	n of org	anızatıon	Corporation Trust Associ	ation	L Year	of formation 19	982 N	State of legal domicile De
		C						
Pa	rt I		imary	n ou mand ou militare de la companya				
	l .		scribe the organization's missio JSA IS THE NATIONAL SERVI	CE ORGANIZATION FOR THE PROFE	ESSIONAL	DANCE FIE	LD	
eu.		·						
2	_							
Ě		1 1 11				250/ 61		
Š	2 0	heck th	is box \triangleright if the organization of	discontinued its operations or disposed	of more th	ian 25% of its	net a	issets
5	3 N	umher	of voting members of the govern	ning body (Part VI, line 1a)			3	44
Ž.			•	of the governing body (Part VI, line 1b			4	43
Ĕ				calendar year 2015 (Part V, line 2a)	•		5	19
Activities & Governance			• •	necessary)			6	43
⋖			·	eart VIII, column (C), line 12			7a	2,395
				om Form 990-T, line 34			7b	-1,450
				,		Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII.)	line 1h)		2,706,	061	1,189,284
럌	9		am service revenue (Part VIII,		381,997		120,528	
Rəvenue	10	_	tment income (Part VIII, colum	-18,		-1,192		
æ	11		· ·	, lines 5, 6d, 8c, 9c, 10c, and 11e)			301	2,157
	12		, , , , , ,	1 (must equal Part VIII, column (A), lii	ne	2 1 2 0	220	1,310,777
		12)				3,139,	220	1,310,777
	13	Grants	s and sımılar amounts paıd (Par	t IX, column (A), lines 1-3)		561,	387	766,072
	14	Benefi	its paid to or for members (Part	IX, column (A), line 4)		0		0
S	15			ee benefits (Part IX, column (A), lines		862,140		816,717
Expenses	160	5-10)	•	(column (A) line 11e)			0	
p e	16a		- ·	(, column (A), line 11e)	•			
五	Ь		undraising expenses (Part IX, column (I			0.24	207	720.246
	17			lines 11a-11d, 11f-24e)	•	924,		728,310
	18		•	ust equal Part IX, column (A), line 25)		2,347,		2,311,099
_ 0	19	Reven	ue less expenses Subtract line	e 18 from line 12	•	791,	486	-1,000,322
2 c					Beginn	ing of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			3,125,	808	2,134,311
Z Z	21		liabilities (Part X, line 26) .			165,	033	173,858
ξΞ	22	Net as	ssets or fund balances Subtrac	t line 21 from line 20		2,960,	775	1,960,453
Par	t II	Sign	ature Block					
ny kr	nowled	ge and		ramined this return, including accompa mplete Declaration of preparer (other i				
	ı	****				2045 41 15		
c:			ature of officer			2016-11-14 Date		
Sign Here		,						
•	=		Fitterer President/Executive Director or print name and title					
			Print/Type preparer's name		Date	Charle C	PTIN	
Paic	4		R Michael Sorrells	R Michael Sorrells		Check If self-employed		01737
	a pare:	_r F	Firm's name TATE & TRYON	<u> </u>		Firm's EIN ► 5	2-1855	942
	•	11	Firm's address ▶ 2021 L ST NW			Phone no (202	2) 293-	2200
U 26	Only	у	Washington, DC 2003	36				

. Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
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		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		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	11 d		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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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 and XII is optional	12 b		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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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? If "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		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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28c

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35b

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Yes

Form 990 (2015)

