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# SCANNED NOV 2 0 2013

Form 990-EZ

# 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)

(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).

Open to Public Inspection

UMD NO. 1040-1100

2012

Department of the Treasury Internal Revenue Service

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	2012 calenda	ar year, or tax year beginning July 1 , 2012, and	l ending	Jı	ıne 30	, 20 13		
В	DANCE DEN DI ANO WEST SENIOR HIGH SCHOOL						tification number		
	Address cl	hange	DANCE DEN, PLANO WEST SENIOR HIGH SCHOOL				2822179		
님	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)  5601 W PARKER RD	om/suite	E Telepi	Telephone number			
H	Initial retur			(469)	752-9600				
Ħ	Amended	F Grou	p Exemp	otion					
	Application	Num	ber 🕨						
G	Account	Check •	🕨 🗹 if t	he organization is no					
1	Websit	e: ► N/A			required	to attac	h Schedule B		
J	Tax-exem	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or [	527	Form 99	10, 990-E	EZ, or 990-PF).		
ĸ	Check ▶	if the	e organization is not a section 509(a)(3) supporting organization or a section 527	organizatio	n <b>and</b> its	gross r	eceipts are normally		
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po						
	the orga	nization choc	ses to file a return, be sure to file a complete return.						
L.	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets	(Part II,				
	line 25, ce		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	104,757		
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the	instruc	tions f	or Part I)		
		Check if	the organization used Schedule O to respond to any question in t	his Part I	<u></u>		<u> 🗹</u>		
	1	Contributio	ons, gifts, grants, and similar amounts received		[	1	0		
	2	Program s	ervice revenue including government fees and contracts		[	2			
	3	Membersh	ip dues and assessments		[	3	2,705		
	4	Investment	t income		[	4			
	5a	Gross amo	ount from sale of assets other than inventory 5a						
	b	Less: cost	or other basis and sales expenses			_[			
Revenue	c	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line	5a)		5c			
	6	Gaming an	d fundraising events						
	а	Gross inc	ome from gaming (attach Schedule G if greater than		ĺ				
		\$15,000)				İ			
	b		······································	ontribution	s				
Be.		from fundr	aising events reported on line 1) (attach Schedule G if the			ł			
	· ]	sum of suc	ch gross income and contributions exceeds \$15,000) 6b	1	02,052	1			
	С		t expenses from gaming and fundraising events 6c		22,639	i			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6	b and sub	otract		79,413		
		line 6c)							
	7a	Gross sale	s of inventory, less returns and allowances						
	b		of goods sold			- 1			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8		nue (describe in Schedule O)			8	00.440		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	. •	9	82,118		
	10		d similar amounts paid (list in Schedule O)			10	<del></del>		
	11		aid to or for members	£7.		11			
ď	3   12			<u> </u>		12			
2	13		al fees and other payments to independent contractors	· 181		13			
Fxnenses	14			113   13	[	14			
ú	<sup>]</sup>   15			. 181		15	01 260		
	16		enses (describe in Schedule O)	17	$\cdot \cdot \cdot$	16	81,369		
	17		enses. Add lines 10 through 16 OGDEN, L	J!	. ▶	17	81,369		
y.	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		·:	18	749		
d	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (m		with		14.000		
Not Assets	<b>{</b>		ar figure reported on prior year's return)		• •	19	14,022		
đ	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20	14 774		
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> </u>	. ▶	21	14,771		

