# Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

75-0881589

# JUNIOR ACHIEVEMENT OF DALLAS INC.

Net Asset / Fund Balance at Beginn	ing of Teal				
Revenue					
Contributions		1,297,011			
Program service revenue					
Investment income		3,962			
Capital gain / loss		3,962 15,533			
Fundraising / Gaming:					
Gross revenue9	71,011				
Direct expenses2	44,174				
Net income		726,837			
Other income		0			
Total revenue			2,043,	343	
Expenses					
Program services		1,900,869			
Management and general		163,403			
Fundraising		320,208			
Total expenses			2,384,	480	
Excess / (deficit)				_	-341,137
Changes				_	
					1 8 21 28 2
Net Asset / Fund Bal	ance at End of Year			=	1,731,372
Reconciliation of Re			<b>Recond</b> expenses per finance	=: ciliation of E	xpenses
Reconciliation of Reonciliation of Reonciliation of Reonciliation of Reoncial revenue per financial statements	venue				xpenses
Reconciliation of Reotal revenue per financial statements	venue	3_ Total & Less:			xpenses
Reconciliation of Re otal revenue per financial statements ess:	venue	<b>3</b> Total e Less:	expenses per financ	cial statement	xpenses
Reconciliation of Re otal revenue per financial statements_ ess: Unrealized gains	venue	<b>3</b> Total 6 Less: Do Pr	expenses per finance	cial statement	xpenses
Reconciliation of Re otal revenue per financial statements_ ess: Unrealized gains Donated services	venue	<b>3</b> Total 6 Less: Do Pr Lo	expenses per finance onated services ior year adjustment	cial statement	xpenses
Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains Donated services Recoveries Other	venue	<b>3</b> Total 6 Less: Do Pr Lo	expenses per finance onated services ior year adjustment sses	cial statement	xpenses
Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains Donated services Recoveries Other	venue	Total e Less: Do Pr Lo Ot Plus:	expenses per finance onated services ior year adjustment sses	cial statement	xpenses
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Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains  Donated services  Recoveries  Other  Jus:  Investment expenses	venue	Total & Less:	expenses per finance conated services ior year adjustment esses her vestment expenses	cial statement	xpenses
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Reconciliation of Reconciliati	venue 2,043,343 2,043,343 Beginning	Balance She Ending	expenses per finance onated services ior year adjustment esses her vestment expenses her Total expenses p	cial statement	xpenses s 2,329,347
Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains  Donated services  Recoveries  Other  Ius:  Investment expenses  Other	venue 2,043,343 2,043,343 Beginning 2,188,945	Balance She Ending 1,870	expenses per finance conated services co	cial statement	xpenses s 2,329,347
Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains  Donated services  Recoveries  Other  Ius:  Investment expenses  Other  Total revenue per return	venue 2,043,343  2,043,343  Beginning 2,188,945 116,436	B Total 6 Less: Do Pr Lo Ot Plus: Inv Ot B Balance Sh Ending 1,870, 139,	expenses per finance conated services co	cial statement	xpenses s 2,329,347
Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements_ess:  Unrealized gains Donated services Recoveries Other Ilus: Investment expenses Other Total revenue per return  Assets	venue 2,043,343 2,043,343 Beginning 2,188,945	B Total 6 Less: Do Pr Lo Ot Plus: Inv Ot B Balance Sh Ending 1,870, 139,	expenses per finance conated services co	cial statement	xpenses s 2,329,347  2,384,480
Reconciliation of Re otal revenue per financial statements_ ess:  Unrealized gains  Donated services  Recoveries  Other  Ius:  Investment expenses  Other  Total revenue per return  Assets  Liabilities	Beginning 2,188,945 116,436 2,072,509	B Total 6 Less: Do Pr Lo Ot Plus: Inv Ot B Balance Sh Ending 1,870, 139,	expenses per finance conated services co	cial statement ts per return  Differences	xpenses s 2,329,347  2,384,480
Reconciliation of Re  Total revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Venue 2,043,343  2,043,343  Beginning 2,188,945 116,436 2,072,509  Miscelland	Balance She Ending 1,870, 139, 1,731, seous Information	expenses per finance conated services co	cial statement ts per return  Differences	xpenses s 2,329,347  2,384,480
Reconciliation of Reconciliati	Beginning 2,188,945 116,436 2,072,509	Balance Sh Ending 1,870, 139, 1,731,  eous Information  Less: Do Pr Lo Ot Plus: Inv Ot 3	expenses per finance conated services co	cial statement ts per return  Differences	xpenses s 2,329,347  2,384,480

