

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

75-0881589

### JUNIOR ACHIEVEMENT OF DALLAS INC.

**Net Asset / Fund Balance at Beginning of Year** 1,031,097

**Revenue**

Contributions	<u>1,081,574</u>	
Program service revenue		
Investment income	<u>3,732</u>	
Capital gain / loss	<u>1,044</u>	
Fundraising / Gaming:		
Gross revenue	<u>869,681</u>	
Direct expenses	<u>193,448</u>	
Net income	<u>676,233</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>1,762,583</u>

**Expenses**

Program services	<u>1,138,885</u>	
Management and general	<u>427,189</u>	
Fundraising	<u>252,535</u>	
<b>Total expenses</b>		<u>1,818,609</u>
<b>Excess / (deficit)</b>		<u>-56,026</u>

Changes

**Net Asset / Fund Balance at End of Year** 975,071

**Reconciliation of Revenue**

Total revenue per financial statements	<u>1,762,583</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>1,762,583</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>1,818,609</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>1,818,609</u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>1,080,939</u>	<u>1,095,359</u>	
Liabilities	<u>49,842</u>	<u>120,288</u>	
Net assets	<u><u>1,031,097</u></u>	<u><u>975,071</u></u>	<u><u>-56,026</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/16  
 Failure to file penalty \_\_\_\_\_

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 2016

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

JUNIOR ACHIEVEMENT OF DALLAS INC.

Employer identification number

75-0881589

Name and title of officer

JANICE MURFIELD PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,762,583

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize LAWSON & COMPANY CPAS LLC to enter my PIN 12345 as my signature. Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/11/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

80087045099

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } KEVIN LAWSON, CPA, MBA

Date } 11/11/16

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Form **990**

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1201 WEST EXECUTIVE DRIVE**

City or town, state or province, country, and ZIP or foreign postal code  
**RICHARDSON TX 75081-2232**

**D** Employer identification number  
**75-0881589**

**E** Telephone number  
**972-690-8484**

**G** Gross receipts \$ **1,956,031**

**F** Name and address of principal officer:  
**JANICE MURFIELD**  
**1201 WEST EXECUTIVE DRIVE**  
**RICHARDSON TX 75081-2232**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.JADALLAS.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1954** **M** State of legal domicile: **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:			
	JUNIOR ACHIEVEMENT IS A NONPROFIT ORGANIZATION THAT PROMOTES INTEREST IN THE FREE ENTERPRISE SYSTEM AMONG ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND HIGH SCHOOL STUDENTS OF NORTHEAST TEXAS AREA SCHOOLS.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>46</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>46</b>	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>19</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3625</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,836,316</b>	<b>1,081,574</b>	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,847</b>	<b>4,776</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>37,619</b>	<b>676,233</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,876,782</b>	<b>1,762,583</b>	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>7,500</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>878,715</b>	<b>1,076,231</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>18,750</b>	<b>0</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>252,535</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>680,911</b>	<b>734,878</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,578,376</b>	<b>1,818,609</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>298,406</b>	<b>-56,026</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,080,939</b>	<b>1,095,359</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>49,842</b>	<b>120,288</b>	
		<b>1,031,097</b>	<b>975,071</b>	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **JANICE MURFIELD** Date: \_\_\_\_\_  
Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **KEVIN LAWSON, CPA, MBA** Preparer's signature: **KEVIN LAWSON, CPA, MBA** Date: **11/11/16** Check  if self-employed PTIN: **P00642356**

Firm's name: **LAWSON & COMPANY CPAS LLC** Firm's EIN: **26-0487763**

Firm's address: **4509 ROWLETT RD ROWLETT, TX 75088-5082** Phone no.: **972-475-0644**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

JUNIOR ACHIEVEMENT IS A NONPROFIT ORGANIZATION THAT PROMOTES INTEREST IN THE FREE ENTERPRISE SYSTEM AMONG ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND HIGH SCHOOL STUDENTS OF NORTHEAST TEXAS AREA SCHOOLS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 883,454 including grants of \$ ) (Revenue \$ )

ELEMENTARY SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLUNTEER TO HELP INTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE ENTERPRISE. 42,241 STUDENTS SERVED IN 2015.

4b (Code: ) (Expenses \$ 133,143 including grants of \$ ) (Revenue \$ )

MIDDLE SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLUNTEER TO HELP INTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE ENTERPRISE. 6,366 STUDENTS SERVED IN 2015.

4c (Code: ) (Expenses \$ 122,288 including grants of \$ 7,500 ) (Revenue \$ )

HIGH SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLUNTEER TO HELP INTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE ENTERPRISE. 5,847 STUDENTS SERVED IN 2015.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 1,138,885