	(,				
ΤV	Char	klist of	Peguired	Schadulas	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Pai		i ts Regarding O f chedule O contain		-	-		V			_
	CHECK II 30	chedule o contail	is a response i	or note to an	y ilile ili ulis	Part	v		Yes	· No
1a	Enter the number re	eported in Box 3 of F	Form 1096 Ente	r - 0 - ıf not appl	licable	1a	29			
b	Enter the number o	f Forms W-2G includ	ded in line 1a Er	nter - 0 - ıf not a	applicable	1b	0			
c	Did the organization	n comply with backu winnings to prize wii				o vend	dors and reportable	1c	Yes	
2a	Enter the number o Tax Statements, fil		d on Form W-3, year ending with	Transmittal of or within the ye	Wage and ear covered	2a	19			
b	If at least one is re		d the organization	on file all requir	red federal em	ploym	ent tax returns?	2b	Yes	
3a	Did the organization	n have unrelated bu	siness gross inc	ome of \$1,000	or more durin	g the	year [,]	3a	Yes	
b	If "Yes," has it filed	l a Form 990-T for t	hıs year? <i>If</i> " <i>No"</i>	to line 3b, provi	ıde an explanatı	on in S	Schedule O	3b	Yes	
4a	At any time during over, a financial accacount)?	the calendar year, d count in a foreign co						4a		No
b	If "Yes," enter the see instructions for (FBAR)	name of the foreign r filing requirements	country > for FinCEN Forr	m 114, Report	of Foreign Ban	k and	Financial Accounts			
5a	Was the organization	on a party to a prohi	bited tax shelter	transaction at	any time duri	ng the	tax year?	5a		No
b	Did any taxable par	rty notify the organia	zation that it was	orıs a party t	o a prohibited	tax sh	nelter transaction?	5b		No
С	If "Yes," to line 5a	or 5b, did the organ	ızatıon file Form	8886-T? .						
6a	Does the organizati			, 5			•	5c 6a		No
b	If "Yes," did the org	any contributions t ganization include w tible?	ith every solicita	atıon an expres	s statement t	hat su	ch contributions or gifts	6b		
7	Organizations that					•				
	Did the organization	•	in excess of \$7	'5 made partly	as a contribut		d partly for goods and	7a		No
b	If "Yes," did the org	ganızatıon notıfy the	donor of the val	lue of the goods	s or services p	rovide	ed?	7b		
	file Form 8282? .						which it was required to	7 c		No
d	If "Yes," indicate th	he number of Forms	8282 filed durin	ig the year .		7d		-		
e	Did the organization	n receive any funds,	directly or indir	ectly, to pay pr	remiums on a į	oerson	nal benefit contract?	7e		Νo
f	Did the organization	n, during the year, p	ay premiums, dii	rectly or indire	ctly, on a pers	onal b	enefit contract?	7 f		No
g	If the organization in required?	received a contribut		ntellectual prop		organız • •	zation file Form 8899 as	7 g		
h	If the organization if Form 1098-C? .	received a contribut	ion of cars, boat	s, airplanes, oi	r other vehicle	s, dıd •	the organization file a	7h		
8	Did a donor advised	ations maintaining of the defining of the definition of the defini		organization h	ave excess bu	ısınes:	s holdings at any time	8		
9a	Did the sponsoring	organization make a	any taxable distr	rıbutıons under	section 4966	?.		9a		
b	Did the sponsoring	organization make a	a distribution to	a donor, donor	advisor, or rel	ated p	erson?	9b		
10	Section 501(c)(7)	organizations. Enter								
	Initiation fees and	•				10a				
b	Gross receipts, inc facilities	luded on Form 990,	Part VIII, line 1	L2, for public us	se of club	10b]		
11		organizations. Ente				ı	Ī			
	Gross income from					11a		_		
D	Gross income from against amounts du	ue or received from t		due or paid to	otner sources	11b				
	Section 4947(a)(1)	-		_	_	O in lie	eu of Form 1041? I	12a		
	If "Yes," enter the a				d during the	12b				
13	Section 501(c)(29)	qualified nonprofit	health insurance	e issuers.						
а	-	licensed to issue quion the organization			an one state? №	Note. S	See the instructions for	13a		
b	Enter the amount o	freserves the orgar zation is licensed to			by the states	13b				
c	Enter the amount o	freserves on hand				13 c				
14a	Did the organization	n receive any paymo	ents for indoor ta	anning services	during the ta	x year	?	14a		No
b	If "Yes," has it filed	d a Form 720 to repo	ort these payme	nts? <i>If "No," pro</i>	ovide an explana	ation ir	Schedule O	14b		

orm	990 (2015)					Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus 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 supervision of officers, directors or trustees, or key employees to a management company or other person?.					
4	Did the organization make any significant changes to its governing documents since filed?	orior Form 990 was	4	Yes		
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 powmore members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	ıl by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken durıng the			
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						
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
					Yes	No
			İ		1	.

10a Did the organization have local chapters, branches, or affiliates? Nο 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Νo If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

PA,DC 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 Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

rt VII	Section A. Officers,	Directors,	Trustees, k	Key Employees,	and Highest	Compensated En	nployees (continued)
--------	----------------------	------------	-------------	----------------	-------------	----------------	------------	------------

,	,	,	,			,				
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovies	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheetd Total (add lines 1b and 1c) .	sto Part VII, S			٠.	٠.	•		206,480	0	22,083
2 Total number of individuals (in	cluding but not	limited	to the	nse I	iste	d abov	e) wl	no received more th	nan	

- \$100,000 of reportable compensation from the organization \triangleright 1

T /	3	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CALLAHAN CONSULTING FOR THE ARTS	project management	126,831
1625 15TH STREET NW 6 WASHINGTON, DC 20009		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 1

