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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning August 01, 2011, and ending July 31, 2012

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Arlington Dance Theatre Inc dba Dance Theatre of Arlington

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
222 West Main Street

City or town, state or country, and ZIP + 4
Arlington, TX 76010-7112

D Employer identification number
75-1890997

E Telephone number
817-860-1327

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.DanceTheatreArlington.com

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 27,892.68

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7,444.12
	2	Program service revenue including government fees and contracts	2	6,878.33
	3	Membership dues and assessments	3	-0-
	4	Investment income	4	32.04
	5a	Gross amount from sale of assets other than inventory	5a	-0-
	b	Less: cost or other basis and sales expenses	5b	-0-
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-0-
b	Gross income from fundraising events (not including \$ 400.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,538.19	
c	Less: direct expenses from gaming and fundraising events	6c	4,983.31	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,554.88	
7a	Gross sales of inventory, less returns and allowances	7a	-0-	
b	Less: cost of goods sold	7b	-0-	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-	
8	Other revenue (describe in Schedule O)	8	-0-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,909.37	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,166.66
	11	Benefits paid to or for members	11	-0-
	12	Salaries, other compensation, and employee benefits	12	-0-
	13	Professional fees and other payments to independent contractors	13	10,065.50
	14	Occupancy, rent, utilities, and maintenance	14	10,732.88
	15	Printing, publications, postage, and shipping	15	1,145.63
	16	Other expenses (describe in Schedule O)	16	3,693.54
17	Total expenses. Add lines 10 through 16	17	27,804.21	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<4,894.84>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	8,628.26
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,588.80
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,322.22

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,344 91	22 9,147 22
23 Land and buildings	--0--	23 --0--
24 Other assets (describe in Schedule O)	--0--	24 --0--
25 Total assets	12,344 91	25 9,147 22
26 Total liabilities (describe in Schedule O)	3,716 65	26 3,825 00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,628.26	27 5,322 22

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Dance education, scholarship & community outreach

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 "I AM"--90 students, 50 classes, 3 shows, teach dance to 4th grade children in low income areas to enhance skills learned in the classroom, performances improve self esteem and teach value of arts and community service		
(Grants \$ --0--) If this amount includes foreign grants, check here ☐	28a	13,855 18
29 DTA Company--20 members, 31 classes, 1 workshop, approximately 35 shows; improve dance technique & ability, teach community service via shows and fund raising work, and instill lifelong love of the arts		
(Grants \$ --0--) If this amount includes foreign grants, check here ☐	29a	10,882 37
30 TEEN TALENT FOLLIES--approximately 65 auditioned, 46 finalists, \$2,166.66 in scholarships paid out, teens perform in show (without cost to them) and compete for scholarships, improve performance skills and confidence, and encourage careers in the arts		
(Grants \$ \$3,950 00) If this amount includes foreign grants, check here ☐	30a	5,289 76
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	--0--
32 Total program service expenses (add lines 28a through 31a)	32	30,027 31

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Persis Forster 1724 Northbrook Ct, Arlington TX 76012	President 8.0 hours	--0--	--0--	--0--
Karen Floyd 3317 Riveroad Ct #605, Fort Worth TX 76116	Vice President 8 0 hours	--0--	--0--	--0--
Amanda Davidson 2015 Lakehill Ct, Arlington TX 76012	Secretary 2.0 hours	--0--	--0--	--0--
Ellen Timberlake-Volz 2706 Margaret Dr, Arlington TX 76012	Treasurer 8 0 hours	--0--	--0--	--0--
Janet Jennings 2014 Fair Meadow, Arlington TX 76012	Past President 2 0 hours	--0--	--0--	--0--
Jane Alexander 2601 Westwood Dr, Arlington TX 76012	Director 2 0 hours	--0--	--0--	--0--
Erica Bensik ebensik@nolancatholics.org	Director 1 0 hours	--0--	--0--	--0--
Jock Bethune 2209 Mediterranean Ave., Arlington TX 76011	Director 2 0 hours	--0--	--0--	--0--
Rebecca Boles 201 Sunset Ct, Arlington TX 76010	Director 2 0 hours	--0--	--0--	--0--
Cristi Brown 2408 Chimney Hill, Arlington TX 76012	Director 1 0 hours	--0--	--0--	--0--
Dana Butler 2408 Hunter Hill Dr, Arlington TX 76012	Director 2.0 hours	--0--	--0--	--0--
Larry Commons larrycommons@sbcglobal.net	Director 1 0 hours	--0--	--0--	--0--

