Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning July 1 , 2017, and ending	, .	June 30	, 20 18
	heck if ap		D Emp	loyer ider	tification number
	Address c	DANCE DEN of PLANO WEST Sr. HIGH SCHOOL		75-	2822179
	Name cha		E Tele	ohone nur	nber
_	nitial retui	15601 W Parker Poad		(469	752-9600
=	-inal retur Amended	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	
=		n pending Plano, TX 75093	Nur	nber 🕨	
			H Check	▶ ☑ if	he organization is not
	Vebsite				ch Schedule B
J Ta	ах-ехеп	npt status (check only one) — ✓ 501(c)(3)	(Form 9	90, 990-	EZ, or 990-PF).
		organization. Corporation Trust Association Other Non-profit	Education	1 Booste	r Club Organization
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets		
(Par	t II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	116,137
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the			
		Check if the organization used Schedule O to respond to any question in this Par	<u>tl</u>		🗸
	1	Contributions, gifts, grants, and similar amounts received		1	·
	2	Program service revenue including government fees and contracts		2	54,734
	3	Membership dues and assessments		3	5,100
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a]]	
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6	Gaming and fundraising events			
en	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			
Revenue	b	Gross income from fundraising events (not including \$ of contribut	ions	<u>'</u>	
Æ		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b	<u>5</u> 1,191].	
	С	Less: direct expenses from gaming and fundraising events 6c], '	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		
		line 6c)		6d	51,191
2	7a	Gross sales of inventory, tess returns and allowances	6,111	<u>}</u> *	
i	b	Less: cost of goods sold	7,776		
)	C	Gross profit prillpss) Hotel sales 20 16 vents (Subtract line 7b from line 7a)		7c	-1,664
1	8	Other revenue (describe in Schedule O)		8	<u></u>
	9	Total revenue. Accidings F. B. 3, 4, 55, 60, 7c, and 8	>	9	109,361
•	10	Grants and similar amounts paint first in Schedule O)		10	46,164
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits		12	
ens	13	Professional fees and other payments to independent contractors		13	
Expenses	14	Occupancy, rent, utilities, and maintenance		14	2,496
ш	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	66,027
	17	Total expenses. Add lines 10 through 16	<u> ▶</u>	17	114,687
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,326
šše	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag			
Ž		end-of-year figure reported on prior year's return)		19	53,001
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	46,675