# IRS *e-file* Signature Authorization for an Exempt Organization

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OMB No. 1545-1878

Department of the Treasury

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
JUNIOR ACHIEVEMENT OF DALLAS INC.	75-0881589
Name and title of officer  JANICE MURFIELD	75 0001305
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 second of the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the second of the second	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 v	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, t	then enter -0- on
the applicable line below. <b>Do not</b> complete more than one line in Part I.	0 042 242
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here b L b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5)  5a Form 8868 check here b b Balance Due (Form 8868, line 3c)	4b
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b
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	
organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge a 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 or to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason f	ne iginator (ERO)
the transmission, <b>(b)</b> the reason for any delay in processing the return or refund, and <b>(c)</b> the date of any refund. If appl	The state of the s
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) e	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes ow	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treat	The state of the s
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the final involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer in	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the control of the control	•
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
X   authorize LAWSON & COMPANY CPAS LLC to enter my PIN	12345 as my signature
ERO firm name Ent	as my signature ter five numbers, but not enter all zeros
on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize to the IRS red/State program is the IRS	
Erro to onto my i my on the retains dississaic consont solecin.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electrical If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating characteristic the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature }	11/11/19
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	00000045000
number (EFIN) followed by your five-digit self-selected PIN.	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization.	ganization
indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Moderniz Information for Authorized IRS e-file Providers for Business Returns.	•
ERO's signature } KEVIN LAWSON, CPA, MBA	11/11/19
ERO Must Retain This Form — See Instructions  Do Not Submit This Form to the IRS Unless Requested To Do	So

Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2018 Open to Public

u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19D Employer identification number C Name of organization Check if applicable: Address change JUNIOR ACHIEVEMENT OF DALLAS INC. Doing business as 75-0881589 Name change Number and street (or P.O. box if mail is not delivered to street address) 972-690-8484 Initial return 1201 WEST EXECUTIVE DRIVE Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated RICHARDSON TX 75081-2232 2,287,517 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JANICE MURFIELD 1201 WEST EXECUTIVE DRIVE H(b) Are all subordinates included? RICHARDSON TX 75081-2232 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) ( 4947(a)(1) or WWW.JADALLAS.ORG Website: U H(c) Group exemption number U Year of formation: 1954 X Corporation Trust Other  ${f u}$ Form of organization: Association M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: JUNIOR ACHIEVEMENT IS A NONPROFIT ORGANIZATION THAT PROMOTES INTEREST IN Governance THE FREE ENTERPRISE SYSTEM AMONG ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND HIGH SCHOOL STUDENTS OF NORTHEAST TEXAS AREA SCHOOLS. 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 37 34 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 5019 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,624,535 1,297,011 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,899 19,495 767,486 726,837 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,414,920 2,043,343 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,000 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,267,916 1,476,513 16a Professional fundraising fees (Part IX, column (A), line 11e)  ${\bf b}$  Total fundraising expenses (Part IX, column (D), line 25)  ${\bf u}$  ..... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 906,729 907,967 2,179,645 2,384,480 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 235,275 -341,137 19 Revenue less expenses. Subtract line 18 from line 12. 200 Beginning of Current Year End of Year 1,870,496 2,188,945 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 139,124 116,436 22 Net assets or fund balances. Subtract line 21 from line 20 2,072,509 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. Sian Signature of officer Here JANICE MURFIELD PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 11/13/19 self-employed KEVIN LAWSON, CPA, MBA KEVIN LAWSON, CPA, MBA P00642356 Preparer LAWSON & COMPANY CPAS LLC Firm's name Firm's EIN } **Use Only** 4509 ROWLETT RD 972-475-0644 ROWLETT, TX75088-5082

