The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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)

20**17**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

990-EZ

▶ 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. August 01 July 31 For the 2017 calendar year, or tax year beginning 2017, and ending . 20 C Name of organization he Check if applicable D Employer identification number Arlington Dance Theatre Inc dba Dance Theatre of Arlington 75-189099(7 Address change Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 222 W Main Street (817) 860-1327 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Arlington, TX 76010 Number ► Inc Application pending Accounting Method: H Check ► ☐ if the organization is not www.DanceTheatreArlington.com required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF). **∏527**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ Trust Other Form of organization: Corporation ☐ Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 53,344,38 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) In Part I Check if the organization used Schedule O to respond to any question in this Part I V 27,201.89 Contributions, gifts, grants, and similar amounts received 11,191.25 he 2 Program service revenue including government fees and contracts 2 0.00 3 3 15.68 4 Investment income 4 0.00 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 0.00 5b 0.00 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0.00 0.00 of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 14 935 56 6b 6c c Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract < 4,750.38 > 6d 0.00 Gross sales of inventory, less returns and allowances . . . 7a 0.00 0.00 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0.00 8 Other revenue (describe in Schedule O) 8 33,658,44 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 3,090.00 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 0.00 11 11 0.00 12 Salaries, other compensation, and employee benefits to ... 12 13 Professional fees and other payments to independent contractor 13 4,600.00 14 Occupancy, rent, utilities, and maintenance 7.200.00 14 0.00 15 Printing, publications, postage, and shipping . . . 15 OGDEN. 14, 721.12 16 Other expenses (describe in Schedule O) he 16 29,611.12 17 Total expenses. Add lines 10 through 16 . . . 17 4,047.32 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 81.783.85 19 0.00 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 85.831.17 Net assets or fund balances at end of year. Combine lines 18 through 20



ı. P	art II	Balance Sheets (see the instructions	for Part II)		· · · · · · · · · · · · · · · · · · ·		
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u></u> . 🗹
					(A) Beginning of year		(B) End of year
22	2 Cas	h, savings, and investments			87,468.85		91,942.83
23	3 Lan	d and buildings			0.00		0.00
24	1 Oth	er assets (describe in Schedule O)			0.00		0.00
25	5 Tota	al assets		[87,468.85		91,942.83
26	6 Tota	al liabilities (describe in Schedule O)			5,685.00		6,111.66
27	7 Net	assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	81,783.85	27	85,831.17
e Pa	art III	Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)		
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Wh	at is the	organization's primary exempt purpose?	Dance education, so				equired for section
De	scribe th	ne organization's program service accompli	shments for each o	if its three largest r	orogram services		I(c)(3) and 501(c)(4) janizations; optional for
as	measure	ed by expenses. In a clear and concise m	nanner, describe the	e services provide	d. the number of	_	ers)
		nefited, and other relevant information for ea		p.cco	-,		
28	DTA C	COMPANY-27 members, approx 32 classes & 8	shows; improve dan	ce technique & abili	ty, teach		
_	comm	nunity service via shows and fund raising work	, and instill lifelong l	ove of the arts			
Ē	(Grant	ts\$ 200.00) If this amount	includes foreign gra	ents, check here	• 🗇	28	26,521.12
29	TEEN	TALENT FOLLIES-46 auditioned, \$3,075 scho	larships awarded: 43	teens perform in sh	ow (at no cost to		
	them)	and compete for scholarships; improve perfor	mance skills and cor	fidence and encour	age careers in		
	tne ar	IS .					
	(Grant	0.000.00	includes foreign gra	ants, check here	▶ □	29:	4,668.40
30		E THREAT TEXAS-12 Master Instructors, 38 c	lasses, 88 total atten	dance; 2-day region	al event to give		-
	stude	nts opportunity to study with nationally acclair	ned Master dance ins	structors at one place	e & time		
	(week	end) who might not otherwise have access to	such expertise				İ
	(Grant	s \$) If this amount	includes foreign gra	ents check here	▶ [7]	30	16,775.04
31		program services (describe in Schedule O)					
	(Grant	•	includes foreign gra	.		316	0.00
32		program service expenses (add lines 28a t	through 31a)	into, oncon nore .		32	
	rt IV	List of Officers, Directors, Trustees, and Key					
		Check if the organization used Schedule					
			(b) Average	(c) Reportable ho	(d) Health benefits,	Ť	<u> </u>
		hc (a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employed benefit plans, and) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)			other compensation
Elle	en Timbe	rlake-Volz				+	
Pre	sident		2.0	-0-	-\0	-	-0-
Ro	byn Woo	d			1	+	
Vic	e Preside	ent	6.0	0-	- -0	_	0
Pat	Plerret					╁	
Co	rrespond	ence Secretary	2.0	0-	- -0	_	-0
	ly Joeck					+	
Tre	asurer		8.0	0-	- -0	_	0
Pai	ıl Fulks				<u> </u>	╁	
Pas	st Preside		1.0	-0-	0	_	0
	sis Forsi					+	
Art	istic Dire	ctor	4.0		-0	_	-0-
Per	sis Ann	Forster				+	
Co	mpany M	anager	8.0	0-	- 0	_	0
	Withers			<u> </u>	 	+	
	-	ciation Representative	4.0	0_	- 0	_	-0-
	k Bethui			<u> </u>	+	+	_ -
	ector		2.0	0-	. 0-	_	0
	anda Da	vidson				_	
	ector		2.0	-0-			•
		······································			-0	4	-0-
						Ì	
				-	ļ	\bot	
				f	1	- 1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s Pan	T -		-
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	Yes	No	
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		<u> </u>	- h
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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		_	-
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		V	he
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		~	
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1	i I
39 a b 40a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				
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		•	h
С .	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,	
a e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
44	transaction? If "Yes," complete Form 8886-T	40e		V	-
41		817) 86	60.122	7	-
42a	1 222 W Main St. Arlington TY)-7112	. <i>1</i> 	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	-
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b		✓	- Ī
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	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		1	-
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	· ·	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	res	NO	j
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		-	j
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1	j
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	V	-]
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>]