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		





**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COREY ANTHONY	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) LINDY AUSTIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) KIRK BAYLOR	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) TODD BURNS	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) DAVID CARGILE	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) JOANN CHATFIELD	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) REGINALD COLBY	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) GAIL COOKSEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) JODY DIAZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) KEITH DOAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) KIRT DONATELLO	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BRAD DORETHY</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>MICHAEL DOYLE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>ANTHONY ERICKSON</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>JOHN GUSTAFSON</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(16) <b>ALAN HAMRICK</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(17) <b>SUSAN HASELEY</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(18) <b>STEVE HAYWARD</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(19) <b>PHILLIP HUFFINES</b>	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>	<b>220,501</b>		
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>	<b>220,501</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>CHRISTY JACOBY</b>	1.00									
DIRECTOR	0.00	X						0	0	
(21) <b>KEVIN KEMP</b>	1.00									
DIRECTOR	0.00	X						0	0	
(22) <b>JERRY KIELMAN</b>	1.00									
DIRECTOR	0.00	X						0	0	
(23) <b>LYNNE LACHENMYER</b>	1.00									
DIRECTOR	0.00	X						0	0	
(24) <b>RAY LADIEU</b>	1.00									
DIRECTOR	0.00	X						0	0	
(25) <b>JOHN MAGUIRE</b>	1.00									
DIRECTOR	0.00	X						0	0	
(26) <b>TRACY MERZI</b>	1.00									
DIRECTOR	0.00	X						0	0	
(27) <b>MELISSA MORALES</b>	1.00									
DIRECTOR	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>CHRISTIAN MORENO</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(29) <b>STEPHEN MYERS</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(30) <b>DANNY NOTEWARE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(31) <b>DAVID PANSING</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(32) <b>PAUL PARETTE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(33) <b>BRAD PHILLIPS</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(34) <b>JENNIFER PIERCE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(35) <b>BRENT RAINDL</b>	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) DOUGLAS SCANDLING	1.00									
DIRECTOR	0.00	X						0	0	0
(37) JOHN SHELNUTT	1.00									
DIRECTOR	0.00	X						0	0	0
(38) CHRISTIE STANLEY	1.00									
DIRECTOR	0.00	X						0	0	0
(39) PAUL SULLIVAN	1.00									
DIRECTOR	0.00	X						0	0	0
(40) DAVID SWINEY	1.00									
DIRECTOR	0.00	X						0	0	0
(41) JOHN TREVINO	1.00									
DIRECTOR	0.00	X						0	0	0
(42) RUDY WALKER	1.00									
DIRECTOR	0.00	X						0	0	0
(43) SANDRA WELLS	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) <b>DAVID WHITING</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(45) <b>SPENCER WILLIAMS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(46) <b>JANICE MURFIELD</b>	40.00									
PRESIDENT	0.00			X			158,578	0	0	
(47) <b>JOHN MCDOUGALD</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			61,923	0	0	
<b>1b Sub-total</b> .....							<b>u</b>	<b>220,501</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,081,574				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 89,505					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 1,081,574				
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 3,732	3,732			
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	1,044			
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)	1,044				
	<b>d</b> Net gain or (loss)	<b>u</b> 1,044	1,044			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 869,681				
		<b>b</b> Less: direct expenses	193,448			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b> 676,233			244,103	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> .....						
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b> 1,762,583	4,776	0	244,103		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,500	7,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	820,008	358,223	269,562	192,223
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,859	36,634	27,567	19,658
9 Other employee benefits	114,693	50,104	37,703	26,886
10 Payroll taxes	57,671	25,194	18,958	13,519
11 Fees for services (non-employees):				
a Management	23,063	22,582	481	
b Legal				
c Accounting	28,740		28,740	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	203,699	184,164	19,535	
12 Advertising and promotion	3,305	3,056		249
13 Office expenses	330,218	323,587	6,631	
14 Information technology	20,036	20,036		
15 Royalties				
16 Occupancy				
17 Travel	18,631	18,631		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	25		25	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,174	89,174		
23 Insurance	17,987		17,987	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,818,609	1,138,885	427,189	252,535
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	526,983	1	738,682
	2	Savings and temporary cash investments	84,042	2	10,232
	3	Pledges and grants receivable, net	124,859	3	125,483
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,852	9	6,354
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,211,031		
	10b	Less: accumulated depreciation	1,048,639	10c	162,392
	11	Investments—publicly traded securities	135,200	11	150,708
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	-98,492
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,080,939	16	1,095,359	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	44,642	17	37,245
	18	Grants payable		18	
	19	Deferred revenue	5,200	19	5,150
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	77,893
	26	<b>Total liabilities.</b> Add lines 17 through 25	49,842	26	120,288
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	921,233	27	865,207
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	109,864	29	109,864
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,031,097	33	975,071	
34	<b>Total liabilities and net assets/fund balances</b>	1,080,939	34	1,095,359	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,762,583</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,818,609</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-56,026</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,031,097</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>975,071</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number

**75-0881589**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,539,854	1,564,447	1,471,349	1,836,316	1,081,574	7,493,540
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,539,854	1,564,447	1,471,349	1,836,316	1,081,574	7,493,540
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						7,493,540

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	1,539,854	1,564,447	1,471,349	1,836,316	1,081,574	7,493,540
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					243,103	243,103
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						7,736,643
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	600,117
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.86 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	94.37 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (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.		
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 <b>Part VI</b> when and how the organization made the determination.		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	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 <b>Part VI</b> 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.		
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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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 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 <b>Part VI</b> .		
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).		
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).		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.		
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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> <b>identify those supported organizations and explain</b> 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.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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-functionally-integrated Type III supporting organization (see instructions).



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 .....			
e From 2014 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 .....			
d Excess from 2014 .....			
e Excess from 2015 .....			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount    |
|---------------------------------------|-----------|
| c Beginning balance .....             | <b>1c</b> |
| d Additions during the year .....     | <b>1d</b> |
| e Distributions during the year ..... | <b>1e</b> |
| f Ending balance .....                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	<b>109,864</b>	<b>69,864</b>	<b>69,864</b>	<b>69,864</b>	<b>66,063</b>
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** ..... %
  - b Permanent endowment **u** **100.00** %
  - c Temporarily restricted endowment **u** ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                   | Yes           | No       |
|-----------------------------------|---------------|----------|
| (i) unrelated organizations ..... | <b>3a(i)</b>  | <b>X</b> |
| (ii) related organizations .....  | <b>3a(ii)</b> | <b>X</b> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		<b>65,879</b>		<b>65,879</b>
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....		<b>1,145,152</b>	<b>1,048,639</b>	<b>96,513</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>162,392</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>ACCRUED PAYROLL</b>	<b>63,692</b>	
(3) <b>OTHER LIABILITIES</b>	<b>14,201</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>77,893</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

**U** Attach to Form 990 or Form 990-EZ.

**U** Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number

**75-0881589**

**Part I 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.

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

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

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

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

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

**Total** ▶

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

.....

.....

.....

.....

.....



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>HALL OF FAME AW</u> (event type)	<u>BOWLING FUNDRAI</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	559,819	273,296	36,566	869,681
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	559,819	273,296	36,566	869,681
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	150,643	29,193	13,612	193,448
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					676,233

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: .....

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

b If "No," explain: .....

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

b If "Yes," explain: .....



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number

**75-0881589**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**

3 Enter total number of other organizations listed in the line 1 table **u**



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number  
**75-0881589**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANICE MURFIELD PRESIDENT	(i)	137,717	13,390	7,471	0	0	158,578	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**u** Attach to Form 990.

**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number

**75-0881589**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )	<b>X</b>	<b>1</b>	<b>89,505</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number

**75-0881589**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLUNTEER TO  
HELP INTRODUCE STUDENTS TO THE WORKLKD OF BUSINESS AND FREE ENTERPRISE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

04. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11)

THE 990 IS REVIEWED BY THE STAFF, AUDIT COMMITTEE, AND THE FULL BOARD OF  
DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

06.CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT COMPENSATION (PART VI, LINE 15A)

AT THE BEGINNING OF EACH FISCAL YEAR, EACH EMPLOYEE DEVELOPS A PERSONAL  
PERFORMANCE PLAN WITH HIS OR HER MANAGER. ALL PLANS ARE APPROVED BY THE  
PRESIDENT. THE PRESIDENT'S PERSONAL PERFORMANCE PLAN IS DEVELOPED WITH THE  
BOARD CHAIR, AND IS APPROVED BY THE EXECUTIVE COMMITTEE. RESULTS FROM THE  
PERFORMANCE PLANS DRIVE THE ANNUAL MERIT INCREASE. EACH YEAR THE EXECUTIVE  
COMMITTEE REVIEWS AND INCENTIVE PLAN PROPOSAL. BASED ON THE APPROVED PLAN,  
AS DOCUMENTED IN THE MINUTES, EACH EMPLOYEE DEVELOPS A PERSONAL INCENTIVE  
PLAN WITH HIS OR HER MANAGER. RESULTS OF THE PERSONAL INCENTIVE PLAN,  
DEPENDING ON TOTAL ORGANIZATIONS RESULTS, DRIVE THE INCENTIVE PAYMENT FOR  
THE INDIVIDUAL. THE PRESIDENT'S INCENTIVE PLAN IS DEVELOPED WITH THE BOARD  
CHAIR, AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

Employer identification number

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

**75-0881589**

**08.GOVERNING DOCUMENTS, ETC, AVAIALBE TO PUBLIC (PART VI, LINE 19)**

THE PUBLIC CAN FIND ALL GOVERNING DOCUMENTS AT GUIDESTAR.ORG.