Form 99								Page 9
Part V	/++1	Statement o			and the Doublett			_
		Cneck IT Screat	ıle O contains a respor	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es 1b	295,272				
ب <u>تا</u> و	c	Fundraising eve	ents 1 c					
ifts. ar ∠	d	Related organiz	ations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) 1e	90,000				
ons Si	l f	All other contribution	ons, gifts, grants, and 1f	804,012				
tributio Other		similar amounts no						
	g	1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f	· · · •	1,189,284			
ı,				Business Code				
JH 6	2a	Conferences & adn	nissio	900099	107,688	107,688		
Program Service Revenue	b	Service Fees		900099	10,105	10,105		
۲ <u>۱</u>	C	Publications & Pass	es	900099	2,735	340	2,395	
3	d							
an	e	All other progra	m conuce revenue					
rogi	f		ım service revenue					
<u> </u>	g		s 2a-2f		120,528			
	3		ome (including dividend ar amounts)		1,790			1,790
	4	Income from inves	tment of tax-exempt bond p	proceeds >				
	5	Royalties						
	6a	Gross rents	(ı) Real 44,755	(II) Personal				
			4F 601					
	b	Less rental expenses	45,601					
	C	Rental income or (loss)	-846					
	d	Net rental incor	me or (loss)		-846			-846
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory		149,342				
	ь	Less cost or other basis and		152,324				
		sales expenses		-2,982				
	c d	Gain or (loss)	s)		-2,982			-2,982
Other Revenue	8a	Gross income fi events (not incl \$	rom fundraising luding reported on line 1c)	,				
Other	ь		a penses b					
	C 03		loss) from fundraising e	events >				
	Ja	See Part IV, lin	rom gaming activities e 19 a					
	I		penses b					
	c	Net income or (loss) from gaming activ	/ities ▶				
	10a	Gross sales of returns and allo						
	b c		loss) from sales of inve	<u> </u>				
	44-	Miscellaneous	Revenue	Business Code 900099	3,003			3,003
	11a b	Miscellaneous		900099	3,003			3,003
	c							
	d	All other revenu						
	e	Total. Add lines	ı	•	3.000			
	12	Total revenue.	See Instructions		3,003			
				*	1,310,777	118,133	2,395	965

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)

	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments. See Part IV, line 21				
	domestic governments See Part IV, inte 21	762,202	762,202		
2	Grants and other assistance to domestic individuals See Part IV, line 22	3,870	3,870		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	229,684	123,225	77,337	29,122
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	466,444	250,084	157,157	59,203
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,943	5,660	3,846	1,437
9	Other employee benefits	52,730	29,107	17,168	6,455
10	Payroll taxes	,			-,
	·	56,916	32,573	17,721	6,622
11	Fees for services (non-employees)				
а	Management				
b	Legal	27,061		27,061	
С	Accounting	26,517	1,273	25,244	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	224,783	248,126	-37,138	13,795
12	Advertising and promotion	435	185	250	
13	Office expenses	63,386	31,579	27,253	4,554
14	Information technology	36,402	11,399	25,003	
15	Royalties				
16	Occupancy	85,614	77,614	-13,292	21,292
17	Travel	112,108	102,405	3,435	6,268
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,113	71,410	9,773	2,930
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,081		11,081	
23	Insurance	2,455		2,455	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Branch Overhead	36,166	36,166		
b	Dues & Subscriptions	23,545	22,202	910	433
c	Allocations & Other	-5,356	10,488	-18,913	3,069
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,311,099	1,819,568	336,351	155,180
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 117,693 177,808 1 Cash-non-interest-bearing 1 2 1.388,266 2 1.039,243 Savings and temporary cash investments 1,403,935 3 720,916 3 Pledges and grants receivable, net . 4 33,103 4 26,516 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net . . 7 7 8 Inventories for sale or use . 8 90,761 9 31,713 9 Prepaid expenses and deferred charges

> 10a 10b

158,852

31,321

71,018

21,032

50,613

104,853

9,567

165,033

491,018

2,469,757

2.960.775

3,125,808

3,125,808

10c

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127.531

10,584

43,109

119,288

11,461

173,858

499,826

1,460,627

1,960,453

2,134,311

Form 990 (2015)

2,134,311

10a

b

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Net Assets or Fund Balances

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Accounts payable and accrued expenses

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 . . .

			_ '
ı	Total revenue (must equa	l Part VIII, col	um

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

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

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

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

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

n (A), line 12) Total expenses (must equal Part IX, column (A), line 25)

1

1,310,777 2,311,099 -1,000,322

Page **12**

2,960,775

Νo

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Form 990 (2015)

2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

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Yes	N.
1,	960,

2a

2b

2c

3a

3b

Yes

Yes

Software ID: Software Version:

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

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

Compensated Employees, and Inde	pendent Co	ntrac	tors	5,11	. us		,		, mgnest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)				ess er :)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Doug Singleton Chair	5 00	x		х				0	0	C
ANDREA CLARK-SMITH Vice Chair	2 00	×		x				0	0	C
BARRY HUGHSON Vice Chair	2 00	×		х				0	0	C
Rosemary Johnson Vice Chair	2 00	x		х				0	0	C
Matthew Wells Trustee	1 00	x		х				0	0	C
Robert Dorf Treasurer	2 00	x		х				0	0	C
Mark Baird trustee	1 00	×						0	0	Q
Lucy Bowen McCauley Trustee	1 00	×						0	0	O
Kathy Brown Trustee	1 00	x						0	0	C
Barbara Bryan Trustee	1 00	×						0	0	C