Par	Check if the organization used Schedule		ny question in this	Part II		
<del></del>	· Crieck if the organization used ochedule	o to respond to a	rry question in this	(A) Beginning of year	<del>Ė.</del>	(B) End of year
22	Cash, savings, and investments			14,022	22	14,771
23 ·	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			14,022	25	14,771
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	14,022	27	14,771
Part	III Statement of Program Service Accord	<b>nplishments</b> (see th	ne instructions for	Part III)	Ī	Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	(Rer	quired for section
What	is the organization's primary exempt purpose?	TO PROMOTE TEA	M SPIRIT AMONG ST	UDENTS	501	(c)(3) and 501(c)(4)
	ribe the organization's program service accomple easured by expenses. In a clear and concise r				494	anizations and section 7(a)(1) trusts; optional others.)
perso	ns benefited, and other relevant information for e	ach program title.	<b>_</b>	<b>,</b>	1.0.0	701615.7
28	ANNUAL DANCE SHOW PRODUCED TO DEVELOP	AND SHOWCASE				
	DANCE TEAM'S TALENT AND SCHOOL SPIRIT					
	(Grants \$ 0) If this amount	t includes foreign gra	ants, check here .	<u></u> ▶ □	28a	47,355
29	DANCE TRIPS TO PROMOTE TEAM SPIRIT, PHYSIC				}	
	WELL-BEING, AND ENCOURAGE SCHOLARSHIP A	ND 				
	GOOD BEHAVIOR					
		t includes foreign gra	ants, check here .	<u> ▶ □</u>	29a	6,013
30	YEAR END BANQUET TO CELEBRATE DANCE TEA ACHIVEMENTS DURING THE SCHOOL YEAR	M'S		***		
	ACTIVEMENTS DURING THE SCHOOL YEAR					•
	(Cont. 6	Linglander foreign on	anto abant bara	<b></b>	00-	4,321
24		t includes foreign gra			30a	4,321
	Other program services (describe in Schedule O) (Grants \$ 0) If this amount			31a	23,680	
	Total program service expenses (add lines 28a	t includes foreign gra	arits, check here .	· · · • • • • • • • • • • • • • • • • •	32	• • • • • • • • • • • • • • • • • • • •
Pari					ᅳ	
	Check if the organization used Schedule				31140	
	Ondon ii die organization deed contedan	· · · · · · · · · · · · · · · · · · ·	(c) Reportable	(d) Health benefits,	Ť	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ  benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-			zaler compensation
JEAN	CALLISON	PRESIDENT		-	十	
5601	W PARKER ROAD PLANO, TX 75093	10.00		o	0	0
DEB	BIE PRICE	VICE PRESIDENT			T	
5601	W PARKER ROAD PLANO, TX 75093	5.00		0	0	0
	E DOUGLAS	VICE PRESIDENT				<del></del>
	W PARKER ROAD PLANO, TX 75093	5.0		0	0	0
	GUNNELS	VICE PRESIDENT - 5.0				
	W PARKER ROAD PLANO, TX 75093			0	0	0
	E BROWN	TREASURER				_
	W PARKER ROAD PLANO, TX 75093			0	0	0
	MCCREADY	SECRETARY - 2.0				_
5601	W PARKER ROAD PLANO, TX 75093			0	0	0
					ŀ	
		<u> </u>		<u> </u>	-	
					-	
		<u> </u>		<del></del>		
		-				
		<del> </del>	<del>                                     </del>	+	+	<del></del>
		-1				
	<del></del>	<del> </del>		<del> </del>	+	
		-				
					+	
		-{			-	

rart	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart V) Check if the organization used Schedule O to respond to any question in this	rait	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	163	140
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	<del> </del>	<b>├</b> ~
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		1
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	1		
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
D D	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			ŀ
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
Tua	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	404		
_		40b		~
С	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			
е	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		1
41	List the states with which a copy of this return is filed ▶			
42a	The diagnizations books are in care of Para Para Para Para Para Para Para Par	469) 75		)O
	Located at ► 5601 W PARKER ROAD PLANO, TX ZIP + 4 ►	750		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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.			1
_		42c		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420	<u> </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		. 1	<b>-</b> 🗆
			Yes	No
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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ĺ	1
	explanation in Schedule O	44d		<b>V</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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 F7 (see instructions)	456		مدا