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

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 THE FREE ENTERPRISE SYSTEM AMONG ELEMENTARY SCHOOL, MIDDLE S 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?  If "Yes," describe these changes on Schedule O.	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measure	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
the total expenses, and revenue, if any, for each program service reported.	
HELP INTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE EN 33,742 STUDENTS SERVED IN 2018.	L VOLUNTEER TO
······	
•	
·	
200 100	
4b (Code: ) (Expenses \$ 399,182 including grants of \$ ) (Revenue MIDDLE SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VCINTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE ENTERPH STUDENTS SERVED IN 2018.	CLUNTEER TO HELP RISE. 9,315
·	
4c (Code: ) (Expenses \$ 190,087 including grants of \$ ) (Revenue	> ¢
HIGH SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLU	NTEER TO HELP
INTRODUCE STUDENTS TO THE WORLD OF BUSINESS AND FREE ENTERPH	RISE.
5,257 STUDENTS SERVED IN 2018.	
•	
······	
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•	
•	
•	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$	)
4e Total program service expenses u 1,900,869	

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.5
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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			х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<b>├</b> °		
9	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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
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	11b		х
С	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		Х
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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l		3.5
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		

Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23	Х	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		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	26		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	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3,7	
	or IV, and Part V, line 1		X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			₹.
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		•	
D-	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
ra	Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schodulo O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NI-
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		res	No
1a h				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

reportable gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				100	110
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	$\overline{}$		2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia			4a		х
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 A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	ا ا				
40-	against amounts due or received from them.)	11b				
12a		l I	<b>?</b> 	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.			13a		
<b>h</b>	Enter the amount of reserves the organization is required to maintain by the states in which					
b	· · · · · · · · · · · · · · · · · · ·	13b				
С	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c				
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		х
. •	If "Yes," complete Form 4720, Schedule O.	11100111		1.5		

DAA

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

<u>Sec</u>	tion A. Governing Body and Management					
		1 . 1	2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37	4		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.		27			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5				5		X
6	Did the organization have members or stockholders?			6	X	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	rnal R	<u>Revenue Co</u>	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					l
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the fo	rm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		Х
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>u</b> NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990-T (Section 6104 or 1024-A if appl				• •	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est poli	cy, and			
	financial statements available to the public during the tax year.	-				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds <b>u</b>				
J	ANICE MURFIELD 1201 WEST EXECUTIVE DRIVE					
R	ICHARDSON TX 7508	1-2	232 972	2-69	0-8	484