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) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(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		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations		
CC Conner Trustee	1 00	x						0	0	0		
Thaddeus Davis Trustee	1 00	x						0	0	0		
Thomas DeFrantz Trustee	1 00	x						0	0	0		
Jane Efroymson Trustee	1 00	x						0	0	0		
Allyson Esposito Trustee	1 00	x						0	0	0		
Harns Ferns Trustee	1 00	x						0	0	0		
Ian Garrett	1 00	х						0	0	C		

1 00

1 00

1 00

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Trustee

Trustee

Trustee

Walter Jaffe Trustee

Michael Ginsberg

Dorothy Gunther Pugh

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

Compensated Employees, and Inde						3000	٠, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Shane Jewell Trustee	1 00	х						0	0	0
Virginia Johnson Trustee	1 00	x						0	0	C
Nancy Kadel Trustee	1 00	x						0	0	C
Andrea Lodico Welshons Trustee	1 00	x						0	0	C
Knstopher McDowell Trustee	1 00	x						0	0	(
Matthew Neenan Trustee	1 00	х						0	0	C

1 00

1 00

1 00

1 00

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Χ

Jaamil Olawale Kosoko

Gabriela Poler Buzalı

Aparna Ramaswamy

Michelle Ramos-Burkhart

Trustee

Trustee

Trustee

Trustee

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) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
Melanie Rios Glaser Trustee	1 00	×						0	0	0		
Pamela Robinson Trustee	1 00	×						0	0	0		
Felicia Rosenfeld Trustee	1 00	×						0	0	0		
Cookie Ruiz Trustee	1 00	×						0	0	0		
Denise Saunders Thompson Trustee	1 00	×						0	0	0		
Celine Schein Trustee	1 00	×						0	0	0		

1 00

1 00

1 00

1 00

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Linda Shelton Trustee

Trustee

Trustee

David Shimotakahara

Ken Tabachnick Trustee

Sarah Thompson

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) A verage hours per week (list any hours for related	unles	ore ti ss pe	han ersoi icer	not one n is and			(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	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations	
Sixto Wagan Trustee	1 00	×						0	0	0	
Nancy Umanoff Trustee	1 00	×						0	0	0	
Pamela Young Trustee	1 00	x						0	0	C	
Meg Booth Trustee (thru 6/15)	1 00	x						0	0	C	
Arthur Espinoza Trustee (Thru 11/15)	1 00	×						0	0	C	
John Malashock Trustee (thru 6/15)	1 00	x						0	0	C	
Julie Nakagawa	1 00	х						0	0	С	

1 00

1 00

1 00

Trustee (thru 6/15)

Cathy Pruzan Trustee (thru 6/15)

Susan Shields Trustee (thru 3/15)

Sydney Skybetter Trustee (thru 6/15)

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

(A) (B) (C) (D) (E)

(F)

10,206

Name and Title	A verage hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Physics of compensated individual trustee					an	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Stephanie Todd Wong Trustee (thru 6/15)	1 00	×						0	0	
Jawole Willa Jo Zollar Trustee (Thru 2/15)	1 00	×						0	0	
Amy Fitterer Executive Director	40 00	×		x				122,030	0	11,87
Casey McEnelly	40 00									

Director of Finance and Operations

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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.

DLN: 93493319053556 OMB No 1545-004

> Open to Public Inspection

Treasury Internal Revenue Service Name of the organization

(Form 990 or

990EZ)

DANCEUSA

Part I

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2 3

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Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 52-1253457 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

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

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

11	Γ	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the												
а	Γ	Type I. A supporting o	rganızatıon o _l n(s) the poweı	perated, supervised, or r to regularly appoint o	controlled by i r elect a majori	its supported		ly by giving the						
b	Γ	Type II. A supporting	organization s pporting orga	supervised or controlle nization vested in the s	d in connection		orted organization(s), b manage the supported							
c		supported organization	n(s) (see insti	ructions) You must co	mplete Part IV	, Sections A , [•							
d e	Г	not functionally integra (see instructions) You Check this box if the o	ated The orga I must comple rganization re	anization generally musete Part IV, Sections A eceived a written deter	st satisfy a dist . and D, and Pa i mination from t	tribution requi rt V. The IRS that it	n with its supported org rement and an attentive is a Type I, Type II, Ty	eness requirement						
f	integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations													
g		Provide the following in	nformation ab	out the supported orga	inization(s)									
Nar	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)						
					Yes	No								
Γota	I													
or F	aperw	ork Reduction Act Noti	ce. see the Ir	structions for Form 99	00 or 990EZ.	Cat No 11	285F							