Form 990	)-EZ (2(	012)							F	age 4
46	Did th	ne organization engage, directly or indidates for public office? If "Yes," co	directly, in political o	campaign activities	on behalf	of or in op	positio	on 46	Yes	No
Part \	1	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51	only s must answer que	estions 47-49b a	nd 52, an	d complet			or line	es
		Check if the organization used Sch	ledule O to respond	to any question	in this Par	τνι	<u> </u>	• • •	Yes	No
		ne organization engage in lobbying a		section 501(h) ele				1X 47	103	<b>110</b>
48	ls the	organization a school as described in	section 170(b)(1)(A)(	i)? If "Yes," comple	ete Schedu	le E		48		1
		ne organization make any transfers to						49a		1
		s," was the related organization a sec						49b		Ĺ
		blete this table for the organization's								
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) i contribu benefit i	I. If there is lealth benefits utions to emplo plans, and defe ompensation	yee (	e) Estimate	d amou	unt of
NONE					- C	ompensation				
			*** ****				-			
			······		·····	<u></u>	+			
			·· · · · · · · · · · · · · · · · · · ·					<del></del>		
						· · · · · · · · · · · · · · · · · · ·			J	
f	Total	number of other employees paid ove	r \$100,000	. ▶			<u></u>			
51	Comp \$100,	plete this table for the organization's 000 of compensation from the organ	five highest composization. If there is no	ensated independene, enter "None."	ent contra	ctors who	each r	received	more	than
(a) N	lame a	nd address of each independent contractor paid	d more than \$100,000	(b) Type of	service		(c) C	ompensation	on	
NONE										
							<del></del>			
								<del></del>	<del></del>	
					····				<del></del>	
52	Did th	number of other independent contraction of the contraction complete Schedule A	? Note: All section 5	01(c)(3) organization	. ► ons and 49	947(a)(1)	<del>-</del> ,	· ·		
	none	kempt charitable trusts must attach a of penjury, I declare that I have examined this re	completed Schedul	e A	· · ·	<u> </u>		✓ Yes		No.
		d complete. Declaration of preparer (other than	officer) is based on all info			nowledge.		wieuge and	pellet,	ı is
Sign		Signeture of officer		<del></del>		10-16 Date	-13			
Here		Julie Brown Tra	lasurer		·					
		Type or print name and title	Propagation signature		Date	<del></del>		TPTIN		
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date	Checi self-e	rployed	·		
Use C		Firm's name ▶				Firm's EIN >	<u> </u>		<del></del> .	

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no.

#### **SCHEDULE A** (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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization					ocparate i		mployer ic	lentification	
DANCE DEN, PLANO WE	<del></del>		<del></del>	<del></del>			<del></del>		22179 ————————
Part I Reason for The organization is not		rity Status (All orga						nstructio	ons.
1 A church, con	vention of church	nes, or association of 170(b)(1)(A)(ii). (Attac	churches	s describe		•	•	).	
_		spital service organiza		-	section 1	70(b)(1)(	A)(iii).		
4 A medical resentation A medical resentation A medical resentation A medical reservation A medical reservatio	earch organizatione, city, and state	on operated in conjuncts:	ction with	a hospit	al descrit	oed in <b>se</b>	ction 170		
	on operated for to a complete (Complete) (1)(A)(iv).	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
7 🗌 An organizatio	n that normally	nment or governmenta receives a substantia <b>(A)(vi).</b> (Complete Par	l part of					it or fron	n the general public
8 🔲 A community t	trust described in	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	ırt II.)				
receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi Int income and unrel Iter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	ertain ex kable inc	ceptions ome (les	, and (2) s section	no more	than 331/3% of its
		operated exclusively							
purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of s	nizations	described	d in secti	on 509(a	)(1) or se	ection 50	9(a)(2). See section
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated									
e  By checking the	his box, I certify	that the organization	is not co	ntrolled d	irectly or	indirectly	y by one	or more	disqualified persons
		rs and other than one	e or more	publicly	supporte	ed organi	zations c	lescribed	in section 509(a)(1)
or section 509		written determination	on from	tha IBS t	hat it ic	a Type	l Type l	L or Two	e III supporting
_	ation received a check this box .	wniten determination				a Type	i, iype i	i, or ryp	· · · · ·
•	17, 2006, has th	ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
(i) A person v	who directly or in	ndirectly controls, eithody of the supported o	her alone	or toget	her with	persons	describe	d in (ii) au	
· ·	-	on described in (i) abo							11g(i) 11g(ii)
		a person described in							11g(iii)
(i) Name of supported organization	) Name of supported (ii) EIN (iii) Type of organization (fiv) Is organization (described on lines 1-9 in col.		in col. (i) la	organization sted in your document?	the organ	ou notify uzation in of your port?	n in organization in col. support		(vii) Amount of monetary support
	<u> </u>	,,	Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)					-		 		
(D)							ļ ———	 	
(E)				ļ					