# 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 org	•	y rel	ated	orga	aniza	ition c	om	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	off	x, unle	Pos check ess pe nd a o	more rson i	than on s both a	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(1) COREY ANTHONY										
DIRECTOR	0.00	x						0	0	0
(2) LINDY AUSTIN										
DIDECTION	0.00							_	0	•
DIRECTOR (3) KIRK BAYLOR	0.00	X						0	0	0
(3) KIRC DATEOR	0.00									
DIRECTOR	0.00	X						0	0	0
(4) PETER BURNS										
	0.00							_	_	_
DIRECTOR	0.00	X						0	0	0
(5) DAVID CARGILE	0.00									
DIRECTOR	0.00	X						0	0	0
(6) JOANN CHATFIELD										
	0.00									
DIRECTOR	0.00	X						0	0	0
(7) SONIA CARVALHO	0.00									
DIDECTION	0.00							_	0	_
OIRECTOR (8) REGINALD COLBY	0.00	X						0	0	0
(6) REGINALD COLDI	0.00									
DIRECTOR	0.00	X						0	0	0
(9) JAMES COLLINS										
	0.00									
DIRECTOR	0.00	X						0	0	0
(10) JASON CRAMER										
DIRECTOR	0.00	x						o	0	0
(11) KEITH DOAN		+								
	0.00									
DIRECTOR	0.00	X						0	0	
DAA										Form <b>990</b> (2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)				
(A)	(B)				<b>C)</b>			(D)	(E)		(F)		
Name and title	Average hours per	(4	o not	Pos		than c	ne	Reportable compensation	Reportable compensation from		Estimat amount		
	week					s both		from	related	1	othe		
	(list any	off	icer a	nd a	directo	or/trust	ee)	the	organizations	C	compens		
	hours for related	or Ind	Ins	<b>₽</b>	₹e.	ema⊟i	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from ti organiza		
	organizations	Individual to director	l tit	Officer	en	bloy(	Former				and rela	ated	
	below dotted	of a	Institutional		Key employee	₩ 8					organizat	tions	
	line)	trustee	truste		/ee	npen							
		Ф	tee			Highest compensated employee							
(12) MICHAEL DOYLI													
	0.00												_
DIRECTOR	0.00	X						0	0				0
(13) MARTIN EVANS	0.00												
DIRECTOR	0.00	x						0	0				0
(14) PETER FARRUGO		<u> </u>							0				
(11) 121211 1114100	0.00												
DIRECTOR	0.00	X						0	0				0
(15) JOHN GUSTAFSO									_				
	0.00												
DIRECTOR	0.00	X						0	0				0
(16) ALAN HAMRICK													
	0.00												
DIRECTOR	0.00	X						0	0				0
(17) PHILLIP HUFF:	1												
	0.00							_	_				_
DIRECTOR	0.00	X						0	0	<u> </u>			0
(18) JASON JANNING													
	0.00	l											_
DIRECTOR	0.00	X						0	0	<u> </u>			0
(19) KEVIN KEMP	0.00												
	0.00												^
DIRECTOR	0.00	X						0	0	<del> </del>			0
1b Sub-total		 C4					u	164,490		<del>                                     </del>		26,8	201
c Total from continuation she							u	164,490				26,8	
d Total (add lines 1b and 1c)  Total number of individuals (in							u bove		\$100,000 of		-	20,0	<del>) ] 1</del>
reportable compensation from				1100	0 1101	ica a	10000	o) who received more than	ψ100,000 OI				
										ſ		Yes	No
3 Did the organization list any for								-		- 1	3		х
employee on line 1a? <i>If "Yes,"</i> <b>4</b> For any individual listed on lin								n and other compensation		····· }	3		
organization and related organ													
individual								·			4	X	
5 Did any person listed on line	1a receive or acc	crue	com	pens	atior	n fror	m ar	ny unrelated organization o	r individual	- 1	_		х
for services rendered to the o		res,	COIT	piete	SCI	neau	ie J	tor such person			5		
1 Complete this table for your fi		ensa	ated	inder	nend	ent d	ontr	actors that received more	than \$100,000 of				
compensation from the organi	zation. Report co							lar year ending with or with	nin the organization's tax ye	ear.			
Name and	(A) I business address							Descrip	(B) tion of services		Coi	(C) mpensati	on
								-					
							$\vdash$						
							<u> </u>						
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2018) JUNIOR ACHIEVEMENT OF DALLAS INC. 75-0881589 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (B) Related or Total revenue excluded from tax exempt husiness function under sections revenue 512-514 revenue 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b **c** Fundraising events ..... 1c **d** Related organizations ..... 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,297,011 g Noncash contributions included in lines 1a-1f: 207,230 1,297,011 h Total. Add lines 1a-1f. u Program Service Revenue Busn. Code f All other program service revenue ..... g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) ..... 3,962 3,962 Income from investment of tax-exempt bond proceeds  ${\bf u}$ Royalties .... (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) . 7a Gross amount from (i) Securities (ii) Other sales of assets 15,533 other than inventory **b** Less: cost or other basis & sales exps. 15,533 c Gain or (loss) 15,533 15,533 d Net gain or (loss) ..... **8a** Gross income from fundraising events Other Revenue (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 971,011 **b** Less: direct expenses ..... 244,174 b 726,837 170,584 **c** Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... **b** Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory u Miscellaneous Revenue Busn, Code 11a

2,043,343

19,495

d All other revenue .....