D∽						
Га	rt II Balance Sheets (see the instructions		_			^;
	Check if the organization used Schedule	e O to respond to a	ny question in this		· ·	<u> D</u>
00	Oneth wines and munching sale		-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			53,001		46,675
23 24	Land and buildings				23	
24 25	Total assets				24	
26	Total liabilities (describe in Schedule 0)			53,001		46,675
27	Net assets or fund balances (line 27 of column	n (R) must agree with	lino 21)		26	
Par				53,001	21	46,675
	Check if the organization used Schedule	•				Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
	cribe the organization's program service accompl				i .	(c)(3) and 501(c)(4) anizations; optional for
as m	neasured by expenses. In a clear and concise nones benefited, and other relevant information for e	nanner, describe the	e services provided	, the number of	othe	
28	Den Support - Annual Show: includes purchases/gr		oreogrpahy, props, t	-shirts, script,		1
	lighting, and other misc expenses to					
	(Grants \$ 42,680) If this amount	t includes foreign gra	nts, check here .	▶ 🗆	28a	42,680
29	Den Support - Team Spirit: promotes team spirit, ph	ysical well being, and	encourages good b	ehavior and		
	goals - includes team parties, social e					1
	(Grants \$) If this amount	t includes foreign gra	nts, check here	▶ □	2 9a	52,748
30	Student Recognition: support Year-end Banquet to	celebrate Den's achie	vements during scho	ol year, Senior		
	Tea to honor graduating seni		o memorize students	in the school		
	hallway, and traditional spirit					
		t includes foreign gra	nts, check here .	🕨 🗌	30 a	11,254
31	Other program services (describe in Schedule O)					
00	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ∐</u>	31a	
	Total program service expenses (add lines 28a				32	106,682
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				istru	ctions for Part IV)
	Check if the organization used Schedule					
		To to respond to al	, ' 			<u> </u>
	(a) Name and title	(b) 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 employe	` `	Estimated amount of other compensation
inez s		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	` `	
Presi	(a) Name and title Seaney dent	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	` `	
Presi	(a) Name and title Seaney	(b) 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 employ benefit plans, and deferred compensation	1	other compensation
Presi Leslic	(a) Name and title Seaney dent e Hyne lays and Means	(b) 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 employe benefit plans, and deferred compensation	1	other compensation
Presi Leslic	(a) Name and title Seaney dent e Hyne	(b) 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 employe benefit plans, and deferred compensation	0	other compensation
Presi Leslid VP W Dana VP SI	(a) Name and title Seaney dent e Hyne lays and Means Tocci how	(b) 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 employe benefit plans, and deferred compensation	0	other compensation
Presi Leslid VP W Dana VP SI Kim E	(a) Name and title Seaney dent e Hyne lays and Means Tocci how Butler	(b) 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 employe benefit plans, and deferred compensation	0	other compensation 0
Presi Leslie VP W Dana VP SI Kim E	(a) Name and title Seaney dent e Hyne days and Means Tocci how Butler	(b) 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 employe benefit plans, and deferred compensation	0	other compensation 0
Presi Leslid VP W Dana VP SI Kim E VP SI Marge	(a) Name and title Seaney Ident e Hyne Vays and Means Tocci how Butler how ot Anderson	(b) Average hours per week devoted to position 10 4	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	other compensation 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Marge	(a) Name and title Seaney Ident e Hyne Vays and Means Tocci how Butler how ot Anderson	(b) Average hours per week devoted to position 10 4	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	other compensation 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Marge	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	other compensation 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0
Presi Leslid VP W Dana VP SI Kim E VP SI Margo Secre Julie	(a) Name and title Seaney dent e Hyne /ays and Means Tocci how Butler how ot Anderson etary Myers	(b) Average hours per week devoted to position 10 4 3	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0	other compensation 0 0 0 0

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Part	V ` Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	
			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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			· 1
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			- 9
39	Section 501(c)(7) organizations. Enter:	1		' 1
а	Initiation fees and capital contributions included on line 9		p \ ~ad	- 4
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		,	-
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			्रमर्रे । श
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶		- -	
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			r - :
b			Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	[.		
	Financial Accounts (FBAR).	<u>``</u>		
C	At any time during the calendar year, did the organization maintain an office outside the United States? . 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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 55	
	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		\
d ·	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	explanation`in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	4EL		
	TOTAL COOL EL (SOCIAL MORALDO INSTITUTE INSTITUTE IN THE SOCIAL INSTITUTE IN T	45b		

						Yes	No
46	Did the organization engage, directly	or indirectly, in political of	ampaign activities on	behalf of or in opposi	tion	<u></u>	
	to candidates for public office? If "Ye		, Part I		. 46	<u> </u>	.✓
Part V	All section 501(c)(3) organization 501(c)(3) organization 50 and 51.		estions 47–49b and	52, and complete th	ie tables	for lin	es
	Check if the organization used	Schedule O to respond	to any question in t	his Part VI		• •	<u>. </u>
					. —	Yes	No
•	Did the organization engage in lobby year? If "Yes," complete Schedule C,	Part II			. 47		1
	Is the organization a school as describ					<u> </u>	✓
	Did the organization make any transfe if "Yes," was the related organization		_			+	├
	Complete this table for the organization				. 49b		L ld kev
	employees) who each received more	than \$100,000 of compen	nsation from the organ	nization. If there is non	ne, enter "I	None.	,
	(a) Name and title of each employee	(b) 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) Estimat	ed amo	unt of
NONE							
			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	Table and a fall and a	1 0100 000	1		<u> </u>		
	Total number of other employees par- Complete this table for the organiza				hiu		. +600
	\$100,000 of compensation from the			contractors who each	n received	HIOIE	; man
	(a) Name and business address of each inde	' 	(b) Type of serv	uce lo	c) Compensat	ion	
	(a) traine and business address of cash ma		(b) Type of Serv	(6			
NONE			4				
			1				
							