Total

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				}		1
	membership fees received. (Do not			ļ		ļ	
_	include any "unusual grants.")	·		·		ļ	<u></u>
2	Tax revenues levied for the				İ		
	organization's benefit and either paid			,	ļ		İ
_	to or expended on its behalf						
3	The value of services or facilities		i				
	furnished by a governmental unit to the		[		1		
_	organization without charge		ļ			ļ <u></u>	
4	Total. Add lines 1 through 3		<u></u>			<u> </u>	<u> </u>
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		ĺ	1	l		ľ
	supported organization) included on					ļ	ļ
	line 1 that exceeds 2% of the amount					}	}
_	shown on line 11, column (f)	<del></del>				ļ	<u> </u>
6 Casti	Public support. Subtract line 5 from line 4.		<u> </u>	<u></u>	l	<u> </u>	
	on B. Total Support	(-) 0000	(F) 0000	(=) 0010	(4) 0044	(-) 0010	(0 Tatal
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	<del></del>				<del>}</del>	
8	Gross income from interest, dividends,					}	
	payments received on securities loans,					İ	
	rents, royalties and income from similar sources		•			ľ	
^							
9	Net income from unrelated business		j		)	]	
	activities, whether or not the business is regularly carried on				Į	Ì	
40	• .						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)		1			1	
44	Total support. Add lines 7 through 10				<del> </del>	<del> </del>	<del> </del>
11 12	Gross receipts from related activities, etc.	(see instructi	ons)	l	L	12	l
13	First five years. If the Form 990 is for the		•	d third fourth	or fifth tax v	<del></del>	n 501(c)(3)
	organization, check this box and stop he	-					<b>▶</b> □
Secti	on C. Computation of Public Suppor		e				
14	Public support percentage for 2012 (line 6			1. column (fl)		14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organiz	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	
	box and stop here. The organization qua						🕨 🗀
b	331/3% support test-2011. If the organ				r 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The organ						🕨 🖂
17a	10%-facts-and-circumstances test-20	012. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd <b>stop here.</b> I	Explain in
	Part IV how the organization meets the "f	acts-and-circ	umstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						▶ 🗆
b	10%-facts-and-circumstances test – 20	<b>011.</b> If the ora	anization did n	ot check a box	on line 13. 10	6a, 16b. or 17a	and line
~	15 is 10% or more, and if the organization	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	op here.
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test. T	he organization	n qualifies as	a publicly
	supported organization						. • 🗖
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