12 Total revenue. See instructions. . .

e Total. Add lines 11a-11d

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

### Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 829,882 Other salaries and wages ..... 1,138,039 99,232 208,925 Pension plan accruals and contributions (include 76,703 107,819 10,141 20,975 section 401(k) and 403(b) employer contributions) 107**,**797 13,020 Other employee benefits ..... 147,680 26,863 82,975 60,557 7,282 15,136 Payroll taxes Fees for services (non-employees): 34,184 29,630 1,251 3,303 a Management ..... **b** Legal 28,740 25,005 232 3,503 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column 215,576 19,602 (A) amount, list line 11g expenses on Schedule O.) 248,144 12,966 1,522219 1,303 12 Advertising and promotion 442,861 429,129 7,199 6,533 13 Office expenses 20,706 16,766 Information technology ..... 1,602 2,338 14 Royalties 16 Occupancy 29,162 23,002 1,406 4,754 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 953 477 238 238 20 Interest Payments to affiliates ..... 21 79,441 64,346 7,944 7,151 Depreciation, depletion, and amortization 22 22,254 20,696 890 668 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.) e All other expenses 2,384,480 1,900,869 163,403 320,208 25 Total functional expenses. Add lines 1 through 24e 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 **u** following SOP 98-2 (ASC 958-720)

P	art >	K Balance Sheet									
		Check if Schedule O contains a response or note	to any line	e in this Part X							
					<b>(A)</b> Beginning of year		(B) End of year				
	1	Cash non interest hearing			990,011	1	945,928				
		Cash—non-interest bearing			81,858		87,906				
	2	Diadres and grants reservable not	Savings and temporary cash investments								
	3	Pledges and grants receivable, net			535,690	3	293,132				
	4	Accounts receivable, net				4					
	5	Loans and other receivables from current and former of									
		trustees, key employees, and highest compensated er				_					
		Complete Part II of Schedule L		de Consideration and Cons		5					
	6	Loans and other receivables from other disqualified pe									
		4958(f)(1)), persons described in section 4958(c)(3)(B)									
		sponsoring organizations of section 501(c)(9) voluntary		-		_					
ets		organizations (see instructions). Complete Part II of Sc				6					
Assets	7	Notes and loans receivable, net				7					
_	8	Inventories for sale or use			30,146	8	26,362				
	9	Prepaid expenses and deferred charges	լ		30,140	9	20,302				
	10a	Land, buildings, and equipment: cost or	40-	1 509 700							
		other basis. Complete Part VI of Schedule D	10a	1 100 667	440,024	40-	409 122				
		Less: accumulated depreciation	100	1,190,007	117,834		408,132 111,922				
	11	Investments—publicly traded securities			117,034		111,922				
	12	Investments—other securities. See Part IV, line 11			12						
	13	Investments—program-related. See Part IV, line 11			13						
	14	Intangible assets Other assets See Bort IV line 11		-6,618	14 15	-2,886					
	15 16	Other assets. See Part IV, line 11			2,188,945	16	1,870,496				
_	17	Total assets. Add lines 1 through 15 (must equal line 3			47,021	17	49,604				
	18	Accounts payable and accrued expenses			17,021	18	15,001				
	19	Grants payable				19					
	20	Deferred revenue				20					
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV	of Schedul			21					
	22	Loans and other payables to current and former officer				21					
Liabilities		trustees, key employees, highest compensated employ		"							
ij		disqualified persons. Complete Part II of Schedule L				22					
Lia	23	Secured mortgages and notes payable to unrelated thi	rd parties			23					
	24	Unsecured notes and loans payable to unrelated third	narties			24					
	25	Other liabilities (including federal income tax, payables	to related	third							
		parties, and other liabilities not included on lines 17-24									
		of Schedule D			69,415	25	89,520				
	26	Total liabilities. Add lines 17 through 25			116,436	26	139,124				
		Organizations that follow SFAS 117 (ASC 958), che			•		·				
es		complete lines 27 through 29, and lines 33 and 34.									
anc	27	Unrestricted net assets		1,169,541	27	1,218,642					
Fund Balances	28	Temporarily restricted net assets			28						
pq	29	Permanently restricted net assets			902,968	29	512,730				
		Organizations that do not follow SFAS 117 (ASC 95	8), check	here u and							
ō		complete lines 30 through 34.									
ets	30	Capital stock or trust principal, or current funds			30						
Ass	31	Paid-in or capital surplus, or land, building, or equipme			31						
Net Assets or	32	Retained earnings, endowment, accumulated income,				32					
Z	33	<del>-</del>			2,072,509	33	1,731,372				
	34	Total liabilities and net assets/fund balances			2,188,945	34	1,870,496				