instructions

Schedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organiz							amy anaci
S	ection A. Public Support	•					-	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20	115	(f) ⊤otal
	fiscal year beginning in) 🟲	(a)2011	(6)2012	(6)2013	(u)2014	(e)2(,13	(T) Total
1	Gifts, grants, contributions, and	2 002 022	2 026 422	064.054	2 700 001		100 204	0.600.544
	membership fees received (Do	2,893,923	2,036,422	864,851	2,706,061	1	.,189,284	9,690,541
_	not include any unusual grants)				+			
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	2,893,923	2,036,422	864,851	2,706,061	1	,189,284	9,690,541
5	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							5,904,900
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5 from line 4							3,785,641
S	ection B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f)Total
(or	fiscal year beginning in) 🟲							
7	Amounts from line 4	2,893,923	2,036,422	864,851	2,706,061	1	,189,284	9,690,541
8	Gross income from interest,							
	dividends, payments received on	51,521	55,760	61,108	66,541		46,545	281,475
	securities loans, rents, royalties		·		.		· I	
_	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
LO	Other income Do not include							
	gain or loss from the sale of	7.056	7.440	2 24 2	7 755		2 222	20.045
	capital assets (Explain in Part	7,856	7,413	3,018	7,755		3,003	29,045
	VI)							
11	Total support. Add lines 7							10,001,061
	through 10							10,001,001
12	Gross receipts from related activity	ties, etc (see inst	ructions)			12		1,730,805
L3	First five years.If the Form 990 is						01(c)(3)	organization,
	check this box and stop here					<u></u>	.▶	
	ection C. Computation of Pu							
L4 	Public support percentage for 201	•		11, column (f))		14		37 850 %
15	Public support percentage for 201	•				15		38 960 %
L6a	33 1/3% support test—2015. If the			•	ne 14 is 33 1/3%	or more	, check th	
	and stop here. The organization qu							▶ 🔽
b	33 1/3% support test—2014. If the	3		•	and line 15 is 33	1/3% or	more, che	
	box and stop here. The organization			-				▶ □
L/a	10%-facts-and-circumstances test	-						
	is 10% or more, and if the organization me			,		•		tod
	in Part VI how the organization me	eers the "facts-and	u-circumstances"	test ine organiz	ation qualifies as	a public	ıy suppor	
	organization				10.16.15.	4 7		
b	10%-facts-and-circumstances tes	_						
	15 is 10% or more, and if the organize			·		-		,
	Explain in Part VI how the organiz	ation meets the T	acts-anu-cncums	iances lest fine	organization qua	illes as	a publicly	
18	supported organization Private foundation. If the organiza	tion did not check	a hov on line 13	16a 16h 17a o	r 17h check this	hov and	500	▶

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

	radio / tila diretamenta rest
Return Reference	Explanation

Income from Activities not normally recurring

Schedule A, Part II, Line 10,

DLN: 93493319053556

Employer identification number

52-1253457

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

DANCEUSA

Part I-A

2

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

•	volunteer nours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	gers under section	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's fi to a separate political organ	unds Also enter the nızatıon, such as a
	(a) Name	(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-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ. (Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Grassroots ceiling amount

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

Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A	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)									
В	Check ► If the filing organization checked box A and "limited control" provisions apply									
		ying Expenditures neans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots								
b	Total lobbying expenditures to influence a legis		5,971							
ď	Total lobbying expenditures (add lines 1a and 1		5,971							
d	Other exempt purpose expenditures		2,358,981							
e	Total exempt purpose expenditures (add lines :	1c and 1d)		2,364,952						
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns		268,248						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	Not over \$500,000	20% of the amount on line 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000								
	Over \$1,000,000 but not over \$1,500,000									
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000								
	Over \$17,000,000									

y					07,002	
h	h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0-					
i						
j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	or line 11, did the	organization file	Form 4720	-	
			Γ.	Yes ∏No		
_	4-Year Average (Some organizations that made a section columns below. See the section below in a column below in a colum	ion 501(h) ele eparate instru	ection do not uctions for lir	have to com nes 2a throug	•	e five
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	255,223	286,366	268,656	268,248	1,078,493
b 	Lobbying ceiling amount (150% of line 2a, column(e))					1,617,740
		1				

Total lobbying expenditures 6,374 7,336 5,836 5,971 25,517 Grassroots nontaxable amount 63,806 71,592 67,164 67,062 269,624

404,436

Return Reference

	filed Form 5768 (election under section 501(h)).	,	a)		/ b>
or e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying				(b)
ctiv	ıty	Yes	No	An	nount
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	163			
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	Other activities?				
j	Total Add lines 1c through 1i				
а	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?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319053556

