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SCANNED JAN 0 4 2010

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

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

OMB No 1545-1150

Open to Public Inspection

| A | For the | 2008 calenda | ır year, | or tax year beginning August 01 | , 2008, and en | | July 3 | | , 20 09 |
|------------|--------------|---------------------|-----------------------|---|---------------------------------------|---------------------------------------|----------------------|--------------|---------------------------|
| <u>B</u> | Check if a | | Please | C Name of organization | | ו |) Employe | r iden | tification number |
| Ц | Address of | | use IRS label or | Arlington Dance Theatre Inc dba Dance T | heatre of Arlingto | on | 75 | | 1890997 |
| = | Name cha | ange | print or | Number and street (or P O box, if mail is not deliver | | | Telephor | ne nur | nber |
| = | Initial retu | | type. See | 222 W. Main St. | | 1 | (817) | | 261-7921 |
| = | Termination | 011 | Specific | City or town, state or country, and ZIP + 4 | | t, | | | |
| = | Amended | | Instruc- | Arlington, TX 76010-7112 | | 1' | Group E Number | | |
| _ | | | tions. | | | I C. Assaul | | | |
| | • Secti | ion 501(c)(3) o | a con | tions and 4947(a)(1) nonexempt charitable tru: pleted Schedule A (Form 990 or 990-EZ). | sts must attacn | 1 | specify) > | | Cash Accrual |
| | | | DT 4 -4 | | | H Check | ▶ ☑ if | the or | ganization is not |
| | Websit | | | ngton.com | | | | | dule B (Form 990, |
| J | Organiz | zation type (cl | heck or | y one) – 🗹 501(c) (3) ∢ (insert no) 🔲 4947 | 7(a)(1) or 🔲 527 | 990-EZ | , or 990-P | F). | |
| | | | | n is not a section 509(a)(3) supporting organization | | pts are norma | ally not mo | re tha | ın \$25,000 A return ıs |
| | | | | ation chooses to file a return, be sure to file a cor | | and of Form (| 200 F7 N | | 20 522 44 |
| | | | | e 9 to determine gross receipts; if \$1,000,000 or mo | | | | <u> </u> | 32,533.44 |
| Ρ | art I | Revenue, | Expe | nses, and Changes in Net Assets or I | und Balances | (See the in | | | |
| | 1 | Contribution | ıs, gifts | grants, and similar amounts received | | | · · - | 1 | 7,881.61 |
| | 2 | Program se | ervice r | evenue including government fees and cont | racts | | ∟ | 2 | 7,079.32 |
| | 3 | _ | | and assessments | | | L | 3 | 450.00 |
| | 4 | Investment | • | | | | | 4 | 500.16 |
| | 1 | | | n sale of assets other than inventory | 5a | | 0 | | |
| | 5a | | | | | | -0 | | |
| | b | | | r basis and sales expenses | — | | | ōc | 0.00 |
| <u>o</u> | C | | | sale of assets other than inventory (Subtract lin | | | | " | |
| Ĕ | 6 | | | ities (complete applicable parts of Schedule G). If any amo | | neck nere | \cup | l | |
| Revenue | a | Gross rever | nue (no | t including \$ of contri | | 40.0 | -00.05 | | |