Form **990-EZ** (2017)

	•									Yes	No
46	Did ti	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or	in opposi	lion [112	F-7*60
		ndidates for public office? If "Yes," o		, Part I	• • •	• •		·	46		~
Part \	4	Section 501(c)(3) organizations		otropo 47, 40h or	- d EO			_ 4_6	£.	!:	
		All section 501(c)(3) organization 50 and 51.	s must answer que	Stions 47~490 at	iu 52, an	u coi	npiete tri	e tabi	ies ic	or iirie	28
		Check if the organization used Sch	nedule O to respond	I to any guestion i	in this Par	+ \/I					П
		Ondown the organization does con	ioddio o to respond	to any question	11 (1110) (11		<u> </u>	• •	• •	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in ef	fect c	luring the	tax [<u> </u>
		? If "Yes," complete Schedule C, Part						.	47		•
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedu	le E		.	48		1
49a	Did tl	he organization make any transfers to	o an exempt non-cha	ritable related orga	anization?			. [49a		4
		es," was the related organization a se							49b		
		plete this table for the organization's									
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or				e, ente	er "N	one."	
	(2)	Name and title of each employee	(b) Average	(c) Reportable			oenefits, o employee	(e) Est	timate	d amou	unt of
	(4)	Name and the or each employee	hours per week devoted to position	compensation (Forms W-2/1099-Mis		olans, a ompen	ind deferred	othe	er com	pensat	ion
None			-,-			Jilipen.	sauon -				
											
					- 1						
					<u></u>		ŀ				
		number of other employees paid over	•								
51	Comp	plete this table for the organization's ,000 of compensation from the orga	s five highest compe pization. If there is no	ensated independe	ent contra	ctors	who each	ı recei	ived	more	than
				ine, enter 140ne.		- 1		<u> </u>			
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compe	ensatio	ก	
		•			··						
										-	
	_										
											
		······································		··· · · · · · · · · · · · · · · · · ·							
d ·	Total	number of other independent contra	ctors each receiving	Over \$100,000		[_					
		the organization complete Schedu	•		anuzation		ict attack				
		pleted Schedule A	ie A: Note. All se		yanızanı			.► 	Yes		No
Under per	nalties	of perjury, I declare that I have examined this re	eturn, including accompany	ving schedules and stat	ements, and	to the I	pest of my kr				
true, corre	ect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any k	nowled	ge			,	
		Ellen Timberlake-	Voly			12	11-201	8			
Sign		Signature of officer	0			Date					
Here I	he	Ellen Timberlake-Volz, DTA Board	President								
'		Type or print name and title	15 ···	·			T				
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf	TIN		
Prepa	rer						self-emplo	yed			
Use O	nly	Firm's name				† · · · ·	s EIN ▶				
May the	IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phon		▶ □	Vec		<u></u>