	·	******])			
			1				
d	Total number of other independent co	ontractors each receiving	over \$100,000	>			
52	Did the organization complete Scl completed Schedule A	· ·	•	nizations must attac	ha .▶[∕]Yes	. 🗆	No
Under per true, corre	nalties of perjury, I declare that I have examined ect, and complete. Seclaration of preparer (other	this return, including accompan	ying schedules and stateme	ents, and to the best of my k			it is
	Julie 71	yes		\Box \mathcal{I}	130//	8	
Sign	Signature of officer			Date			
Here	Julie Myers, Treasurer 2017-20 Type or print name and title)18	· <u> </u>				
		Preparer's signature	l Da	ite I –	ı PTIN		
Paid	Print/Type preparer's name M. Kathy Robbins	Marley Br	1. Jins 17.	Check very self-emplo	صحوا الل	42	355
Prepa	11 C1	s. CPA	W 0 1 40		6-525	3797	11_
Use O	Firm's address > 4628 Portrait Lar			Phone no.	(972) 90	- 6540	
May the	e IRS discuss this return with the prep		instructions		► ✓ Yes		No
		_ - : 			Form 99	0-EZ	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	CE DEN of PLANO WEST Sr. HIGH SO						22179	
	rt I Reason for Public Char						ons.	
1 2								
3 4	☐ A hospital or a cooperative hos☐ A medical research organizationhospital's name, city, and state	on operated in co					(iii). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Complete Inc.)		college or university	owned o	r operate	ed by a government	al unit described in	
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organi or university or a non-land-gra university:							
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to carelated business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).		
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)	
ŧ	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
ŧ	Type II. A supporting organ control or management of organization(s). You must o	the supporting o	rganization vested in	the same			· · · · ·	
•	Type III functionally integ its supported organization(ally integrated with,	
C	that is not functionally integred requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
6	functionally integrated, or T	ype III non-func	tionally integrated sur				e II, Type III	
f	Enter the number of supported of Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the d	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)						-		
B)								
C)								
D)								
E)								
ota	1							

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	·
	on A. Public Support	(-) 0040	# N 004.4	4) 2015		() 0047	(0.7.1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	* 4 *	-				
	on B. Total Support				/		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	/ (d) 2016	(e) 2017	(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		-	<u></u>	-	-	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						· · · <u></u>
	on C. Computation of Public Support			4 1 (0)			
14	Public support percentage for 2017 (line					14 15	<u>%</u>
15 16a	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ box and stop here. The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33	3 ¹ /3% or more,	check this
b	331/3% support test—2016. If the organithis box and stop here. The organization	ization did not qualifies as a	check a box o	n line 13 or 16 rted organizati	a, and line 15	is 33 ¹ /3% or m	nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts 'facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "factories".	e "facts-and-ots-and-ots-and-circum: 	circumstances' stances" test. 	" test, check The organizati	this box and	stop here. s a publicly ► []
18	Private foundation. If the organization d						
	instructions		· · · · · ·	· · · · ·			0 or 990-EZ) 2017
					301		,,,,,,

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,080	8,766	7,235	5,105	5,100	27,286
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	144,065	149,410	115,092	101,048	111,037	620,652
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	145,145	158,176	122,327	106,153	116,137,	647,938
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						
8 8	Add lines 7a and 7b					, ° 9, 8	P
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6	145,145	158,176	122,327	106,153	116,137	647,938
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				,		
13	Total support. (Add lines 9, 10c, 11, and 12.)	145,145	158,176	122,327	106,153	116,137	647,938
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	's first, secon				n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15 16	Public support percentage for 2017 (line 8 Public support percentage from 2016 Sch	,	•			15	100 % 100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2017. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m	ore than 331/39	%, and line
b	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization di	-	_	-			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sooti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	·)	
Secu	on A. All Supporting Organizations		Vaa	N.
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			8
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		, ,	
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- yya sarangi	428,000	4
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	,	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		su	:
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	-		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4-		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	*	-a€ s	
-	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		مسود	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			<u></u>
7		6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 -	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	40:	 	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	-	
U	- Did the diguination have any excess business notinings in the tax year: [Use Conedute O, FUITI 4720, tO	1		