| œ | | reported on | | | <u>6a</u> | | 22.35 | | |
| | b | Less: direct | t expe | ses other than fundraising expenses | 6b | 4,4 | 155.95 | | |
| | С | Net income | or (lo | s) from special events and activities (Subtra | act line 6b from li | ne 6a) | _9 | 3C | 12,166.40 |
| | 7a | Gross sales | s of inv | entory, less returns and allowances | 7a | | _0_ | | |
| | ь | | | ds sold | 1 74 1 | | 0 | | |
| | С | | | ss) from sales of inventory (Subtract line 7b | | | L | 7c | 0.00 |
| | 8 | | | scribe ▶ n/a | , | |) L | 8 | 0.00 |
| | 9 | | | Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | | . ▶ | 9 | 28,077.49 |
| | 10 | | | amounts paid (attach schedule) | | | 1 | 10 | 2,081.66 |
| | 11 | | | r for members | | | · · [- | 11 | 0.00 |
| G | | - | | | | | · · - | 12 | 0.00 |
| Se | 12 | • | | | | | · · ⊢ | 13 | 10,405.50 |
| Expenses | 13 | | | and other payments to independent contract | | | | 14 | 11,006.12 |
| × | 14 | | | utilities, and maintenance | | ; | – | 15 | 831.84 |
| | 15 | | picati | ns, postage, and shipping | · · · · · · · · · · · · · · · · · · · | | · · - | | 4,382.16 |
| | 16 | | | escribe office supplies, meals, costum | nes, conations, p | ostage, ett | <u>~</u> .) | 16 | 28.707.28 |
| | 17 | Total expe | nses. | Additions 10 through 16 | | <u> </u> | | 17 | |
| ţ | ₽8 | Excess or (| deficit | for the year (Subtract line 17 from line 9). | | | · · F | 18 | (629.79) |
| SS | 19 | Net assets | or fur | d balances at beginning of year (from line | 27, column (A)) | (must agree | with | | |
| ¥ | L | end-of-year | r-figure | -reported on prior year's return) | | | <u>L</u> | 19 | 15,141.19 |
| Net Assets | 20 | (D)(0)(0)(0) | ges in | net assets or fund balances (attach explana | ıtion) | | · · <u> </u> 2 | 20 | 0.00 |
| z | L24_ | -Net-assets | or fun | I-balandes at end of year. Combine lines 18 | 3 through 20 | · · · · · · · · · · · · · · · · · · · | . ▶ : | 21 | 14,511.40 |
| P | art II | Balance S | Sheet | . If Total assets on line 25, column (B) are | \$2,500,000 or mo | re, file Forn | n 990 ins | tead | of Form 990-EZ. |
| | | | (5 | ee the instructions for Part II.) | | (A) Begn | nning of yea | r [| (B) End of year |
| 22 | Cac | h, savings, a | • | · | | | 18,914.54 | 1 22 | 19,303.09 |
| | | , , | | | | | 0.00 | 23 | 0.00 |
| 23 | | d and buildin | | | | | | 24 | 0.00 |
| 24 | | er assets (de | | | • | | 18,914.5 | | 19,303.09 |
| 25 | o fota | al assets . | | e ► scholarship awards due over next 5 | voare | | 3,773.3 | | 4,791.69 |
| 26 | Tota | ai liabilities (d | describ | lances (line 27 of column (B) must agree w | ith line 21\ | | 15,141.19 | | 14,511.40 |
| 27 | | | | k Reduction Act Notice, see the Instruction fo | | Cat No 1 | | . 21 | Form 990-EZ (2008) |
| ro | r Privac | у ассало Ра | perwo | n meducuon act nouce, see ule instruction lo | , roilli 880. | Cat NO | UU 161 | | (2000) |