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

Open to Public Inspection

Na	nal Revenue Service Ime of the organization NCEUSA	` ,		Empl	oyer identifica	ntion numbe	er
DA	INCLUSA			52-1	253457		
P	Organizations Maintaining Donor Complete if the organization answere					j.	
		(a) Donor advised funds	·	(b)	Funds and oth	er accounts	;
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	_		or advis	sed	☐ Yes	∏ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		_			Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organization an:	swered "Yes" o	า Forn	n 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all tha	t apply)				
	Preservation of land for public use (e g , recreducation)		Preservation of an	histor	ically importar	nt land area	
	Protection of natural habitat	☐ F	reservation of a	ertifie	d historic stru	cture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	contribution in th	ne form	of a conserva	tion	
	Tabal assessment and a second a				Held at the	End of the	Year
a	Total number of conservation easements Total acreage restricted by conservation easeme	anto		2a 2b			
b c	Number of conservation easements on a certified		n (a)	2D 2c			
d	Number of conservation easements included in (a historic structure listed in the National Register		` ′	2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguis	ı hed, or termınate	by the	e organization	during the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is located	i ▶				
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	ding the periodic monitoring,	•	— ling of	ГΥ	'es □N	0
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violat	ions, and enforci	ng cons	•	•	ng the
	>						
7	A mount of expenses incurred in monitoring, insperience.	ecting, handling of violations	, and enforcing co	nserva	ition easement	ts during th	e year
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the req	uirements of sect	ion 17	0(h)(4)	es	o
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organi					
Pa	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historica	I Treasures, o	or Oth	ner Similar	Assets.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to races assets held for public exhib	eport in its reven ition, education, c	r resea	arch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to repo assets held for public exhib	rt in its revenue s	tateme	ent and balanc		lıc
	(i) Revenue included on Form 990, Part VIII, line:			> ¢			
	ii) Assets included in Form 990, Part X	-					
2	"'Assets included in Form 990, Part X If the organization received or held works of art, I	nistorical treasures, or other					
4	following amounts required to be reported under S			. mane	ar gam, provi	ac 1110	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	sures, or (Other Similar A	ssets
3		the organization's acquisition, accition items (check all that apply)	ession, and other reco	ords, ch	neck any	of the i	following that	are a significant us	se of its
а		Public exhibition		d	┌ Lo	an or	exchange pro	grams	
b	Γ:	Scholarly research		e	□ 0 !	ther			
c		Preservation for future generations							
4	Provi Part >	de a description of the organization'	s collections and exp	laın ho	w they fur	ther th	e organizatio	n's exempt purpose	e in
5		g the year, did the organization soli s to be sold to raise funds rather th							s No
Pa	rt IV				000 B-	- T) /	0		-t F 000
		Complete if the organization a Part X, line 21.	answered "Yes" on	Form	990, Par	τιν,	line 9, or re	ported an amoui	nt on Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	for contr	butior	ns or other as	sets not	s No
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	llowing tal	ble		An	nount
c		ginning balance	,				10	:	
d	•	ditions during the year					10	ı	
e		tributions during the year					16	:	
f		ding balance							
2 a		ne organization include an amount o	n Form 990, Part X, Iı	ne 21,	for escro	worcu	ــــــا ıstodıal accou	ınt lıabılıty? 🦵 y e	s No
b								·	
	rt V	s," explain the arrangement in Part Endowment Funds. Comple							
		Zila Willer Fallasi Comple	(a)Current year		or year		Two years back		(e)Four years back
1 a	Begir	nning of year balance			•				
b	C ont	ributions · · · · · · ·							
c	Net i losse	nvestment earnings, gains, and is							
d	Gran	ts or scholarships							
e		r expenditures for facilities irograms							
f	A dmi	nistrative expenses							
g	End o	of year balance							
2		de the estimated percentage of the	current vear end bala	nce (lır	ne 1a, col	umn (a)) held as		
а		designated or quasi-endowment >	,	,	5,	`	,,		
Ь		anent endowment >							
c		orarily restricted endowment >							
		ercentages on lines 2a, 2b, and 2c	should equal 100%						
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that are h	neld an	d administere	ed for the	Yes No
	_	related organizations						3:	a(i)
	` '	lated organizations							a(ii)
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as requi	red on s	Schedule	R?.			3b
4	Desc	ribe in Part XIII the intended uses o		endowm	ent funds				
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 0	00 Dart	TV/ lu	no 112 Soo	Form 990 Bart \	/ Juno 10
_		Description of property	answered fes to r		(a) Cost or othe	r basıs	Cost or oth	er Accumulated	
4.5	اممط				(ınvestme	ent)			
				•				+	
		gs		-			9,6	38 3	41 9,397
		nent		: H			86,0		<u> </u>
				· .			63,1	- 	