DONORBRIDGETX.ORG AND ON THE ORGANIZATION'S WEBSITE.

**FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES**

**DESCRIPTION**

**PROGRAM SERVICE**

**MGT & GENERAL**

**FUNDRAISING**

**BOARD EXPENSES**

\$ 0 \$ 587 \$ 0

**JA FP EXPENSES**

\$ 666 \$ 0 \$ 0

**JA FP VOLUNTEER RECOGNITION**

\$ 669 \$ 0 \$ 0

**VOLUNTEER TRAINING**

\$ 718 \$ 0 \$ 0

**OTHER EXPENSE**

\$ 0 \$ 822 \$ 0

**JA FP PROGRAM EXPENSES**

\$ 1,500 \$ 0 \$ 0

**JA FP VOLUNTEER RECOGNITION**

\$ 2,059 \$ 0 \$ 0

**PROCESSING FEES**

\$ 0 \$ 3,105 \$ 0

**JOB SHADOW DAY**

\$ 3,541 \$ 0 \$ 0

**JA FIN PARK LICENSE FEES**

\$ 5,431 \$ 0 \$ 0

Name of the organization

Employer identification number

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

**75-0881589**

**DUES AND SUBSCRIPTIONS**

\$ 0 \$ 6,138 \$ 0

**CREDIT CARD CHARGE**

\$ 0 \$ 8,883 \$ 0

**VOLUNTEER RECOGNITION**

\$ 10,399 \$ 0 \$ 0

**JA FINANCE PARK OUTSIDE SVC.**

\$ 19,179 \$ 0 \$ 0

**LICENSE FEES**

\$ 46,165 \$ 0 \$ 0

**OUTSIDE SERVICES**

\$ 93,837 \$ 0 \$ 0

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
u Attach to Form 990.  
u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Employer identification number  
**75-0881589**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>JA WORLDWIDE ONE EDUCATION WAY COLORADO SPRINGS CO 80906</b>	<b>MEMBERSHIP</b>	<b>CO</b>	<b>501C 3</b>		<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>JA WORLDWIDE</b>	<b>L</b>	<b>322,371</b>	<b>CASH SALES</b>
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

[Dotted lines for supplemental information]

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

Name(s) shown on return

**JUNIOR ACHIEVEMENT OF DALLAS INC.**

Identifying number

**75-0881589**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>89,174</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>89,174</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

**Federal Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	LAND	7/01/76	65,879			65,879	0 -- Land	0	0
2	BUILDING	7/01/76	377,670			377,670	40 MO S/L	368,228	9,442
3	BUILDING	7/01/76	4,307			4,307	40 MO S/L	4,199	108
4	BUILDING ITEMS	7/01/76	36,296			36,296	5 MO S/L	36,296	0
5	BUILDING	7/01/77	751			751	40 MO S/L	713	19
6	BUILDING-MARK	3/01/93	7,840			7,840	20 MO S/L	7,840	0
7	BUILDING-EME	7/01/80	570			570	36 MO S/L	554	16
8	BUILDING-PWC	7/01/01	3,472			3,472	15 MO S/L	3,238	231
9	BUILDING-ROOF	12/01/02	43,239			43,239	20 MO S/L	30,656	2,162
10	BUILDING-SECU	10/01/02	2,533			2,533	5 MO S/L	2,533	0
11	HVAC UNITS - 6	10/01/02	36,302			36,302	15 MO S/L	30,856	2,420
12	CARPET	6/01/90	1,985			1,985	5 MO S/L	1,985	0
13	MINIBLINDS	9/01/90	1,703			1,703	5 MO S/L	1,703	0
14	PICTURES	7/01/90	1,985			1,985	5 MO S/L	1,985	0
15	ARTISAN MOISTURE PROTECTION	5/29/08	6,367			6,367	5 MO S/L	6,367	0
16	SIDEWALK	6/09/08	5,319			5,319	15 MO S/L	1,773	355
17	SPECTRA	8/16/10	13,850			13,850	5 MO S/L	13,388	462
18	FLOORING	9/14/10	3,780			3,780	5 MO S/L	3,654	126
19	SPRINKLER SYSTEM	4/01/11	4,000			4,000	5 MO S/L	3,334	666
20	DONATED PAINTING SERVICES	6/30/11	4,940			4,940	5 MO S/L	3,773	988
21	NEW DOORS	8/26/13	6,344			6,344	39 MO S/L	298	163
22	MECHANICAL SOLUTIONS	10/22/15	25,435			25,435	39 MO S/L	0	435
23	FURNITURE	7/01/76	27,259			27,259	10 MO S/L	27,259	0
24	EMERGENCY LIGHTING	7/01/76	6,382			6,382	5 MO S/L	6,382	0
25	FURNITURE & EQUIPMENT	12/01/76	1,812			1,812	5 MO S/L	1,812	0
26	FURNITURE & EQUIPMENT	12/01/81	1,812			1,812	5 MO S/L	1,812	0
27	FURNITURE & EQUIPMENT	11/19/82	5,179			5,179	5 MO S/L	5,179	0
28	FURNITURE & EQUIPMENT	12/01/82	5,179			5,179	5 MO S/L	5,179	0
29	HP LAZERJET IV JPBH038398	3/01/93	1,759			1,759	3 MO S/L	1,759	0
30	MERIDIAN PHONE	3/01/93	8,500			8,500	5 MO S/L	8,500	0
31	LUCENT/OCTEL	8/01/99	15,810			15,810	5 MO S/L	15,810	0
32	PROJECTOR	1/01/00	683			683	3 MO S/L	683	0
33	METAL WORK TABLE (2)	1/01/00	100			100	5 MO S/L	100	0
34	HON 4 DRAWER (3)	1/01/00	329			329	3 MO S/L	329	0
35	QUASAR 13 TV	1/01/00	290			290	5 MO S/L	290	0
36	IBM LAPTOP 78RN128	6/01/00	2,399			2,399	3 MO S/L	2,399	0
37	IBM PRINTER 12 01-B0414	7/01/00	886			886	3 MO S/L	886	0
38	IBM PRINTER 12 01-A9828	7/01/00	886			886	3 MO S/L	886	0
39	IBM PRINTER 12 01-84533	7/01/00	886			886	3 MO S/L	886	0
40	IBM PRINTER NETWORK 01-63519	6/01/01	556			556	3 MO S/L	556	0
41	IBM PRINTER NETWORK 01-65467	6/01/01	556			556	3 MO S/L	556	0
42	IBM PRINTER NETWORK 0163521	6/01/01	556			556	3 MO S/L	556	0
43	IBM PRINTER NETWORK 01-63293	6/01/01	556			556	3 MO S/L	556	0
44	36.4 GB HARDDRIVE	6/01/01	659			659	3 MO S/L	659	0
45	TAPE DRIVE	6/01/01	879			879	3 MO S/L	879	0
46	IBM SERVER 23AB348	6/01/01	3,572			3,572	3 MO S/L	3,572	0
47	NETVISTA PC KAYCCP4	6/01/02	1,194			1,194	3 MO S/L	1,194	0
48	NETVISTA PC KAYCCP0	6/01/02	1,194			1,194	3 MO S/L	1,194	0
49	INFOPRONT 1130 41-BCZD3	6/01/02	1,225			1,225	3 MO S/L	1,225	0
50	INFOPRONT 1130 41-BCDH2	6/01/02	1,225			1,225	3 MO S/L	1,225	0
51	INFOPRONT 1130 41-BCYX8	6/01/02	1,225			1,225	3 MO S/L	1,225	0
52	INFOPRONT 1130 41-BCYY0	6/01/02	1,225			1,225	3 MO S/L	1,225	0
53	IBM COMPUTER	9/01/02	1,269			1,269	3 MO S/L	1,269	0
54	IBM NETWORK	9/01/02	556			556	3 MO S/L	556	0
55	MODEM	9/01/02	85			85	2 MO S/L	85	0
56	COMPUTER/MONITOR KCD5PPG	10/01/02	1,136			1,136	3 MO S/L	1,136	0
57	NETVISTA PC	4/30/03	918			918	3 MO S/L	918	0
58	X-SERIES SERVER KP-WL769	7/05/03	3,383			3,383	3 MO S/L	3,383	0
59	THINKCENTRE KCBW2P3	4/22/04	978			978	3 MO S/L	978	0
60	THINKCENTRE KCBW2P7	4/22/04	978			978	3 MO S/L	978	0
61	THINKCENTRE KCBW2M7	4/22/04	978			978	3 MO S/L	978	0
62	THINKCENTRE KCBW2GP	4/22/04	978			978	3 MO S/L	978	0
63	THINKCENTRE	4/22/04	978			978	3 MO S/L	978	0
64	INFOPRINT 1352	4/22/04	1,116			1,116	3 MO S/L	1,116	0
65	IBM MODEM	6/01/04	85			85	1 MO S/L	85	0
66	SERVER KP-FM856	7/01/04	3,916			3,916	3 MO S/L	3,916	0
67	XEROX COPIER	9/01/04	14,275			14,275	5 MO S/L	14,275	0
68	MULTI-MEDIA PR	9/14/04	900			900	3 MO S/L	900	0

JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

**Federal Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	1,208				1,208	3 MO S/L	1,208	0
70	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328				1,328	3 MO S/L	1,328	0
71	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328				1,328	3 MO S/L	1,328	0
72	X SERIES 226 SERVER	8/01/06	2,451				2,451	3 MO S/L	2,451	0
73	THINKCENTRE M	6/01/07	1,398				1,398	3 MO S/L	1,398	0
74	THINKCENTRE M	6/01/07	1,398				1,398	3 MO S/L	1,398	0
75	THINKCENTRE M	6/01/07	1,398				1,398	3 MO S/L	1,398	0
76	THINKCENTRE M	6/01/07	1,398				1,398	3 MO S/L	1,398	0
77	THINKPAD R60	6/01/07	1,679				1,679	3 MO S/L	1,679	0
78	THINKPAD R60	6/01/07	1,679				1,679	3 MO S/L	1,679	0
79	THINKPAD R60	6/01/07	1,679				1,679	3 MO S/L	1,679	0
80	THINKPAD R60	6/01/07	1,679				1,679	3 MO S/L	1,679	0
81	IBM SYSTEM X3	10/01/07	3,200				3,200	3 MO S/L	3,200	0
82	NT9T6501E5 BCM50 2.0	2/01/08	1,235				1,235	5 MO S/L	1,235	0
83	NT5B42AAABE5 GLOBAL 4X16	2/01/08	1,381				1,381	5 MO S/L	1,381	0
84	NT9T6400 BCM50 EXPANSION	2/01/08	291				291	5 MO S/L	291	0
85	T7208 TELEPHONE SET (20)	2/01/08	4,620				4,620	5 MO S/L	4,620	0
86	T7316E CHARCOAL (4)	2/01/08	1,080				1,080	5 MO S/L	1,080	0
87	T24 KEY INDICATOR (4)	2/01/08	992				992	5 MO S/L	992	0
88	NTAB4213 NORSTAR CORF.	2/01/08	790				790	5 MO S/L	790	0
89	NT9T6400 BCM50 EXPANSION	2/01/08	291				291	5 MO S/L	291	0
90	NT9T6400 BCM50 WALL MOUNT	2/01/08	140				140	5 MO S/L	140	0
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	140				140	5 MO S/L	140	0
92	A01000025 25FT. CABLE (4)	2/01/08	160				160	5 MO S/L	160	0
93	NT9T6400 BCM50 ENCLOSURE	2/01/08	110				110	5 MO S/L	110	0
94	N0021175 POWERCORD IEC320	2/01/08	5				5	5 MO S/L	5	0
95	NTKC0243 BCM50 EXPANSION	2/01/08	190				190	5 MO S/L	190	0
96	NT9T23AAAAE5	2/01/08	1,529				1,529	5 MO S/L	1,529	0
97	NTKC0239 BCM50 ANALOG STA	2/01/08	140				140	5 MO S/L	140	0
98	NTK0243 BCM50 EXPANSION	2/01/08	190				190	5 MO S/L	190	0
99	NTKC0237 BCM50 ANALOG 4P	2/01/08	190				190	5 MO S/L	190	0
100	NTKC0242 BCM50 DIG. STA.	2/01/08	420				420	5 MO S/L	420	0
101	NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040				7,040	5 MO S/L	7,040	0
102	NTKC0203 BCM50 VOICE MSG	2/01/08	220				220	5 MO S/L	220	0
103	LENOVO THINKCENTRE M 57 LKFRBC	6/01/08	981				981	3 MO S/L	981	0
104	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	981				981	3 MO S/L	981	0
105	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	981				981	3 MO S/L	981	0
106	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	250				250	3 MO S/L	250	0
107	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	250				250	3 MO S/L	250	0
108	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	250				250	3 MO S/L	250	0
109	THINKPAD T61 L3-K0390	6/01/08	1,422				1,422	3 MO S/L	1,422	0
110	IBM SERVER QCBZZX	8/01/08	3,690				3,690	3 MO S/L	3,690	0
111	COMPUTER	11/01/08	1,500				1,500	3 MO S/L	1,500	0
112	LAPTOP	11/01/08	1,600				1,600	3 MO S/L	1,600	0
113	LAPTOP	4/15/09	1,449				1,449	3 MO S/L	1,449	0
114	LAPTOP	4/15/09	1,449				1,449	3 MO S/L	1,449	0
115	SERVER SYSTEM X 3400 SERIAL 0603C	7/02/09	3,135				3,135	3 MO S/L	3,135	0
116	SERVER SYSTEM X 3400 SERIAL 0603C	7/02/09	3,135				3,135	3 MO S/L	3,135	0
117	COMPUTER	7/07/10	3,773				3,773	3 MO S/L	3,773	0
118	TELEPHONE SYSTEM	9/24/10	1,585				1,585	5 MO S/L	1,283	302
119	PENDANT LIGHTING	11/27/10	6,002				6,002	5 MO S/L	6,002	0
120	LABOR-PHONE INSTALL	6/30/11	1,672				1,672	5 MO S/L	1,354	318
121	FINANCE PARK	9/01/11	288,000				288,000	5 MO S/L	220,800	57,600
122	IBM SERVER	7/31/12	4,408				4,408	3 MO S/L	0	1,469
123	SCANTRON	8/29/12	4,631				4,631	3 MO S/L	0	1,544
124	SERVER	9/10/12	3,343				3,343	3 MO S/L	3,343	0
125	DELL COMPUTER	10/14/13	1,027				1,027	3 MO S/L	599	343
126	IBM SERVER & HARDWARE	11/08/13	7,201				7,201	3 MO S/L	4,001	2,400
127	DEL LATITUDE COMPUTER	1/15/14	1,135				1,135	3 MO S/L	536	378
128	DELL LATITUDE COMPUTER	1/31/14	1,135				1,135	3 MO S/L	536	378
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825				825	3 MO S/L	367	275
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825				825	3 MO S/L	367	275
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825				825	3 MO S/L	367	275
132	DELL LATITUDE COMPUTER	3/31/14	1,135				1,135	3 MO S/L	473	378
133	DELL LATITUDE COMPUTER	3/31/14	1,135				1,135	3 MO S/L	473	378
134	ASSET	6/17/14	6,320				6,320	3 MO S/L	0	2,107
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001				1,001	3 MO S/L	250	334
136	SURFACE PRO 3 TABLET CORE I5/8GB	1/31/15	1,299				1,299	3 MO S/L	216	433
137	SOFTWARE	11/03/15	2,670				2,670	3 MO S/L	0	593
138	MICROSOFT OFFICE SOFTARE 2016-DI	3/01/16	13,651				13,651	3 MO S/L	0	1,517
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514				11,514	5 MO S/L	0	284