| 1 0111 330-12 (2008) | | | | | raye z |
|---|--------------------------------------|---------------------|--|-------------|--------------------------------------|
| Part III Statement of Program Service Accom | | | | | Expenses |
| What is the organization's primary exempt purpose? | ance education, scholars | hip, community o | utreach | (Rec | ured for 501(c)(3) (4) organizations |
| Describe what was achieved in carrying out the organization | ation's exempt purposes. Ir | a clear and conc | ise manner, | | 4947(a)(1) trusts, |
| describe the services provided, the number of persons be | nefited, or other relevant info | rmation for each p | rogram title. | opti | onal for others.) |
| 28 "I AM!"95 students, 60 classes, 3 shows; teach | dance to 4th grade childr | en in low income | areas to | | |
| enhance skills learned in classes; performances | improve self esteem and | teach value of ar | ts and | ĺ | |
| community service | | | | ļ | |
| | udes foreign grants, check | here | . ▶ 🗆 | 28a | 12,837.34 |
| 29 DTA Company-20 members, 80 classes, 1 works | | | | | |
| technique and ability, teach community service v | | | | | |
| lover of the arts | | 4 | | ļ | |
| | udes foreign grants, check | here | ▶ □ | 29a | 13,388.28 |
| 30 Teen Talent Follies-approximately 100 auditione | | | olarshins | 200 | 10,000.20 |
| paid out; teens perform in show (without cost to | | | | | |
| performance skills, confidence and encourage co | | inoiai sinps, inipi | 0.00 | 1 | |
| | | | | 200 | 2 404 66 |
| | udes foreign grants, check | nere , | | 30 <u>a</u> | 2,481.66 |
| 31 Other program services (attach schedule) | | | | | |
| | udes foreign grants, check | | · <u> </u> | 31a | 0.00 |
| 32 Total program service expenses (add lines 28a th | | | | 32 | 28,707.28 |
| Part IV List of Officers, Directors, Trustees, and Key | | | | | |
| (a) Name and address | (b) Title and average hours per week | | (d) Contributio employee benefit | plans & | |
| | devoted to position | enter -0) | deferred comper | nsation | other allowances |
| Rebecca Boles | President-10 hrs | _ | | _ | _ |
| 201 Sunset Ct., Arlington, TX 76010 | | 0 | | -0- | -0- |
| Janet Jennings | Vice President8 hrs | | | | ļ |
| 2014 Fair Meadow, Arlington, TX 76012 | | -0- | | -0- | 0 |
| Amanda Davidson | Secretary4 hrs | | } | | |
| 2015 Lakehill, Arlington, TX 76012 | | 0 | | 0 | -0- |
| Kim Wiemuth | Treasurer-6 hrs | | | | |
| 2214 Ventnor Ct., Arlington, TX 76011 | Treasurer o mo | 0 | | 0 | -0 |
| Ellen Timberlake-Volz | Past President-4 hrs | | | | |
| 2706 Margaret Ct., Arlington, TX 76012 | Past President-4 nrs | 0 | | -0- | |
| Jane Alexander | Director-4 hrs | | | | |
| 2601 Westwood, Arlington, TX 76012 | Director-4 nrs | 0 | | 0 | -0 |
| Jock Bethune | | · — | | | |
| 1906 Scarlett, Arlington, TX 76012 | Director-1 hr | 0 | | -0- | |
| Cristi Brown | | | | | |
| | Director-1 hr | 0 | | -0- | 0 |
| 2408 Chimney Hill, Arlington, TX 76012 | | | | | |
| Gabriel Duarte | Director-1 hr | 0 | ŀ | 0 | -0 |
| 3807 W. 5th St., Fort Worth, TX 76107 | | | | | -0- |
| Mark Echart | Director-1 hr | | | ^ | |
| 421 Gingerbread Ln., Waxahachie, TX 75165 | | 0 | | 0- | -0- |
| Aurora Rodriguez | Director-2 hrs | 1 | ł | | |
| 1804 Old Oak Dr., Arlington, TX 76012 | | 0 | | | |
| Marian Ross | Director-1 hr | | İ | | _ |
| 833 Coppin Dr., Fort Worth, TX 76120 | | 0 | | 0 | 0 |
| Lori Woods Smith | Director-1 hr | | | | |
| 2440 Beachview, Grand Prairie, TX 75054 | | 0 | i | 0 | 0 |
| Rachel Thornberry | Director-1 hr | | | | |
| 221 Quail Meadows, Arlington, TX 76002 | Director-1 til | 0 | | -0- | -0 |
| Persis Forster | Artistic Director-20 hrs | | | | |
| 1724 Northbrook Ct., Arlington, TX 76012 | Artistic Director-20 MS | 0 | | -0 | 0 |
| Persis Ann Forster | 0 | <u> </u> | - | | |
| 844 Woodridge, Fort Worth, TX 76120 | Company Manager-20 | 0 |] | -0- | 0 |
| THE TOTAL POLICE OF THE TOTAL | | | | | - |
| •• | | | | | |
| | | | | | |
| •, | | | | | |
| | i | ı | i . | | 1 |