SCHEDULE A (Form 990 or 990-EZ)

(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

2017

Open to Public Inspection

Employer identification number

Arlin	lington Dance Theatre Inc dba Dance Theatre of Arlington 75-1890997						
Pai	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The 6 1 2	organization is not a private foundated or church. Convention of church or church A school described in section	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	SI
3 4	A hospital or a cooperative hos A medical research organizatio hospital's name, city, and state	pital service org n operated in co	anization described i	n section	170(b)(1)(A)(iii).	iii). Enter the
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	= =						
8 9	An agricultural research arrest			-			
3	 An agricultural research organizer university or a non-land-granuniversity: 	nt college of agri	iculture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and	-		-			
12	An organization organized and of one or more publicly suppo Check the box in lines 12a throi	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3).
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jonty of t		
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same			
С	Type III functionally integree its supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The organ	nization generally mus	st satisfy	a distribu	ition requirement and	
е	Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o	•					
g			······································		 		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docui		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)			-,,				
(D)							
(E)							
Tota	ı	后强微"影響	1997、分别的1800GC	1 2 2 2 3 3 4 3 4 5 4 5 5 6 8 5 5 6 8 5 6 8 5 6 8 5 6 8 5 6 8 6 8	CELLINY		

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 comple	ete Part III.)	
	on A. Public Support	(-) 0010	(h) 0014	(-) 0015	I 4-0 0046	1 (1-) 0047	(6 T-4-)
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
ľ	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)	10					
6	Public support. Subtract line 5 from line 4					-	
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
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her				<u> </u>	· · · · ·	🕨 🔲
	on C. Computation of Public Suppor			<u> </u>		1 1	
14	Public support percentage for 2017 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi					15	%
iva	box and stop here. The organization qual						
b	331/3% support test—2016. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts facts-and-circ	-and-circumstaumstances" te	ances" test, chest. The organi	neck this box a zation qualifie:	and stop here.	Explain in supported
b	10%-facts/and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-o	circumstances' stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		see
	instructions		<u></u> . <u>.</u>	<u> </u>	<u></u> .	<u> </u>	▶ 🗆
	/					nedule A (Form 99	

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.)

	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
	on A. Public Support						
	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						
2	received. (Do not include any "unusual grants")	21,994.65	46,919.55	14,261.78	32,259.29	27,201.89	142,637.16
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	29,321.00	39,371.49	36,698.47	11,343.95	11,191.25	127,926.16
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	0.00
4	Tax revenues levied for the					ļ	
	organization's benefit and either paid to				j		
	or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
5	The value of services or facilities						
	furnished by a governmental unit to the				ļ	ł	
	organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6	Total. Add lines 1 through 5	51,315.65	86,291.04	50,960.25	43,603.24	38,393.14	270,563.32
7a	Amounts included on lines 1, 2, and 3			ļ			
	received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.00
b	Amounts included on lines 2 and 3			ļ			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0.00	0.00	0.00	0.00	0.00	0.00
	Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8	Public support. (Subtract line 7c from						
	line 6.)			1			270,563.32
	on B. Total Support		# 1 55 t t	4 3 2 2 2 T			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	51,315.65	86,291.04	50,960.25	43,603.24	38,393.14	270,563.32
10a	Gross income from interest, dividends,				j		
	payments received on securities loans, rents, royalties, and income from similar sources.	24 90	40.05	40.07	00.77	45.00	100.10
	•	31.89	42.95	40.87	36.77	15.68	168.16
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
_	•	31.89	42.95	40.87	36.77	15.68	168.16
11	Add lines 10a and 10b	31.03	42.33	40.67	30.77	13.00	100.10
11	Net income from unrelated business activities not included in line 10b, whether		ì				
	or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
12	Other income. Do not include gain or	0.00	0.00	0.00	0.00	0.00	0.00
12	loss from the sale of capital assets						
	(Explain in Part VI.)	0.00	0.00	0.00	0.00	0.00	0.00
13	Total support. (Add lines 9, 10c, 11,				0.00		
	and 12.)	51,347.54	86,333.99	51,001.12	43,640.01	38,408.82	270,731.48
14	First five years. If the Form 990 is for th			· 1	,	,	•
	organization, check this box and stop her	_			•		
Secti	on C. Computation of Public Suppor				V-01-V		
15	Public support percentage for 2017 (line 8	<u>~</u>		3, column (f))		15	99.9379 %
16	Public support percentage from 2016 Sch					16	99.9425 %
	on D. Computation of Investment Inc			<u>; </u>	-		
17	Investment income percentage for 2017 (i			y line 13. colun	nn (f))	17	0.0058 %
18	Investment income percentage from 2016					18	0.0575 %
19a	331/3% support tests-2017. If the organi	•	•			L	
	17 is not more than 331/2%, check this box a						
b	331/3% support tests-2016. If the organize	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization did	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instruc	

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.)