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

	See Form 990, Part X, line 12.			es' on Form 990, Part IV, line 11t
	(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial	derivatives ield equity interests			
3) O ther	ielu equity interests			
otal. (Column	(b) must equal Form 990, Part X, col (B) line 12)	•		
	Investments—Program Related.	ad 'Vas' on Form 99	O Part IV line 11c -	
	Complete if the organization answer (a) Description of investment	ed fes on Form 99	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
				Cost or end-of-year market valu
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)	>		
	Other Assets. Complete if the organiza		Form 990, Part IV, line	
	(a) Des	scription		(b) Book value
Total (Colum	un (h) must equal Form 990 Part X col (B) lin	e 15)		<u> </u>
Part X	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the o	•		
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganization answere	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o	•	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	rganization answere	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	rganization answere	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X L. Federal incor	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X L. Federal incor	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X L. Eederal incor	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	
Part X 1. Federal Incor Deferred Ren	Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	d 'Yes' on Form 990,	

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Schedule D (Form 990) 2015

1

2

а

b

information

A djustments

Part XI, Line 2d - Other

Return Reference

1,364,880

54,103

1,310,777	3	Subtract line 2e from line 1				3					
					on line 1	but no	line 12,), Part VIII	s included on Form 990	₽ Am	4
			4a	.	, line 7b	art VII	1 990, P	ded on For	nent expenses not inclu	a Inv	а
			4b	. [Describe in Part XIII)	b Oth	b
0	4c								es 4a and 4b	c Add	c
1,310,777	5	[12)	(, line	90, Part	Form 9	st equal	4c. (This m	venue Add lines 3 and	5 Tot	5
urn.	s per l	ents With Expenses /, line 12a.							econciliation of Exomplete if the organi	Part XII	Pa
2,365,202	1				s	temen	ncıal sta	audited fin	penses and losses per	L Tot	1
					ine 25	art IX,	n 990, P	not on For	s included on line 1 but	2 Am	2
		5,520	2a					cilities .	services and use of fac	a Dor	а
			2b						ar adjustments	b Prio	b
			2c						sses	c Oth	c
		48,583	2d						Describe in Part XIII)	d Oth	d
54,103	2e		·						s 2a through 2d	e A do	е
2,311,099	3								t line 2e from line 1 .	3 Sub	3
					n line 1:	it not c	ne 25, bi	, Part IX, I	s included on Form 990	• A m	4
			4a		, line 7b	art VII	1 990, Pa	ded on For	nent expenses not inclu	a Inv	а
			4b						Describe in Part XIII)	b Oth	b
0	4c		·						s 4a and 4b	c Add	c
2,311,099	5		181	t I lun	990 Pai	al Forn	niist eali	d 4c (This	penses Add lines 3 and	Tot.	5

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

Explanation

Loss on Disposal of Fixed Assets 2,982 Rental Expenses Reported on Part VIII 45,601

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

2c 2d 5,520

48,583

2e

Schedule D (Form 990) 2015	Page 5							
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319053556 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number DANCEUSA 52-1253457 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

27

Schedule I (Form 990) 2015

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation Return Reference Part I, Line 2 Dance/USA's executive director and director of finance and operations are charged with monitoring the use of grant funds paid to individuals and organizations 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

Page 2

Additional Data

organization

Software ID: Software Version:

ıf applıcable

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

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

or government				assistance	other)	
AMERICAN TAP DANCE FOUNDATION INC 154 CHRISTOPHER STREET 2B New York, NY 10014	13-3390784	501c3	31,634			EDA Grant
Ballet X 265 S BROAD STREET Philadelphia,PA 19107	31-1784286	501c3	5,000	40,081	FMV	Dance/USA - Philadelphia Transition
CHHANDAM CHITRESH DAS DANCE COMPANY 2325 - 3RD STREET SUITE 320 San Francisco,CA 94107	94-2693092	501c3	30,410			EDA Grant

cash

(h) Purpose of grant

or assistance

non-cash assistance

(book, FMV, appraisal,

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) CHICAGO HUMAN RHYTHM 36-3638682 501c3 31,818 EDA Grant PROJECT 410 S MICHIGAN AVE STUDIO 464 ant

Chicago,IL 60605					
CINCINNATI BALLET COMPANY INC 1555 CENTRAL PARKWAY CINCINNATI,OH 45214	31-6050354	501c3	9,689		EDA Grant
COLLAGE DANCE THEATRE	95-4152270	501c3	30,410		EDA Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2934 1/2 BEVERLY GLEN

Los Angeles, CA 90077

CIRCLE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) COLUMBIA COLLEGE 36-6112087 501c3 31,861 EDA Grant CHICAGO 1306 S MICHIGAN AVE Chicago, IL 60605 20-5477825 501c3 31,929 EDA Grant

EDA Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

CONTRA-TIEMPO INC
4058 TILDEN AVE
CULVER CITY, CA 90232
DANCE THEATRE ETCETERA

Brooklyn, NY 11231

SUITE 203

480 VAN BRUNT STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) DC PUBLIC LIBRARY 501c3 24,330 EDA Grant 52-1481008 FOUNDATION 901 G STREET NW rant