| Par | Other Information (Note the statement requirements in the instructions for Part VI.) | | 150 |
|-----|---|-----------------|----------|
| | _ | Ye | s No |
| 33 | description of each activity | 3 | ✓ |
| 34 | attach a comormica copy of the charges | 4 | 1 |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 5a | 1 |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | 5b | |
| 36 | | 6 | / |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a0- | 7Ь | / |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | Ва | 1 |
| | Section 501(c)(7) organizations. Enter: | | |
| | Initiation fees and capital contributions included on line 9 | | |
| | Gross receipts, included on line 9, for public use of club facilities | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ | | |
| b | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule | ь | 1 |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | De | / |
| 41 | List the states with which a copy of this return is filed. ▶ | | |
| 42a | The books are in care of ▶ Persis Forster and Persis Ann Forster Located at ▶ 222 W. Main St., Arlington, TX ZIP + 4 ▶ 760 | 261-7 10-711 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | [Va | s No |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | 2b | 5 NO |
| | account)? | | |
| _ | | 2c | 1 |
| | If "Yes," enter the name of the foreign country: | <u>-v,</u> | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year | · · | |
| | | Ye | s No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 4 | J √ |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | 15 | 1 |
| | | | Z (2008) |

Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief it is true, correct ebuca 2.01,00 Sign Signature of officer Date Here Rebecca Boles, DTA Board President Type or print name and title Check if Date Preparer's Identifying Number (See instructions) Paid Preparer's selfsignature employed ▶ L Preparer's Firm's name (or yours **EIN** if self-employed), address, and ZIP + 4 Use Only Phone no ▶ May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

| - | _ | | | ance Theatre of Arlin | | | | | 75 | | 1890997 |
|----------|----------|------------------------------|---|---|--|---------------------------|------------------------|--|--------------|--------------------------|---|
| Pa | | | | narity Status (All or | | | | _ | | ee instru | ctions) |
| | orga | | | dation because it is: | | | | | | | |
| 1 | \vdash | | | rches, or association | | | nbed in s | ection 1 | 70(b)(1)(| A)(i). | |
| 2 | | | | on 170(b)(1)(A)(ii). (At | | | | | | | |
| 3 | | A hospital or | r a cooperative t | nospital service organ | ization d | escribed | in sectio | n 170(b) | (1)(A)(iii). | (Attach S | Schedule H.) |
| 4 | | hospital's na | me, city, and st | ation operated in conj | | | | | | | |
| 5 | | | ion operated for (b)(1)(A)(iv). (Cor | the benefit of a colle mplete Part II.) | ge or uni | versity ov | vned or o | perated | by a gov | ernmenta | l unit described in |
| 6 | | A federal, st | ate, or local gov | ernment or governme | ental unit | describe | d in sect | ion 170(t | o)(1)(A)(v |). | |
| 7 | | | | / receives a substantia (1)(A)(vi). (Complete F | | its suppo | ort from a | governm | ental un | t or from | the general public |
| 8 | | A community | y trust described | d in section 170(b)(1) | (A)(vi). (C | Complete | Part II.) | | | | |
| 9 | Z | | | receives: (1) more that | | | | | | | |
| | | receipts fron | n activities relate | ed to its exempt func | tions—su | bject to | certain ex | ceptions | , and (2) | no more | than 331/3 % of its |
| | | | | ent income and unre | | | | | | 1 511 tax |) from businesses |
| | _ | | _ | after June 30, 1975. | | | | | | | |
| 10 | Ц | | | nd operated exclusive | | | | | | | |
| 11 | Ш | An organiza | tion organized a | and operated exclusive | ely for th | ne benefi | t of, to p | perform t | he functi | ons of, o | r to carry out the |
| | | purposes of | one or more pui | blicly supported organated the type | nizations of suppo | describe | u in secu anization | spece no | nlete line | ciion 509(se 11a thi | (a)(2). See section rough 11h |
| | | | | | | e III–Fun | | | | | Type III-Other |
| _ | | a ☐ Type | | Type II c tify that the organizat | | | | | | | |
| е | | by checking | this box, i cen | iny that the organization managers and othe | than on | e or more | nea airec | supporte | ilrectly b | y one or zations de | ecribed in section |
| | | - | section 509(a)(2) | - | i tilali Ori | e or more | publicly | Supporte | o organi | Lations ac | Soribod in Gootion |
| f | | , ,, , | | a written determinati | on from | the IRS | that it ie | a Type | Type II | or Type | Ill supporting |
| • | | | , check this box | | 1011 110111 | uie ino | liial II IS | a Type | , type ii | , or type | |
| | | | | the organization acce | onted any | aift or c | ontributio | n from a | nv of the | | |
| 9 | | following pe | rsons? | | | | | | | | Yes No |
| | | | | r indirectly controls, en ning body of the sup | | | | in persor | is descri | | 11g(i) 🗸 |
| | | | | erson described in (i) a | | | | | | | 11g(ii) ✓ |
| | | | | of a person described | | | | | | | 11g(iii) ✓ |
| <u>h</u> | | Provide the | following inform | ation about the organ | T | | ization s | upports. | | | |
| (1) | | e of supported janization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | | organization sted in your | | ou notify | | ls the tion in col | (vii) Amount of support |
| | OIţ | janzation | | above or IRC section | | document? | col (i) | of your | (i) organ | zed in the | 00000 |
| | | | | (see instructions)) | | l Na | | oort? | Yes | S? No | |
| | | | | | Yes | No | Yes | No_ | res | No | |
| | | | | | | | | | | | |
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| | | | | | | | <u></u> | <u> </u> | | <u> </u> | |
| Tota | al | | | | | | | L | | | |