Section A. All Supporting Organ	nizations	S
---------------------------------	-----------	---

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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 despite being controlled or supervised by or in connection with its supported organizations.			
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.	4b 4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b		5a 5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 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 .	5c 5c		
7	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? 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		
С	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		
0a	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.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Dago	5
Page	•

Part	IV Supporting Organizations (continued)		<u>`</u>	-3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			. 1
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		
ь	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			ate law and
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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
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 in	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
_	•	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		
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? <i>Provide details in Part VI.</i>	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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru nizat	st on Nov. 20, 1970 (expliins 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	<u> </u>	
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		
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):	L		
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		
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-functionall instructions).	y int	egrated Type III supporting	ng organization (see

Part	<u> </u>	s) Supporting Organi	zations (continuea)			
Secti	on D - Distributions			Current Year		
<u>`1</u>	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp					
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 whice	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.	Ü	•			
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			rank		
•		(A)	(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	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			<u></u>		
	From 2014					
d	From 2015					
e	From 2016			<u> </u>		
f	Total of lines 3a through e		* *			
g	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount	,				
i	Carryover from 2012 not applied (see instructions)					
i	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					
	Applied to 2017 distributable amount					
	Remainder, Subtract lines 4a and 4b from 4.			1		
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 3			1		
•	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2013 .					
	Excess from 2014			<u> </u>		
	Excess from 2015					
	Excess from 2016			L		
	F			1		
	Excess from 2017	L		<u> </u>		

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 O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► 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 75-1890997 Arlington Dance Theatre Inc dba Dance Theatre of Arlington FORM 990-EZ, PART I, LINE 10: Teen Follies Scholarship, Kyla Clift, 5703 Trail Lake Dr, Arlington, TX 76016, \$2,025.00 Teen Follies Scholarship, Roman Fedak, 2930 Lawrence St, Irving, TX 76016, \$75.00 Teen Follies Scholarship, Meredith Guinn, 2517 Canyon Ridge Ct, Arlington, TX 76006, \$100 00 Teen Follies Scholarship, Claire Medinis, 2949 Sagebrush Dr, Flower Mound, TX 75022, \$125.00 Teen Follies Scholarship, Kallie Menard, 5723 Champion Ct, Arlington, TX 76017, \$200.00 Teen Follies Scholarship, Rachel Ramırez, 302 Bluff Cır, Hıghland Village, TX 75077, \$125 00 Teen Follies Scholarship, Sammie Salter, c/o 222 W Main St, Arlington, TX 76010, \$100.00 Teen Follies Scholarship, Kayley Wade, c/o 222 W Main St, Arlington, TX 76010, \$40 00 Teen Follies Scholarship, Olivia Withers, 1507 Holly Ridge Dr, Keller, TX 76248, \$100 00 DTA Senior Scholarship, Meredith Guinn, 2517 Canyon Ridge Ct, Arlington, TX 76006, \$100.00 DTA Senior Scholarship, Olivia Withers, 1507 Holly Ridge Dr, Keller, TX 76248, \$100.00 FORM 990-EZ, PART I, LINE 16: Bank service charges, PayPal service charges, telephone, website, office supplies, dues & memberships, meals catering, DTA costumes and appreciation awards FORM 990-EZ, PART II, LINE 26: Outstanding scholarships awarded & to be paid upon student's high school graduation

3Criedule O (Form 990 or 990-EZ) (2017)			^ Page ∠
Name of the organization		f - Employer ident	ification number
			<u> </u>
	1		
			<u> </u>
			•
		. (
			
			ı

			·
		•	4

		·	
	·		
			•
	·	1 1	
			•
		_	
		5 5 5 5	

		·	
	,	· '	1
		<u>'</u>	
			-
			-

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		