# 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								
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees							
_	received. (Do not include any "unusual grants.")	1,880.	5,291.	4,516.	5,955.	2,705.	20,347.	
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	119,079.	144,447.	113,423.	115,710.	102,052.	594,711.	
3	Gross receipts from activities that are not an					ľ		
_	unrelated trade or business under section 513							
4	Tax revenues levied for the	,			ļ	1		
	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	i i		ł	:	1		
	organization without charge			1				
6	Total. Add lines 1 through 5	120,959.	149,738.	117,939.	121,665.	104,757.	615,058.	
7a	Amounts included on lines 1, 2, and 3			,				
	received from disqualified persons .			1				
b	Amounts included on lines 2 and 3	<del></del>						
	received from other than disqualified					ļ		
	persons that exceed the greater of \$5,000	1			İ			
	or 1% of the amount on line 13 for the year		İ		İ			
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from				I			
	line 6.)						615,058.	
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
9	Amounts from line 6	120,959.	149,738.	117,939.	121,665.	104,757.	615.058.	
10a	Gross income from interest, dividends,					ļ		
	payments received on securities loans, rents, royalties and income from similar sources.							
	·	<del></del>					<del></del>	
b	Unrelated business taxable income (less section 511 taxes) from businesses	•				ĺ		
	acquired after June 30, 1975	<b>i</b>	ĺ					
С	Add lines 10a and 10b	<del></del>					<del></del>	
11	Net income from unrelated business							
••	activities not included in line 10b, whether		1		I	1		
				ì	1			
12	or not the business is regularly carried on							
12								
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
12 13	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	120,959.	149,738.	117,939.	121,665.	104,757.	615,058.	
	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ne organization	's first, second	d, third, fourth,				
13 14	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ne organization	's first, second	d, third, fourth,				
13 14 Secti	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	ne organization re	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3) ▶ □	
13 14 Secti 15	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ne organization re t Percentage 3, column (f) div	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	100.00 %	
13 14 Secti 15 16	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2012 (line of Public support percentage from 2011 Sch	ne organization re t Percentage 3, column (f) div nedule A, Part I	's first, second  ided by line 1:	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3) ▶ □	
13 14 Secti 15 16 Secti	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2012 (line of Public support percentage from 2011 Schoon D. Computation of Investment In	t Percentage come (f) divinedule A, Part I	's first, second vided by line 1: II, line 15	d, third, fourth,	or fifth tax ye	15 16	100.00 %	
13 14 Secti 15 16 Secti 17	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2012 (line of Public support percentage from 2011 Schoon D. Computation of Investment In Investment income percentage for 2012 (	t Percentage  come Percer  come Percer  line 10c, column	's first, second vided by line 1: II, line 15 ntage n (f) divided by	d, third, fourth,	or fifth tax ye	15 16 17	1 501(c)(3) 	
13 14 Secti 15 16 Secti 17 18	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2012 (line of Public support percentage from 2011 Schon D. Computation of Investment In Investment income percentage from 2012 (Investment income percentage from 2011)	t Percentage  come Percer line 10c, column Schedule A, Fart I	rided by line 1: II, line 15 ntage n (f) divided by Part III, line 17	d, third, fourth,	or fifth tax ye	15   16   17   18	100.00 % 100.00 % %	
13 14 Secti 15 16 Secti 17	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	t Percentage  come Percer line 10c, column Schedule A, Fart II Come Percer line 10c, column Schedule A, F ization did not	rided by line 1: II, line 15  ntage In (f) divided by Part III, line 17 check the box	d, third, fourth,  3, column (f))  y line 13, colum  on line 14, an	or fifth tax ye	15 16 17 18 ore than 331/39/	100.00 % 100.00 % % % 6, and line	
13 14 Secti 15 16 Secti 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	t Percentage  come Percer line 10c, colum  Schedule A, F  ization did not and stop here.	rided by line 1: II, line 15 Intage In (f) divided by Part III, line 17 Check the box The organization	d, third, fourth,  3, column (f))  y line 13, colum  on line 14, and an qualifies as a	or fifth tax ye	15 16 17 18 ore than 331/3% orted organization	100.00 % 100.00 % 100.00 % % 6, and line	
13 14 Secti 15 16 Secti 17 18 19a	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	t Percentage  come Percer line 10c, column  Schedule A, F  ization did not and stop here.  cox and stop here	rided by line 1: II, line 15 Itage Part III, line 17 Check the box The organizationeck a box on lere. The organi	d, third, fourth,  3, column (f))  y line 13, colum  on line 14, an  on qualifies as a  line 14 or line 1  zation qualifies	or fifth tax ye	15 16 17 18 ore than 331/39/orted organization is more than 3:	100.00 % 100.00 % 100.00 % % 6, and line on . ► ☑ 31/3%, and zation ► □	
13 14 Secti 15 16 Secti 17 18 19a	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	t Percentage  come Percer line 10c, column  Schedule A, F  ization did not and stop here.  cox and stop here	rided by line 1: II, line 15 Itage Part III, line 17 Check the box The organizationeck a box on lere. The organi	d, third, fourth,  3, column (f))  y line 13, colum  on line 14, an  on qualifies as a  line 14 or line 1  zation qualifies	or fifth tax ye	15 16 17 18 ore than 331/39/orted organization is more than 3:	100.00 % 100.00 % 100.00 % % 6, and line on . ► ☑ 31/3%, and zation ► □	