| Par | (Complete only if you chec | | | | | and 170(b |)(1)(A)(vi) |
|---------|---|-------------------------------------|--------------------------------------|---|------------------------------------|--|----------------|
| Sect | tion A. Public Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | ļ | |
| 4 | Total. Add lines 1-3 | | | | | ļ | _ |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | * | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | <u> </u> | l | l | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u> </u> | | | | |
| | tion C. Computation of Public Su | | | | | Taal | |
| 14 | Public support percentage for 2008 (line | | | 1, column (f)) | | 15 | <u>%</u> % |
| 15 | Public support percentage from 2007 Sci | hedule A, Part | IV-A, line 26f | · . · · · | | | |
| | 33½% support test—2008. If the organiand stop here. The organization qualifies | as a publicly | supported orga | nization | | | ▶ 🛚 |
| | 33\% % support test-2007. If the organi box and stop here. The organization qua | untes as a pub | licly supported | organization . | | | ▶ □ |
| 17a | 10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets test - 20 more, and if the organization meets - 20 more, and if the organization meets - 20 more, and if the organization meets | acts-and-circu | mstances" test, | check this box | and stop here | . Explain in P | art IV how the |
| b 18 | 10%-facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did | acts-and-circur ances" test. The | nstances" test, o organization qu | check this box a alifies as a public | and stop here. cly supported or | Explain in Parganization . | art IV how the |

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.)