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			Page J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	,	11b		
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on b. Type I Supporting Organizations		\ <u>\</u>	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	•		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		, -	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	, ,		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	ř		
Cast		1		
Secu	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, but the less day of the fifth month of the	$\overline{}$	Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		_	- :
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		' '1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	20. 77.	<u> </u>	أنحت
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[.]		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, ,	,	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		-y	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	125	ļ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (expl ons must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	· .		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	*		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	للمانة في المستانية بعد المجاولة بمدينة المستريد المسترادية	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part		y supporting Organi	Zations (Continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a		· · · · · · · · · · · · · · · · · · ·	,	
b	From 2013	,	***************************************	
C	From 2014	, , , ,		,
d	From 2015			
	From 2016			
f	Total of lines 3a through e		·	
g	Applied to underdistributions of prior years		··· · · · · · · · · · · · · · · · ·	
	Applied to 2017 distributable amount	-1 -1-2-1	· · · · · · · · · · · · · · · · · · ·	
i	Carryover from 2012 not applied (see instructions)	,		,
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			, , , , , ,
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	, ,		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		and the second control of the second control	4,
8	Breakdown of line 7:			,,,
а	Excess from 2013			
b	Excess from 2014			1 1 1 1
С	Excess from 2015			1 7
d	Excess from 2016	·	······································	, de 4
е	Excess from 2017			, v , v , v , v , v , v , v , v , v , v

F	age	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number DANCE DEN of PLANO WEST Sr. HIGH SCHOOL 752822179 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 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. e

Solicitation of non-government grants ☐ Mail solicitations Internet and email solicitations ---Solicitation of government grants Phone solicitations ☐ Special fundraising events ✓ In-person solicitations 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 If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? organization Yes No 1 5 9 10 **Total** 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.

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Program Ads (event type)	Write-A-Check (event type)	(total number)	(add col. (a) through col (c))
Revenue			(event type)	(Otolik type)	(total number)	
	1	Gross receipts	24,255	12,683	14,253	51,191
۳.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
nses	5	Noncash prizes				
	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	ld lines 4 through 9 in co	olumn (d)		51,191
Pa	rt III	Gaming. Complete if the	organization answer	ed "Yes" on Form 99	0, Part IV, line 19, or r	eported more
		than \$15,000 on Form 9				
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue						
_		Gross revenue				
uses	2	Cash prizes				
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. Ac	ld lines 2 through 5 in c	olumn (d)		
		Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	8	iver gaming income summar				
				ming cotsuition:		
	En a is	nter the state(s) in which the or the organization licensed to co	ganization conducts ga	s in each of these states	?	🗌 Yes 🗌 No
10	En a is b if '	the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities	s in each of these states		
10	En a is b if '	the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities	s in each of these states	ated during the tax year?	

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

cneau	Jie G (Form 990 or 990-EZ) 2017			age 3
11 12.	Does the organization conduct gaming activities with nonmembers?		es 🗌	
13	Indicate the percentage of gaming activity conducted in:	ч.	63 _	140
а	The organization's facility			_%_
b	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 ►			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🗆	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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?	□ Y	′es [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 provide any additional infor See instructions.	nd (v) matio	; and n.	
·				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number						
DANCE DEN of PLANO WEST Sr. HI	75-2822179						
Form 990-EZ, Part 1, Line 16 - Other expenses of \$66,027:							
Drill Team Support - Spirit \$52,748	(includes Line/Officer Camp 18,775; Videographer 6,750; Team of	utfits 12,474; competition, gifts & more)					
Student Recognition \$11,254	(includes Banquet 5,199; memory books 3,807; Senior Tea 1,647;	Composite \$593; Babies,net 8)					
Other: Credit Card Processing Fees	i 402						
Insurance	450						
PWSH Staff Breakfast	423						
Website	750						

Form 990-EZ, Part I, Line 10 - Grants	and similar amounts paid = \$46,164:						
Annual Show expenses paid on beh	alf of the Dance Den organization = \$42,680						
Contribution/sponsorship of the After	er-Prom event sponsored by PTSA \$ 500						
Wishlist items granted to the Drill Te	eam Department of Plano West \$ 2,984						
	······································						