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	☒
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	☒
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	☒
38a 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 outstanding at the end of the tax year covered by this return?	38a	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	☒
41 List the states with which a copy of this return is filed. ▶ none		
42a The organization's books are in care of ▶ Persis Forster Telephone no. ▶ 817-860-1327 Located at ▶ 222 W Main St., Arlington TX ZIP + 4 ▶ 76010-7112		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	☒
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	☒
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 ▶ 43 _____ ☐		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☒
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
------------	--	-------------------------------------

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000 --0--

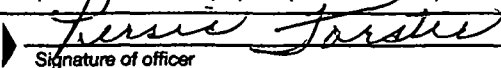
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 --0--

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **Signature of officer** **Date** 9/22/2012
Persis Forster, DTA Board President
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Arlington Dance Theatre Inc dba Dance Theatre of Arlington

Employer identification number

75-1890997

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally Integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No													
11g(i)		☒													
(ii) A family member of a person described in (i) above? <table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>11g(ii)</td><td></td><td>☒</td></tr><tr><td>(iii) A 35% controlled entity of a person described in (i) or (ii) above? <table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>11g(iii)</td><td></td><td>☒</td></tr></tbody></table></td><td></td><td></td></tr></tbody></table>		Yes	No	11g(ii)		☒	(iii) A 35% controlled entity of a person described in (i) or (ii) above? <table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>11g(iii)</td><td></td><td>☒</td></tr></tbody></table>		Yes	No	11g(iii)		☒		
	Yes	No													
11g(ii)		☒													
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	Yes	No													
11g(iii)		☒													

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II 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 organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,394 96	15,410 93	33,824 21	15,241.44	14,322 45	122,193 99
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	10,047 44	12,166 40	6,413 25	7,322 57	8,554 88	44,504 54
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 Total. Add lines 1 through 5	53,442 40	27,577 33	40,237 46	22,564 01	22,877 33	166,698 53
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	-0-	-0-	-0-	-0-	-0-	-0-
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	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 7a and 7b	-0-	-0-	-0-	-0-	-0-	-0-
8 Public support. (Subtract line 7c from line 6.)						166,698 53

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	53,442 40	27,577 33	40,237 46	22,564 01	22,877 33	166,698 53
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	500 16	500 16	208 41	2 16	32 04	1,242 93
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 10a and 10b	500 16	500 16	208 41	2 16	32 04	1,242 93
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
13 Total support. (Add lines 9, 10c, 11, and 12.)	53,942 56	28,077 49	40,445 87	22,566 17	22,909 37	167,941 46
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.26 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.0074 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.0068 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Arlington Dance Theatre Inc dba Dance Theatre of Arlington

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

75-1890997

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Teen Talent Follies (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,940 19			6,940 19
	2 Less: Charitable contributions	400 00			400 00
	3 Gross income (line 1 minus line 2)	6,540 19			6,540 19
Direct Expenses	4 Cash prizes	--0--			--0--
	5 Noncash prizes	139 50			139 50
	6 Rent/facility costs	850 00			850 00
	7 Food and beverages	--0--			--0--
	8 Entertainment	--0--			--0--
	9 Other direct expenses	1,233 60			1,233 60
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,223 10)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				4,317 09

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No _____	☐ Yes _____ % ☐ No _____	☐ Yes _____ % ☐ No _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | |
|-----------|---|--|
| 11 | Does the organization operate gaming activities with nonmembers? | ☐ Yes ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | |
| a | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | Enter 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16 Gaming manager information:**