| Sec | tion A. Public Support | d the box on | 1 11110 0 01 1 4 | 14 1.7 | | | |
|-----------|--|--|-----------------------------------|--------------------------------------|---------------------------------------|---------------------------------|-------------------------|
| | alendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15,784.18 | 17,361.83 | 19,699.19 | 43,394.96 | 15,410.93 | 111,651.09 |
| 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 | 21,990.90 | 17,355.49 | 14,233.82 | 10,047.44 | 12,166.40 | 75,794.05 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0.00 37,775.08 | 0.00 34,717.32 | 0.00 33,933.01 | 0.00 53,442.40 | 0.00 27,577.33 | 0.00 187.445.14 |
| 6 | Total. Add lines 1-5 | 37,775.00 | 34,717.32 | 33,333.01 | 55,442.40 | 27,577.33 | 107.445.14 |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| _ | year or \$5,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| С 8 | Add lines 7a and 7b | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | line 6.) | | | | | | 187,445.14 |
| | tion B. Total Support | | | | | | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | 37,775.08 | 34,717.32 | 33,933.01 | 53,442.20 | 27,577.33 | 187,445.14 |
| IUa | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0.00 | 0.00 | 0.00 | 500.16 | 500.16 | 1,000.32 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| _ | acquired after June 30, 1975 Add lines 10a and 10b | 0.00 | 0.00 | 0.00 | 500.16 | 500.16 | 1,000.32 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | 188,445.46 |
| 14 | First five years. If the Form 990 is for to organization, check this box and stop it | | | nd, third, fourth | , or fifth tax y | | |
| Sec | tion C. Computation of Public Su | | | | | | |
| 15 16 | Public support percentage for 2008 (lin Public support percentage from 2007 S | Schedule A, Pa | rt IV-A, line 27 | | f)) | 15 16 | 99.5 % 100.0 % |
| | tion D. Computation of Investmen | | | 1 b the - 40 | -L | 47 | 0.005 % |
| 17 10 | Investment income percentage for 2006 | | | | olumn (t)) . | 18 | 0.000 % |
| 18 19a | Investment income percentage from 20 33% % support tests—2008. If the organization is not more than 33% %, check this be | anization did no | ot check the bo | ox on line 14, a | nd line 15 is mas a publicly s | ore than 33% | %, and line _ |
| b | 331/3 % support tests - 2007. If the organ line 18 is not more than 331/3 %, check this | ization did not o box and stop l | check a box on here. The organ | line 14 or line nization qualifie | 19a, and line 10 s as a publicly s | 6 is more than a supported orga | 33⅓ %, and nization ► □ |
| 20 | Private foundation. If the organization | did not check a | a box on line 1 | 4, 19a, or 19b | check this bo | x and see inst | ructions ▶ 📙 |

| Schedule A (F | Form 990 or 990-EZ) 2008 | Page 4 |
|---------------|--------------------------|------------------------------|
| Part IV | | t II, line 10; tructions) |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Name of the organization Employer identification number 1890997 **Arlington Dance Theatre Inc dba Dance Theatre of Arlington** 75 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I

| Yes | No | | | |
|---------------------------------------|-----------|------------------|----------------------|---|
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| istered or li | censed to | solicit funds or | has been notified if | t is exempt from |
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| | · | · | | |
| | | | | |
| | | | | stered or licensed to solicit funds or has been notified in |

| Рa | rt II | Fundraising Events. Commore than \$15,000 on F | | | | | repo | orted | |
|-----------------|--------|---|--|--|---|--------------------|------|--------------|------|
| 0 | | | (a) Event #1 Barnyard Follies (event type) | (b) Event #2 TeenTalentFollies (event type) | (c) Other Events 3 other events (total number) | (d) To (Add col | | rough | |
| Revenue | 1 | Gross receipts | 6,459.00 | 5,151.00 | 5,012.35 | | 1 | 6,62 | 2.35 |
| æ | 2 | Less: Charitable contributions | 0.00 | 0.00 | 0.00 | | | | 0.00 |
| | 3 | Gross revenue (line 1 minus line 2) | 6,459.00 | 5,151.00 | 5012.35 | <u> </u> | 1 | 6,62 | 2.35 |
| | 4 | Cash prizes | 0.00 | 0.00 | 50.00 | | | 5(| 0.00 |
| sesue | 5 | Non-cash prizes | 0.00 | 93.00 | 25.00 | | | 118 | 8.00 |
| Direct Expenses | 6 | Rent/facility costs | 500.00 | 300.00 | 0.00 | | | 80 | 0.00 |
| Direc | 7 | Other direct expenses | 0.00 | 1,779.45 | 1,708.50 | | | 3,48 | 7.95 |
| | 8 9 | Direct expense summary. Ad Net income summary. Comb | ine lines 3 and 8 in colu | mn (d) | | (| 1 | ,455 2,16 | 6.40 |
| 126 | rt II | Gaming. Complete if t than \$15,000 on Form | ne organization answ 990-EZ, line 6a. | rered "Yes" to Form | 990, Part IV, line 19, | or repo | nea | mor | е |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Tot | | | |
| Reve | 1 | Gross revenue | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | |
| Direct Expenses | 3 | Non-cash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | - | | | |
| _ | 5 | Other direct expenses . | | | | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | | | | |
| | 7 | Direct expense summary. Ad | ld lines 2 through 5 in c | olumn (d) | | (| | |) |
| | 8 | Net gaming income summary | . Combine lines 1 and | 7 in column (d) | | | | | |
| | | | | | | Г | | Yes | No |
| 9 a | | ter the state(s) in which the o the organization licensed to c | | | | | 9a | | |
| b | If ' | 'No," Explain: | | | | | | | |
| | | ere any of the organization's of | | | | ar? | 10a | | |
| b | If ' | 'Yes," Explain: | | | | | | | |
| 11 | Do | es the organization operate g | | onmembers? | | | 11 | | |
| 12 | ls | the organization a grantor, be med to administer charitable | eneficiary or trustee of a | a trust or a member of | a partnership or other | entity | 12 | | |