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,04	13,3	<u> 343</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38	34,4	<del>1</del> 80
3	Revenue less expenses. Subtract line 2 from line 1	3		11,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,07	72,5	<u> 509</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,73	31,3	<u> 372</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				l
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	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?		3a		
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.		3b		<u> </u>

Form **990** (2018)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson i	than o	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutiona	Officer	Key employee	Highest compensated employee	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(20) PAUL LITTLEJO	1	+									
DIRECTOR	0.00	x						0	0		0
(21) BRIAN MEMORY	0.00	1									
DIRECTOR	0.00	x						0	0		0
(22) TRACY MERZI											
DIDECTOD	0.00	x						0	0		0
DIRECTOR (23) NICK MIRABAL	0.00	^	+					0	U		
(=0) 1(1011 111111111111111111111111111111	0.00										
DIRECTOR	0.00	X						0	0		0
(24) JENNIFER OLVE	1										
DIDECED	0.00							0	_		0
DIRECTOR (25) TODD PATRICK	0.00	X						0	0		
(13) 1000 1111111011	0.00										
DIRECTOR	0.00	X						0	0		0
(26) JENNIFER PIER	1										
DIRECTOR	0.00	x						0	0		0
(27) BRENT RAINDL	0.00										
DIRECTOR	0.00	x						0	0		0
1b Sub-total			1		I	I	u u				_
c Total from continuation shee		Sect					u				
d Total (add lines 1b and 1c)							u				
2 Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of		
reportable compensation from	trie Organization	ıu								Yes N	0
3 Did the organization list any fo								oyee, or highest compensa	ated		
employee on line 1a? <i>If "Yes,"</i> <b>4</b> For any individual listed on line								on and other compensation		3	
organization and related organ	nizations greater	thar	) \$1	50,00	00? /	f "Ye	es," c	complete Schedule J for su			
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	1a receive or ac			nans			 m ar		r individual	4	_
for services rendered to the or									······	5	
Section B. Independent Contractor											
1 Complete this table for your five compensation from the organization										ear	
	(A) business address	<u>p c</u>	,,,oa		<u> </u>	.0 00			(B) tion of services	(C) Compensation	_
Name and	business dudiess							Безапр	tion of services	Compensation	
							_				
2 Total number of independent of	contractors (inclu	uding	but	not	limite	ed to	tho	se listed above) who			

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Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)		
<b>(A)</b> Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutiona	Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(28) DEBORAH STANI											
DIRECTOR	0.00	x						0	0		0
(29) CHRISTIE STAN	ILEY	ļ <u></u>									_
DIDECTOR	0.00	x						0	0		0
OIRECTOR (30) RACHEL STOLL	0.00	^						0	0		
	0.00										
DIRECTOR CITE TIME	0.00	X						0	0		0
(31) PAUL SULLIVAN	0.00										
DIRECTOR	0.00	x						0	0		0
(32) DAVID SWINEY											
	0.00										^
DIRECTOR (33) RUDY WALKER	0.00	X						0	0		0
(33) Italia	0.00										
DIRECTOR	0.00	X						0	0		0
(34) DAVID WHITING	1										
DIRECTOR	0.00	x						0	0		0
(35) SPENCER WILL											
	0.00										^
DIRECTOR  1b Sub-total	0.00	X					<u> </u>	0	0		0
c Total from continuation shee		Sect		 4			u u				
d Total (add lines 1b and 1c)							u				
2 Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of		
reportable compensation from	the organization	·u								Yes N	No
3 Did the organization list any for employee on line 1a? If "Yes,"								-		3	
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	con	npen	satio	on and other compensation	from the		
organization and related organ									rch	4	
<ul><li>individual</li><li>5 Did any person listed on line 1</li></ul>	1a receive or ac	crue	com	pens	atio	n fror	m ar	ny unrelated organization o	r individual		
for services rendered to the or		Yes,"	con	plete	Sc.	hedu	le J	for such person		5	
<ul><li>Section B. Independent Contractor</li><li>1 Complete this table for your five</li></ul>		ensa	ated	inde	pend	lent o	contr	ractors that received more	than \$100.000 of		
compensation from the organization	zation. Report co							dar year ending with or with	nin the organization's tax ye		
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation	
2 Total number of independent	contractors (incl.	ıdina	hut	not	limit	ad to	tho	se listed shove) who			
2 Total number of independent of	of componentiat	uuii1g	n th	HUT O OF	minite	otion	1110	se listen above) MUO			