Washingtin, DC 20001					
EVERETT DANCE THEATRE 9 DUNCAN AVE PROVIDENCE, RI 02906	05-0451784	501c3	31,460		EDA Gra

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 500

PROVIDENCE, RI 02903

FIRSTWORKS 22-2597014 501c3 31,874 EDA Grant 270 WESTMINSTER ST

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Fractured Atlas 11-3451703 501c3 24,660 EDA Grant 248 WEST 35TH STREET 10TH FLOOR New York, NY 10001 HERITAGE WORKS 38-3581720 501c3 11,206 EDA Grant 1927 ROSA PARKS

EDA Grant

BOULEVARD SUITE 130

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

130 DETROIT, MI 48216

Jacob's Pillow Dance Festival

358 George Carter Road Becket, MA 01223

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) JUNEBUG PRODUCTIONS 72-1057381 501c3 24,675 EDA Grant 1024 ELYSIAN FIELDS AVE NEW ORLEANS LA 70117 Grant

NEW ORLEANS, LA 70117					l
KESHET DANCE COMPANY 4121 CUTLER AVE NE ALBUQUERQUE,NM 87110	85-0436623	501c3	32,359		EDA Gr
KINGS MAJESTIC CORPORATION	11-2956108	501c3	30,410		EDA Gr

1000 DEAN STREET SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Brooklyn, NY 11238

Grant 232

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 27-0805847 501c3 8,000 Dance/USA -MASCHER DANCE INC. 1014 S 47TH ST Philadelphia Transition Philadelphia, PA 19143 nce Host ttee

MIAMI DANCE FUTURES INC 8901 SOUTHWEST 79TH CT Miami,FL 33156	65-0076325	501C3	13,089		Conference F Committee
MILLERSVILLE UNIVERSITY	23-2397926	501c3	16,726		EDA Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OFPENNSYLVANIA

42 NORTH PRINCE STREET LANCASTER, PA 17603

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 23-2997324 501c3 8,000 Dance/USA -PHILADELPHIA DANCE Philadelphia Transition PROJECTS 1427 SPRUCE ST STE 1F rant

Philadelphia, PA 19102					
PROJECT BANDALOOP 2201 BROADWAY SUITE 208 OAKLAND,CA 94612	95-4618614	501c3	31,439		EDA Grar

EDA Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

RAGAMALA DANCE

SUITE 309

711 WEST LAKE STREET

MINNEAPOLIS, MN 55408

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **UBWINC** 13-3645651 501c3 31,121 EDA Grant 138 S OXFORD STREET

SUITE 4B Brooklyn,NY 11217					
University Musical Society 881 N University Ave	38-1545881	501c3	32,475		EDA Gra

Ann Arbor, MI 48109

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

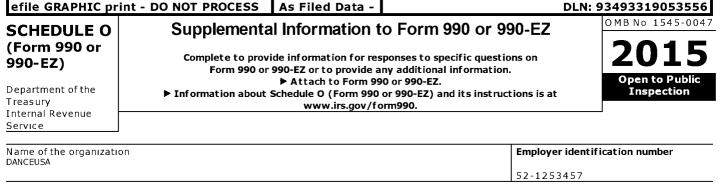
WALKER ART CENTER

1750 HENNEPIN AVE MINNEAPOLIS, MN 55403 41-0693929

Frant

30,410

EDA Grant



990 Schedule O, Supplemental Information					
Return Reference	Explanation				
Form 990, Part III, line 3	The DANCE/USA-PHILADELPHIA program was halted in March of 2015				
Form 990, Part VI, Section A, line 1	The Executive Committee shall, during intervals between meetings of the Board of Trustees, exercise all the powers of the Board in the management of the business and affairs of the Corporation				

990 Schedule O, Supplemental Information
Return

REVENUE SERVICE

Reference Form 990, Part VI.

Explanation

Form 990, Part VI, Section A, line 4

The Bylaw's of DANCEUSA were amended to include a new Section 10. The new section provides that the Board of Trustees of the Corporation shall have power to designate a trustee from amongst the current trustees to serve a one-year renew able term as an ex officio member of the Dance/nyc board of trustees who will represent the interest of dance/usa as their primary fiduciary responsibility.

Form 990, Part VI,
Section B, line 11

THE FEDERAL FORM 990 IS VETTED AND APPROVED BY THE AUDIT COMMITTEE A FINAL COPY OF THE FE

DERAL FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 15a	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 no t-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.

990 Schedule O, Supplemental Information

Deturn Deference

2c

Return Reference	Explanation
Form 990, Part VI,	Dance/USA's governing documents, written policies, including conflict of interest, and financial statements are
Cooken C Ima 10	available to the mobile open request. Deposit ICA is fordered forms 000 to also evenible out the internet at Condestances.

Evolunation

Section C, line 19 available to the public upon request Dance/USA's federal form 990 is also available via the internet at Guidestar com
Form 990, Part XII, Line The process remains unchanged from the prior year