	From 990 or 990-EZ) 2012	Page
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)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IN Form 990-EZ filers are not required to complete this part.  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 g Solicitation of government grants g Special fundraising events d In-person solicitations  Indicate whether the organization raised funds through any of the following activities. Check all that apply a Solicitation of non-government grants g Solicitation of government grants g Solicitation of government grants g Special fundraising events d In-person solicitations  Indicate whether the organization are indicated and individual g Solicitation of government grants g Solicitations g So	rustees es?	ik all that apply. Int grants Ints Ints Ints Ints Ints Ints Ints I	owing activities. Checkion of non-government gradien of government gradien fundraising events dual (including officers with professional fundraisursuant to agreements (v) Gross receipts	this part. for the following of the foll	complete through any e f g  eement with r entity in centities (fun	not required to on raised funds ons itten or oral agre n 990, Part VII) o d individuals or	Form 990-EZ filers are r Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a write or key employees listed in Form If "Yes," list the ten highest paid	1 a b c d 2a
a Mail solicitations	rustees es?	nt grants ants s, directors, trus lraising services? s under which the	tion of non-government gration of government gration of government gration of government gration of governments with professional fundations and to agreements (v) Gross receipts	Solicitati Solicitati Special f any individual individu	e [ f [ g [ eement with r entity in co	ons itten or oral agre n 990, Part VII) o d individuals or o	Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writor key employees listed in Form If "Yes," list the ten highest paid	a b c d 2a
b	es? Yes No  n the fundraiser is to be  (vi) Amount paid to (or retained by)	ints s, directors, trus lraising services? s under which the Amount paid to (or retained by) undraiser listed in	tion of government gra fundraising events dual (including officers with professional fund- bursuant to agreements (W) Gross receipts	Solicitati Special f any individual properties of the connection with the connection w	f g gement with r entity in co	itten or oral agre n 990, Part VII) o d individuals or e	☐ Internet and email solicitation☐ Phone solicitations☐ In-person solicitations☐ Did the organization have a writor key employees listed in Form If "Yes," list the ten highest paid	b c d 2a
c Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, to or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)  (ii) Name and address of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in coil. (ii) Individual or entity (fundraiser)  Yes No  1  2  3  4  5  6  7  8	es? Yes No  n the fundraiser is to be  (vi) Amount paid to (or retained by)	s, directors, trus traising services? s under which the Amount paid to (or retained by) andraiser listed in	fundraising events dual (including officers with professional fund- oursuant to agreements  (iv) Gross receipts	any individual frame of the second of the se	eement with r entity in co	itten or oral agre n 990, Part VII) o d individuals or e	☐ Phone solicitations ☐ In-person solicitations Did the organization have a wri or key employees listed in Form If "Yes," list the ten highest paid	c d 2a
d	es? Yes No  n the fundraiser is to be  (vi) Amount paid to (or retained by)	raising services? s under which the	dual (including officers with professional fund oursuant to agreements (v) (v) Gross receipts	any individual individ	eement with r entity in co	n 990, Part VII) o d individuals or	In-person solicitations Did the organization have a wri or key employees listed in Form If "Yes," list the ten highest paid	d 2a
Did the organization have a written or oral agreement with any individual (including officers, directors, to or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising service if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)  (ii) Name and address of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (or retained by) fundraiser insted in col. (i)  Yes No  1  2  3  4  5  6  7  8	es? Yes No  n the fundraiser is to be  (vi) Amount paid to (or retained by)	raising services? s under which the	with professional fund oursuant to agreements (w) Gross receipts	onnection vidraisers) pu	r entity in co entities (fun	n 990, Part VII) o d individuals or	Did the organization have a wri or key employees listed in Form If "Yes," list the ten highest paid	2a
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services of if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which 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?  Yes No  1  2  3  4  5  6  7  8	es? Yes No  n the fundraiser is to be  (vi) Amount paid to (or retained by)	raising services? s under which the	with professional fund oursuant to agreements (w) Gross receipts	onnection vidraisers) pu	r entity in co entities (fun	n 990, Part VII) o d individuals or	or key employees listed in Form If "Yes," list the ten highest paid	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which 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 fundraiser listed in col. (i)  Yes No  1  2  3  4  5  6  7  8	the fundraiser is to be  (vi) Amount paid to (or retained by)	s under which the summer of th	(v) Gross receipts	draisers) pu	entities (fun	d individuals or	If "Yes," list the ten highest paid	b
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?  Yes No  1  2  3  4  5  6  7  8	(vi) Amount paid to (or retained by)	r) Amount paid to (or retained by) indraiser listed in	(v) Gross receipts	draiser have				b
(ii) Name and address of individual or entity (fundraiser)  (iii) Activity  (iii) Activity  (iii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activity activities  (iv) Activitie	(or retained by)	(or retained by) indraiser listed in	(iv) Gross receipts		<del></del>			
1 2 3 4 5 5 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			<del> </del>		custody o	(ii) Activity		
2 3 4 5 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				No	Yes	+		
3 4 5 6 7 8			1					1
4         5         6         7         8							<del></del>	2
5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	<del></del>	<u> </u>				<del>                                     </del>		3
6 7 8	1		<del>                                     </del>		<del>                                     </del>	<del> </del>		4
8			<del>                                     </del>		ļ <u>-</u>	+		5
8			<del> </del>		<b>-</b>	<del></del>	<del></del>	6
8			<del>                                     </del>		-			7
			ļ			<del> </del>		
9		··· - · · · · · · · · · · · · · · · · ·						
10						1		10
「otal				>			l	otal
3 List all states in which the organization is registered or licensed to solicit contributions or has been not registration or licensing.	tified it is exempt from	has been notifie	solicit contributions or	ensed to s	stered or lic	anization is regis	List all states in which the orga	_