(B)

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

(C)

Part VII

(A)

(E)

(D)

(F)

hours for related organizations below dotted line)  hours for related organizations below dotted line)  Officer pholyge employee  Officer pholyge em	from the organization and related organizations
(36) ACIT EV CAMPETEI D	0
(36) ASHLEY CAMPFIELD	0
DIRECTOR 0.00 X 0 0	
(37) VIPIN GUPTA	
	^
DIRECTOR 0.00 X 0 0 (38) JANICE MURFIELD	0
0.00	
PRESIDENT 0.00 X 164,490 0	26,894
1b Sub-total u164,490 c Total from continuation sheets to Part VII, Section A u	26,894
d Total (add lines 1b and 1c)	
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 ${f u}$	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4 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
5 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	5
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
realite alita business address bescription of services	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 <b>u</b>	
DAA	Form <b>990</b> (2018)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF DALLAS INC

Employer identification number 75-0881589

_	OUTON ACTION OF DAILING INC. 75 COURSE										
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.			
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)				
1	Ц	A church, co	nvention of churches, or ass	ociation of churches described	in <b>sectio</b> i	n 170(b)(	1)(A)(i).				
2	Ш	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ).)					
3	Ш	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	)(b)(1)(A)	iii).				
4	Ш	A medical res	search organization operated	d in conjunction with a hospital of	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter the h	ospital's name,			
		city, and state	e:								
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in				
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)							
6	Ш	A federal, sta	ite, or local government or g	overnmental unit described in s	ection 1	70(b)(1)(A	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	П	•		cribed in section 170(b)(1)(A)(i	,	ed in con	junction with a land-grant colleg	ge			
				of agriculture (see instructions).							
10	$\Box$	An organizati	on that normally receives: (1	) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	DSS			
				npt functions—subject to certain		, ,	,				
			0	nd unrelated business taxable in	`		,				
			•	0, 1975. See <b>section 509(a)(2)</b>			•				
11	Н	Ū	,	exclusively to test for public safe	•		` ` ` `				
12	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> .										
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	_			ver to regularly appoint or elect	•			.9			
			• ,, ,	omplete Part IV, Sections A a							
	b	Type II.	A supporting organization su	pervised or controlled in connect	ction with	its suppo	rted organization(s), by having				
		control or	management of the suppor	ting organization vested in the s	same pers	sons that	control or manage the supporte	ed			
		organizati	ion(s). You must complete	Part IV, Sections A and C.							
	С			supporting organization operated structions). <b>You must complete</b>				ith,			
	d		•	<ol> <li>A supporting organization ope</li> </ol>				, ,			
				e organization generally must sa	-		•	ess			
				nust complete Part IV, Section							
	е			eived a written determination fro n-functionally integrated suppor			s a Type I, Type II, Type III				
	f		mber of supported organizati		ung organ	iizatioii.					
	g			ne supported organization(s).							
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
(-)		ganization	(,	(described on lines 1–10	listed in you	ur governing	support (see	other support (see			
				above (see instructions))	docui	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
<b>(0)</b>											
(C)											
(D)											
(E)											
(-)											
_											