| Sched | dule G (Form 990 or 990-EZ) 2008 | | P | age 3 |
|-------|--|-----|-----|-------|
| | • | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility 13a % | | | |
| ь | An outside facility | | | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| С | If "Yes," enter name and address: | | | |
| | Name ► | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | ' |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| _ | retain the state gaming license? | 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | | |

Form 990-EZ Line 10 Schedule

| Category | Award Type | Name of Recipient | Address of Recipient | Relationship to DTA | Amount |
|---------------------|--------------------------|-------------------------|---|---------------------|--------|
| DTA Company | DTA Company scholarship | Cunningham, Callie | 909 Shady Vale Dr , Kennedale, TX 76060 | DTA Company member | 100.00 |
| DTA Company | DTA Company scholarship | Crews, Patricia | 2208 New Mill Ln , Arlington, TX 76012 | DTA Company member | 100 00 |
| DTA Company | DTA Company scholarship | Naughton, Katie | 2208 Racquet Club Ct , Arlington, TX 76017 | DTA Company member | 100 00 |
| DTA Company | DTA Company scholarship | McKay, Gaby | 519 Hinsdale Dr., Arlington, TX 76006 | DTA Company member | 100 00 |
| DTA Company | DTA Company scholarship | Metz, Kristina | 7105 Hawaii Ln , Arlington, TX 76016 | DTA Company member | 100 00 |
| Teen Talent Follies | Teen Follies scholarship | Atchley, Kourtney | 5519 Hunterwood Ln , Arlington, TX 76017 | Teen Follies winner | 25 00 |
| Teen Talent Follies | Teen Follies scholarship | Bean, Brittany | 2707 Ripplesprings, Arlington, TX 76016 | Teen Follies winner | 400 00 |
| Teen Talent Follies | Teen Follies scholarship | Crews, Patricia | 2208 New Mill Ln , Arlington, TX 76012 | Teen Follies winner | 33 33 |
| Teen Talent Follies | Teen Follies scholarship | Cunningham, Callie | 909 Shady Vale Dr , Kennedale, TX 76060 | Teen Follies winner | 33 33 |
| Teen Talent Follies | Teen Follies scholarship | Cuny, Claire | 304 Oakmont Ln N , Fort Worth, TX 76112 | Teen Follies winner | 100 00 |
| Teen Talent Follies | Teen Follies scholarship | Hutcherson, Shanaillion | 5504 Chimney Rock Rd , Fort Worth, TX 76112 | Teen Follies winner | 425.00 |
| Teen Talent Follies | Teen Follies scholarship | Naughton, Katre | 2208 Racquet Club Ct , Arlington, TX 76017 | Teen Follies winner | 100 00 |
| Teen Talent Follies | Teen Follies scholarship | Williams, Whitley | 605 McKown Dr., Mansfield, TX 76063 | Teen Follies winner | 132.50 |
| Teen Talent Follies | Teen Follies scholarship | Wilson, Mary Alden | 2111 Hillridge Ct , Arlington, TX 76012 | Teen Follies winner | 220 00 |
| Teen Talent Follies | Teen Follies scholarship | Wilson, Saxon | 5520 Greenwich Dr., Arlıngton, TX 76018 | Teen Follies winner | 112 50 |

2,081 66

TOTALS