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>1,211,031</u>			<u>1,211,031</u>		<u>959,465</u>	<u>89,174</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,211,031</u>			<u>1,211,031</u>		<u>959,465</u>	<u>89,174</u>
	<b>Grand Totals</b>		1,211,031			1,211,031		959,465	89,174
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,211,031</u>			<u>1,211,031</u>		<u>959,465</u>	<u>89,174</u>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Non-Residential Real Property:</b>											
22	MECHANICAL SOLUTIONS	10/22/15	25,435				25,435	39	MMS/L	0	462
			<u>25,435</u>				<u>25,435</u>			<u>0</u>	<u>462</u>
<b>Other Depreciation:</b>											
1	LAND	7/01/76	0				0	0	HY	0	0
2	BUILDING	7/01/76	377,670				377,670	40	MO S/L	368,228	9,442
3	BUILDING	7/01/76	0				0	0	HY	0	0
4	BUILDING ITEMS	7/01/76	0				0	0	HY	0	0
5	BUILDING	7/01/77	0				0	0	HY	0	0
6	BUILDING-MARK	3/01/93	0				0	0	HY	0	0
7	BUILDING-EME	7/01/80	0				0	0	HY	0	0
8	BUILDING-PWC	7/01/01	0				0	0	HY	0	0
9	BUILDING-ROOF	12/01/02	0				0	0	HY	0	0
10	BUILDING-SECU	10/01/02	0				0	0	HY	0	0
11	HVAC UNITS - 6	10/01/02	0				0	0	HY	0	0
12	CARPET	6/01/90	0				0	0	HY	0	0
13	MINIBLINDS	9/01/90	0				0	0	HY	0	0
14	PICTURES	7/01/90	0				0	0	HY	0	0
15	ARTISAN MOISTURE PROTECTION	5/29/08	0				0	0	HY	0	0
16	SIDEWALK	6/09/08	0				0	0	HY	0	0
17	SPECTRA	8/16/10	0				0	0	HY	0	0
18	FLOORING	9/14/10	0				0	0	HY	0	0
19	SPRINKLER SYSTEM	4/01/11	0				0	0	HY	0	0
20	DONATED PAINTING SERVICES	6/30/11	0				0	0	HY	0	0
21	NEW DOORS	8/26/13	0				0	0	HY	0	0
23	FURNITURE	7/01/76	0				0	0	HY	0	0
24	EMERGENCY LIGHTING	7/01/76	0				0	0	HY	0	0
25	FURNITURE & EQUIPMENT	12/01/76	0				0	0	HY	0	0
26	FURNITURE & EQUIPMENT	12/01/81	0				0	0	HY	0	0
27	FURNITURE & EQUIPMENT	11/19/82	0				0	0	HY	0	0
28	FURNITURE & EQUIPMENT	12/01/82	0				0	0	HY	0	0
29	HP LAZERJET IV JPBH038398	3/01/93	0				0	0	HY	0	0
30	MERIDIAN PHONE	3/01/93	0				0	0	HY	0	0
31	LUCENT/OCTEL	8/01/99	0				0	0	HY	0	0
32	PROJECTOR	1/01/00	0				0	0	HY	0	0
33	METAL WORK TABLE (2)	1/01/00	0				0	0	HY	0	0
34	HON 4 DRAWER (3)	1/01/00	0				0	0	HY	0	0
35	QUASAR 13 TV	1/01/00	0				0	0	HY	0	0
36	IBM LAPTOP 78RN128	6/01/00	0				0	0	HY	0	0
37	IBM PRINTER 12 01-B0414	7/01/00	0				0	0	HY	0	0
38	IBM PRINTER 12 01-A9828	7/01/00	0				0	0	HY	0	0
39	IBM PRINTER 12 01-84533	7/01/00	0				0	0	HY	0	0
40	IBM PRINTER NETWORK 01-63519	6/01/01	0				0	0	HY	0	0
41	IBM PRINTER NETWORK 01-65467	6/01/01	0				0	0	HY	0	0
42	IBM PRINTER NETWORK 0163521	6/01/01	0				0	0	HY	0	0
43	IBM PRINTER NETWORK 01-63293	6/01/01	0				0	0	HY	0	0
44	36.4 GB HARDDRIVE	6/01/01	0				0	0	HY	0	0
45	TAPE DRIVE	6/01/01	0				0	0	HY	0	0
46	IBM SERVER 23AB348	6/01/01	0				0	0	HY	0	0
47	NETVISTA PC KAYCCP4	6/01/02	0				0	0	HY	0	0
48	NETVISTA PC KAYCCP0	6/01/02	0				0	0	HY	0	0
49	INFOPRONT 1130 41-BCZD3	6/01/02	0				0	0	HY	0	0
50	INFOPRONT 1130 41-BCDH2	6/01/02	0				0	0	HY	0	0
51	INFOPRONT 1130 41-BCYX8	6/01/02	0				0	0	HY	0	0
52	INFOPRONT 1130 41-BCYY0	6/01/02	0				0	0	HY	0	0
53	IBM COMPUTER	9/01/02	0				0	0	HY	0	0
54	IBM NETWORK	9/01/02	0				0	0	HY	0	0
55	MODEM	9/01/02	0				0	0	HY	0	0
56	COMPUTER/MONITOR KCD5PPG	10/01/02	0				0	0	HY	0	0
57	NETVISTA PC	4/30/03	0				0	0	HY	0	0
58	X-SERIES SERVER KP-WL769	7/05/03	0				0	0	HY	0	0
59	THINKCENTRE KCBW2P3	4/22/04	0				0	0	HY	0	0
60	THINKCENTRE KCBW2P7	4/22/04	0				0	0	HY	0	0
61	THINKCENTRE KCBW2M7	4/22/04	0				0	0	HY	0	0
62	THINKCENTRE KCBW2GP	4/22/04	0				0	0	HY	0	0
63	THINKCENTRE	4/22/04	0				0	0	HY	0	0
64	INFOPRINT 1352	4/22/04	0				0	0	HY	0	0

JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

**AMT Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
65	IBM MODEM	6/01/04	0				0	0	HY	0	0
66	SERVER KP-FM856	7/01/04	0				0	0	HY	0	0
67	XEROX COPIER	9/01/04	0				0	0	HY	0	0
68	MULTI-MEDIA PR	9/14/04	0				0	0	HY	0	0
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	0				0	0	HY	0	0
70	THINKCENTRE M51 W/ MONITOR	8/01/06	0				0	0	HY	0	0
71	THINKCENTRE M51 W/ MONITOR	8/01/06	0				0	0	HY	0	0
72	X SERIES 226 SERVER	8/01/06	0				0	0	HY	0	0
73	THINKCENTRE M	6/01/07	0				0	0	HY	0	0
74	THINKCENTRE M	6/01/07	0				0	0	HY	0	0
75	THINKCENTRE M	6/01/07	0				0	0	HY	0	0
76	THINKCENTRE M	6/01/07	0				0	0	HY	0	0
77	THINKPAD R60	6/01/07	0				0	0	HY	0	0
78	THINKPAD R60	6/01/07	0				0	0	HY	0	0
79	THINKPAD R60	6/01/07	0				0	0	HY	0	0
80	THINKPAD R60	6/01/07	0				0	0	HY	0	0
81	IBM SYSTEM X3	10/01/07	0				0	0	HY	0	0
82	NT9T6501E5 BCM50 2.0	2/01/08	0				0	0	HY	0	0
83	NT5B42AAABE5 GLOBAL 4X16	2/01/08	0				0	0	HY	0	0
84	NT9T6400 BCM50 EXPANSION	2/01/08	0				0	0	HY	0	0
85	T7208 TELEPHONE SET (20)	2/01/08	0				0	0	HY	0	0
86	T7316E CHARCOAL (4)	2/01/08	0				0	0	HY	0	0
87	T24 KEY INDICATOR (4)	2/01/08	0				0	0	HY	0	0
88	NTAB4213 NORSTAR CORF.	2/01/08	0				0	0	HY	0	0
89	NT9T6400 BCM50 EXPANSION	2/01/08	0				0	0	HY	0	0
90	NT9T6400 BCM50 WALL MOUNT	2/01/08	0				0	0	HY	0	0
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	0				0	0	HY	0	0
92	A01000025 25FT. CABLE (4)	2/01/08	0				0	0	HY	0	0
93	NT9T6400 BCM50 ENCLOSURE	2/01/08	0				0	0	HY	0	0
94	N0021175 POWERCORD IEC320	2/01/08	0				0	0	HY	0	0
95	NTKC0243 BCM50 EXPANSION	2/01/08	0				0	0	HY	0	0
96	NT9T23AAAAE5	2/01/08	0				0	0	HY	0	0
97	NTKC0239 BCM50 ANALOG STA	2/01/08	0				0	0	HY	0	0
98	NTK0243 BCM50 EXPANSION	2/01/08	0				0	0	HY	0	0
99	NTKC0237 BCM50 ANALOG 4P	2/01/08	0				0	0	HY	0	0
100	NTKC0242 BCM50 DIG. STA.	2/01/08	0				0	0	HY	0	0
101	NTKC0206 BCM50 VMSG. (4)	2/01/08	0				0	0	HY	0	0
102	NTKC0203 BCM50 VOICE MSG	2/01/08	0				0	0	HY	0	0
103	LENOVO THINKCENTRE M 57 LKFRBC	6/01/08	0				0	0	HY	0	0
104	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	0				0	0	HY	0	0
105	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	0				0	0	HY	0	0
106	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	0				0	0	HY	0	0
107	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	0				0	0	HY	0	0
108	LENOVO 17" FLAT PANEL MONITOR \	6/01/08	0				0	0	HY	0	0
109	THINKPAD T61 L3-K0390	6/01/08	0				0	0	HY	0	0
110	IBM SERVER QQCBZZX	8/01/08	0				0	0	HY	0	0
111	COMPUTER	11/01/08	0				0	0	HY	0	0
112	LAPTOP	11/01/08	0				0	0	HY	0	0
113	LAPTOP	4/15/09	0				0	0	HY	0	0
114	LAPTOP	4/15/09	0				0	0	HY	0	0
115	SERVER SYSTEM X 3400 SERIAL 0603C	7/02/09	0				0	0	HY	0	0
116	SERVER SYSTEM X 3400 SERIAL 0603C	7/02/09	0				0	0	HY	0	0
117	COMPUTER	7/07/10	0				0	0	HY	0	0
118	TELEPHONE SYSTEM	9/24/10	0				0	0	HY	0	0
119	PENDANT LIGHTING	11/27/10	0				0	0	HY	0	0
120	LABOR-PHONE INSTALL	6/30/11	0				0	0	HY	0	0
121	FINANCE PARK	9/01/11	0				0	0	HY	0	0
122	IBM SERVER	7/31/12	0				0	0	HY	0	0
123	SCANTRON	8/29/12	0				0	0	HY	0	0
124	SERVER	9/10/12	0				0	0	HY	0	0
125	DELL COMPUTER	10/14/13	0				0	0	HY	0	0
126	IBM SERVER & HARDWARE	11/08/13	0				0	0	HY	0	0
127	DEL LATITUDE COMPUTER	1/15/14	0				0	0	HY	0	0
128	DELL LATITUDE COMPUTER	1/31/14	0				0	0	HY	0	0
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	0				0	0	HY	0	0
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	0				0	0	HY	0	0
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	0				0	0	HY	0	0
132	DELL LATITUDE COMPUTER	3/31/14	0				0	0	HY	0	0
133	DELL LATITUDE COMPUTER	3/31/14	0				0	0	HY	0	0
134	ASSET	6/17/14	0				0	0	HY	0	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	0				0	0	HY	0	0