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:**

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

Arlington Dance Theatre Inc dba Dance Theatre of Arlington

Employer identification number

75-1890997

FORM 990-EZ, PART I, EXPENSES, LINE 10

Arora, Nikhil	2405 Wild Rose Ct , Arlington, TX 76006	Teen Talent Follies scholarship	\$300 00
Barrett, Adnanna	1728 Hidden Brook Dr , Grand Prairie, TX 75050	Teen Talent Follies scholarship	\$33 33
Berry, Connor	1711 Astro Ct , Arlington, TX 76012	Teen Talent Follies scholarship	\$300 00
Kelly, Lindsay	707 Glen Abbey Dr , Mansfield, TX 76063	Teen Talent Follies scholarship	\$83 33
Leslie, Hannah	4708 Racquet Club Dr , Arlington, TX 76017	Teen Talent Follies scholarship	\$150 00
Metzger, Madeline	5205 Oak Ln , Arlington, TX 76017	Teen Talent Follies scholarship	\$200 00
Page, Rachel	4201 Elmgrove Ct , Arlington, TX 76015	Teen Talent Follies scholarship	\$150 00
Tackett, Kasey	1007 Bert Dr , Arlington, TX 76012	Teen Talent Follies scholarship	\$150 00
Williams, Ebon'e	1301 Brookmeadow Ct , Arlington, TX 76018	Teen Talent Follies scholarship	\$600 00
Jarzabski, Jordyn	810 Tanglewood, Arlington, TX 76012	DTA Company, senior scholarship	\$100 00
Kim, Enca	2203 Stennett Dr , Arlington, TX 76006	DTA Company, senior scholarship	\$100 00
TOTAL SCHOLARSHIPS PAID OUT			\$2,166 66

FORM 990-EZ, PART I, EXPENSES, LINE 16

"I AM!" costumes	\$1,875 99	DTA Company costumes	\$1,422 06
"I AM!" meals	\$209 03	Memberships	\$35 00
Bank charges	\$1 25	Office supplies	\$98 16
Miscellaneous	\$32 05		
TOTAL OTHER EXPENSES			\$3,693 54

FORM 990-EZ, PART I, NET ASSETS, LINE 20

Discrepancy due to several checks written to independent contractors over the past three years that were claimed as expenses but never cashed,
as well as a minor error made in reporting year-end balances of CDs held at a separate financial institution on prior year's return. Liability amount of
scholarships to be paid out in future years increased with this year's Teen Talent Follies competition.

FORM 990-EZ, PART II, BALANCE SHEETS, LINE 26

Total liabilities are Teen Talent Follies scholarships that have been awarded but will be paid upon the winner's high school graduation.

Name of the organization

Arlington Dance Theatre Inc dba Dance Theatre of Arlington

Employer identification number

75-1890997

FORM 990-EZ, PART IV, LIST OF OFFICERS, DIRECTORS, ETC (continued)

Bill Devoe, 2715 Butler Dr, Arlington TX 76012, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Gabriel Duarte, 3807 W 5th St, Fort Worth TX 76107, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Don Duke, 2906 Mistletoe Ct, Pantego TX 76013, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Mark Echart, 1300 Windmill Ct, Arlington TX 76013, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Persis Ann Forster, 1201 Beaconsfield Ln #108, Arlington TX 76011, Company Manager, 20 0 hours per week, no paid compensation, no employee benefits, no other compensation

Paul Fulks, 618 Brent Dr, Arlington TX 76012, Director, 2 0 hours per week, no paid compensation, no employee benefits, no other compensation

Cathleen Guinn, 511 Eldoro Dr, Arlington TX 76006, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Andrea Proctor, 2728 Antero Dr, Arlington TX 76006, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Aurora Rodriguez, 1804 Old Oak, Arlington TX 76012, Director, 4 0 hours per week, no paid compensation, no employee benefits, no other compensation

Bart Thompson, 2204 Patterson Pl, Arlington TX 76012, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

Lon Woods-Smith, 2440 Beachview, Grand Prairie TX 75054, Director, 1 0 hours per week, no paid compensation, no employee benefits, no other compensation

13