Part II

		gross receipts greater tha	n \$5,000.	and groot moonic on	7 OM 330 LZ, 11103 7 d	ind ob. List events with
	•		(a) Event #1 DANCE OUT WEST	(b) Event #2 PROGRAM ADS	(c) Other events	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	39,332.	33,404.	29,316	102,052
ш	2	Less: Contributions Gross income (line 1 minus line 2)				-
	4	Cash prizes				· · · · · · · · · · · · · · · · · · ·
	5	Noncash prizes	1,800.			1800.
ses	6	Rent/facility costs	241.			241.
Direct Expenses	7	Food and beverages	2,187.			2,187.
Direct	8	Entertainment				
	9	Other direct expenses .	890.	0.	17,521.	18,411.
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		22,639.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶ [	79,413.
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" to Form 990	0, Part IV, line 19, or r	eported more
Revenue	i		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
- Rev	1	Gross revenue				
ses	2	Cash prizes				· · · · · · · · · · · · · · · · · · ·
ect Expenses	3	Noncash prizes	·			
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
g	Er	nter the state(s) in which the or	ganization operates dar	ning activities:		
	a Is	the organization licensed to or	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
10		/ere any of the organization's g	aming licenses revoked		ted during the tax year?	. 🗌 Yes 🗌 No
	b If	"Yes," explain:				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Chlodu	18 G (FOIII 350 01 350-EZ) 2013		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
	formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		<u>%</u>
b 14	An outside facility		%
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
	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 of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions).		d
<b></b>			

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number			
DANCE DEN, PLANO WEST SENIOR HIGH SCHOOL	75-2822179			
	·			
	*			
Pt. III SEE ATTACHED MISCELLANEOUS STATEMENT				
1 t. W. OZEVI IVANIES IIIIAATES IIIIAATES VAAAAA AIVA IIIIIKKI				
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Name of the organization: DANCE DEN, PLANO WEST SENIOR HIGH SCHOOL Employer Identification number: 75-2822179

# **Miscellaneous Statement**

PAGE 2, PART III, STATEMENT OF PROGRAM SERVICES	PRG SVC EXP
SENIOR RECOGNITION EVENTS TO RECOGNIZE THEIR WORK AND LEADERSHIP FOR THE TEAM	2,352
VIDEOGRAPHY COST TO DOCUMENT EVENTS AND FOR USE IN PRODUCTION OF SCHOOL SPIRIT VIDEOS	5,948
TRANSPORTATION AND STORAGE EXPENSES FOR PROPS USED IN PERFORMANCES	2,244
VARIOUS OTHER PROGRAMS AND RECOGNITIONS THAT PROMOTE TEAM SPIRIT, ENHANCE STUDENTS PHYSICAL WELL BEING, ENCOURAGE SCHOLARSHIP AND GOOD BEHAVIOR	13,136
TOTAL	23,680

Name of the organization: DANCE DEN, PLANO WEST SENIOR HIGH SCHOOL Employer Identification number: 75-2822179

# Form 990-EZ, Part I, Line 16 Other Expenses

AFTER PROM DONATION	500
BANK CHARGES	29
BANQUET	4,321
BARBIES	273
COMPETITION EXPENSE	6,013
NONCASH DONATIONS	802
END OF THE YEAR EVENT	182
FAMILY COOKOUT	416
GIFTS	1,830
HOLIDAY PARTY	196
INSURANCE	450
MEMORY BOOK	985
MISCELLANEOUS	376
PROP TRANSPORTATION	1,231
SENIOR TEA	2,352
SHOW EXPENSES	47,355
STORAGE UNIT EXPENSE	1,013
TRIPS	1,239
VIDEOGRAPHER	5,948
WEB SITE EXPENSE	1,650
WISH LIST	4,207
TOTAL	81,369