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
136	SURFACE PRO 3 TABLET CORE I5/8GB	1/31/15	0			0	0 HY	0	0
137	SOFTWARE	11/03/15	0			0	0 HY	0	0
138	MICROSOFT OFFICE SOFTWARE 2016-D	3/01/16	0			0	0 HY	0	0
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514			11,514	5 MO S/L	0	284
	<b>Total Other Depreciation</b>		<u>389,184</u>			<u>389,184</u>		<u>368,228</u>	<u>9,726</u>
	<b>Total ACRS and Other Depreciation</b>		<u>389,184</u>			<u>389,184</u>		<u>368,228</u>	<u>9,726</u>
	<b>Grand Totals</b>		414,619			414,619		368,228	10,188
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>414,619</u>			<u>414,619</u>		<u>368,228</u>	<u>10,188</u>



JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

FYE: 6/30/2016

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	LAND	7/01/76	65,879	0	0
2	BUILDING	7/01/76	377,670	0	0
3	BUILDING	7/01/76	4,307	0	0
4	BUILDING ITEMS	7/01/76	36,296	0	0
5	BUILDING	7/01/77	751	19	0
6	BUILDING-MARK	3/01/93	7,840	0	0
7	BUILDING-EME	7/01/80	570	0	0
8	BUILDING-PWC	7/01/01	3,472	3	0
9	BUILDING-ROOF	12/01/02	43,239	2,162	0
10	BUILDING-SECU	10/01/02	2,533	0	0
11	HVAC UNITS - 6	10/01/02	36,302	2,420	0
12	CARPET	6/01/90	1,985	0	0
13	MINIBLINDS	9/01/90	1,703	0	0
14	PICTURES	7/01/90	1,985	0	0
15	ARTISAN MOISTURE PROTECTION	5/29/08	6,367	0	0
16	SIDEWALK	6/09/08	5,319	354	0
17	SPECTRA	8/16/10	13,850	0	0
18	FLOORING	9/14/10	3,780	0	0
19	SPRINKLER SYSTEM	4/01/11	4,000	0	0
20	DONATED PAINTING SERVICES	6/30/11	4,940	179	0
21	NEW DOORS	8/26/13	6,344	163	0
22	MECHANICAL SOLUTIONS	10/22/15	25,435	652	652
23	FURNITURE	7/01/76	27,259	0	0
24	EMERGENCY LIGHTING	7/01/76	6,382	0	0
25	FURNTURE & EQUIPMENT	12/01/76	1,812	0	0
26	FURNTURE & EQUIPMENT	12/01/81	1,812	0	0
27	FURNTURE & EQUIPMENT	11/19/82	5,179	0	0
28	FURNTURE & EQUIPMENT	12/01/82	5,179	0	0
29	HP LAZERJET IV JPBH038398	3/01/93	1,759	0	0
30	MERIDIAN PHONE	3/01/93	8,500	0	0
31	LUCENT/OCTEL	8/01/99	15,810	0	0
32	PROJECTOR	1/01/00	683	0	0
33	METAL WORK TABLE (2)	1/01/00	100	0	0
34	HON 4 DRAWER (3)	1/01/00	329	0	0
35	QUASAR 13 TV	1/01/00	290	0	0
36	IBM LAPTOP 78RN128	6/01/00	2,399	0	0
37	IBM PRINTER 12 01-B0414	7/01/00	886	0	0
38	IBM PRINTER 12 01-A9828	7/01/00	886	0	0
39	IBM PRINTER 12 01-84533	7/01/00	886	0	0
40	IBM PRINTER NETWORK 01-63519	6/01/01	556	0	0
41	IBM PRINTER NETWORK 01-65467	6/01/01	556	0	0
42	IBM PRINTER NETWORK 0163521	6/01/01	556	0	0
43	IBM PRINTER NETWORK 01-63293	6/01/01	556	0	0
44	36.4 GB HARDDRIVE	6/01/01	659	0	0
45	TAPE DRIVE	6/01/01	879	0	0
46	IBM SERVER 23AB348	6/01/01	3,572	0	0
47	NETVISTA PC KAYCCP4	6/01/02	1,194	0	0
48	NETVISTA PC KAYCCP0	6/01/02	1,194	0	0
49	INFOPRONT 1130 41-BCZD3	6/01/02	1,225	0	0
50	INFOPRONT 1130 41-BCDH2	6/01/02	1,225	0	0
51	INFOPRONT 1130 41-BCYX8	6/01/02	1,225	0	0
52	INFOPRONT 1130 41-BCYY0	6/01/02	1,225	0	0
53	IBM COMPUTER	9/01/02	1,269	0	0
54	IBM NETWORK	9/01/02	556	0	0
55	MODEM	9/01/02	85	0	0
56	COMPUTER/MONITOR KCD5PPG	10/01/02	1,136	0	0
57	NETVISTA PC	4/30/03	918	0	0
58	X-SERIES SERVER KP-WL769	7/05/03	3,383	0	0
59	THINKCENTRE KCBW2P3	4/22/04	978	0	0
60	THINKCENTRE KCBW2P7	4/22/04	978	0	0
61	THINKCENTRE KCBW2M7	4/22/04	978	0	0
62	THINKCENTRE KCBW2GP	4/22/04	978	0	0
63	THINKCENTRE	4/22/04	978	0	0
64	INFOPRINT 1352	4/22/04	1,116	0	0
65	IBM MODEM	6/01/04	85	0	0
66	SERVER KP-FM856	7/01/04	3,916	0	0
67	XEROX COPIER	9/01/04	14,275	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	MULTI-MEDIA PR	9/14/04	900	0	0
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	1,208	0	0
70	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328	0	0
71	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328	0	0
72	X SERIES 226 SERVER	8/01/06	2,451	0	0
73	THINKCENTRE M	6/01/07	1,398	0	0
74	THINKCENTRE M	6/01/07	1,398	0	0
75	THINKCENTRE M	6/01/07	1,398	0	0
76	THINKCENTRE M	6/01/07	1,398	0	0
77	THINKPAD R60	6/01/07	1,679	0	0
78	THINKPAD R60	6/01/07	1,679	0	0
79	THINKPAD R60	6/01/07	1,679	0	0
80	THINKPAD R60	6/01/07	1,679	0	0
81	IBM SYSTEM X3	10/01/07	3,200	0	0
82	NT9T6501E5 BCM50 2.0	2/01/08	1,235	0	0
83	NT5B42AAABE5 GLOBAL 4X16	2/01/08	1,381	0	0
84	NT9T6400 BCM50 EXPANSION	2/01/08	291	0	0
85	T7208 TELEPHONE SET (20)	2/01/08	4,620	0	0
86	T7316E CHARCOAL (4)	2/01/08	1,080	0	0
87	T24 KEY INDICATOR (4)	2/01/08	992	0	0
88	NTAB4213 NORSTAR CORF.	2/01/08	790	0	0
89	NT9T6400 BCM50 EXPANSION	2/01/08	291	0	0
90	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	0	0
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	0	0
92	A01000025 25FT. CABLE (4)	2/01/08	160	0	0
93	NT9T6400 BCM50 ENCLOSURE	2/01/08	110	0	0
94	N0021175 POWERCORD IEC320	2/01/08	5	0	0
95	NTKC0243 BCM50 EXPANSION	2/01/08	190	0	0
96	NT9T23AAAAE5	2/01/08	1,529	0	0
97	NTKC0239 BCM50 ANALOG STA	2/01/08	140	0	0
98	NTK0243 BCM50 EXPANSION	2/01/08	190	0	0
99	NTKC0237 BCM50 ANALOG 4P	2/01/08	190	0	0
100	NTKC0242 BCM50 DIG. STA.	2/01/08	420	0	0
101	NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040	0	0
102	NTKC0203 BCM50 VOICE MSG	2/01/08	220	0	0
103	LENOVO THINKCENTRE M 57 LKFRBGX	6/01/08	981	0	0
104	LENOVO THINKCENTRE M 57 LKFRAZW	6/01/08	981	0	0
105	LENOVO THINKCENTRE M 57 LKFRAZZ	6/01/08	981	0	0
106	LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08	250	0	0
107	LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08	250	0	0
108	LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08	250	0	0
109	THINKPAD T61 L3-K0390	6/01/08	1,422	0	0
110	IBM SERVER KQCBZZX	8/01/08	3,690	0	0
111	COMPUTER	11/01/08	1,500	0	0
112	LAPTOP	11/01/08	1,600	0	0
113	LAPTOP	4/15/09	1,449	0	0
114	LAPTOP	4/15/09	1,449	0	0
115	SERVER SYSTEM X 3400 SERIAL 0603087	7/02/09	3,135	0	0
116	SERVER SYSTEM X 3400 SERIAL 0603085	7/02/09	3,135	0	0
117	COMPUTER	7/07/10	3,773	0	0
118	TELEPHONE SYSTEM	9/24/10	1,585	0	0
119	PENDANT LIGHTING	11/27/10	6,002	0	0
120	LABOR-PHONE INSTALL	6/30/11	1,672	0	0
121	FINANCE PARK	9/01/11	288,000	9,600	0
122	IBM SERVER	7/31/12	4,408	1,470	0
123	SCANTRON	8/29/12	4,631	1,543	0
124	SERVER	9/10/12	3,343	0	0
125	DELL COMPUTER	10/14/13	1,027	85	0
126	IBM SERVER & HARDWARE	11/08/13	7,201	800	0
127	DEL LATITUDE COMPUTER	1/15/14	1,135	221	0
128	DELL LATITUDE COMPUTER	1/31/14	1,135	221	0
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	183	0
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	183	0
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	183	0
132	DELL LATITUDE COMPUTER	3/31/14	1,135	284	0
133	DELL LATITUDE COMPUTER	3/31/14	1,135	284	0
134	ASSET	6/17/14	6,320	2,106	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001	334	0
136	SURFACE PRO 3 TABLET CORE I5/8GB/256	1/31/15	1,299	433	0
137	SOFTWARE	11/03/15	2,670	890	0
138	MICROSOFT OFFICE SOFTWARE 2016-DONA	3/01/16	13,651	4,550	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514	2,303	2,303
	<b>Total Other Depreciation</b>		<u>1,211,031</u>	<u>31,625</u>	<u>2,955</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,211,031</u>	<u>31,625</u>	<u>2,955</u>
	<b>Grand Totals</b>		<u>1,211,031</u>	<u>31,625</u>	<u>2,955</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2015</b>
	For calendar year 2015, or tax year beginning <b>07/01/15</b> , and ending <b>06/30/16</b>	

Name <b>JUNIOR ACHIEVEMENT OF DALLAS INC.</b>	Employer Identification Number <b>75-0881589</b>
--	---

		(a) Other event <u><b>GOLF TOURNAMENT</b></u> <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>36,566</b>			<b>36,566</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>36,566</b>			<b>36,566</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>13,612</b>			<b>13,612</b>

JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

FYE: 6/30/2016

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
BOARD EXPENSES	\$ 587	\$	\$ 587	\$
JA FP EXPENSES	666	666		
JA FP VOLUNTEER RECOGNITION	669	669		
VOLUNTEER TRAINING	718	718		
OTHER EXPENSE	822		822	
JA FP PROGRAM EXPENSES	1,500	1,500		
JA FP VOLUNTEER RECOGNITION	2,059	2,059		
PROCESSING FEES	3,105		3,105	
JOB SHADOW DAY	3,541	3,541		
JA FIN PARK LICENSE FEES	5,431	5,431		
DUES AND SUBSCRIPTIONS	6,138		6,138	
CREDIT CARD CHARGE	8,883		8,883	
VOLUNTEER RECOGNITION	10,399	10,399		
JA FINANCE PARK OUTSIDE SVC.	19,179	19,179		
LICENSE FEES	46,165	46,165		
OUTSIDE SERVICES	93,837	93,837		
TOTAL	<u>\$ 203,699</u>	<u>\$ 184,164</u>	<u>\$ 19,535</u>	<u>\$ 0</u>

JADALLAS JUNIOR ACHIEVEMENT OF DALLAS INC.

75-0881589

FYE: 6/30/2016

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
NON CASH DONATIONS	\$ 89,505
CONTRIBUTIONS	955,930
SPECIAL EVENTS	30,550
CONTRIBUTIONS -TYLER	5,589
TOTAL	<u>\$ 1,081,574</u>

### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
BOWLING FUNDRAISER	\$ 244,103
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 243,103</u>

### Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 3,732
HALL OF FAME AWARDS	559,819
GOLF TOURNAMENT	36,566
TOTAL	<u>\$ 600,117</u>