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,836,316	1,749,713	2,000,882	1,771,900	1,297,011	8,655,822
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,836,316	1,749,713	2,000,882	1,771,900	1,297,011	8,655,822
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						8,655,822
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ${f u}$	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	1,836,316	1,749,713	2,000,882	1,771,900	1,297,011	8,655,822
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		243,103	255,783	250,951	169,584	919,421
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						9,575,243
12	Gross receipts from related activities, etc.	(see instructions)				12	1,471,260
13	First five years. If the Form 990 is for the						_,
. •	organization, check this box and <b>stop her</b>	•		•			▶ □
Sec	tion C. Computation of Public So	upport Percent	age				
14	Public support percentage for 2018 (line 6			n (f))		14	90.40%
15	Public support percentage from 2017 Sche	edule A. Part II. line	14			15	92.17 %
16a	33 1/3% support test—2018. If the organ	ization did not chec	k the box on line	 13. and line 14 is 3	33 1/3% or more. o	heck this	
	box and <b>stop here.</b> The organization qual			tion			<b>▶</b> X
b	33 1/3% support test—2017. If the organ					ore. check	
	this box and <b>stop here.</b> The organization						▶ □
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization mee	_					
	Part VI how the organization meets the "f				-		
	organization		_				▶ □
b	10%-facts-and-circumstances test—201						······································
-	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization m				•		
	supported organization			-		-	▶ □
18	<b>Private foundation.</b> If the organization did	d not check a box o					·······························
-	in atmostic and						▶ □
	Instructions						······································

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Section A. Public Support										
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018		(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5										
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
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										
С	Add lines 7a and 7b										
8	Public support. (Subtract line 7c from										
500	tion B. Total Support										
						<b>(e)</b> 2018		(f) Total			
9	Amounts from line 6	(a) 2014	(5) 2013	(6) 2010	(4) 2017	(6) 2010		(i) Total			
10a	Gross income from interest, dividends,										
IVa	payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
С	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for the	e organization's firs	st, second, third. fo	urth, or fifth tax ve	ar as a section 50	1(c)(3)					
	organization, check this box and stop her			•		. , . ,					
Sec	tion C. Computation of Public S	<u> </u>									
15	Public support percentage for 2018 (line 8						15	%			
16	Public support percentage from 2017 Sch						16	%			
	tion D. Computation of Investme					Т					
17	Investment income percentage for 2018 (			3, column (f))			17	<u>%</u>			
18	Investment income percentage from 2017					<del></del>	18	%_			
19a	33 1/3% support tests—2018. If the orga							▶ □			
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2017. If the organization	-	=								
.,	line 18 is not more than 33 1/3%, check the							▶□			
20	<b>Private foundation.</b> If the organization die		=			-		. —			

### Part IV **Supporting Organizations**

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
A (Fo	10b orm 99	0 or 990-	EZ) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
	on 2. Typo I oupporting organizations		Yes	No
4	Did the directors trustees or membership of one or more supported ergonizations have the newer to		162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.  Type III Functionally-Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
_		1		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	•
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(11)	(***)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2018 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

JI	UNIOR ACHIEVEMENT OF DALLAS INC.		75-0881589		
	rt I Organizations Maintaining Donor Advised Ful	nds or Other Similar Funds or			
	Complete if the organization answered "Yes" on I				
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts		
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				
-	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors in				
	only for charitable purposes and not for the benefit of the donor or don				
	conferring impermissible private benefit?		Yes No		
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check	all that apply).			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area		
	Protection of natural habitat	Preservation of a certified historic	c structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation		
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/				
	historic structure listed in the National Register		2d		
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the					
	tax year <b>u</b>				
4	Number of states where property subject to conservation easement is	located <b>u</b>			
5	Does the organization have a written policy regarding the periodic mor				
	violations, and enforcement of the conservation easements it holds? $\underline{\ }$		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation ea	asements during the year		
	u				
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	nents during the year		
	<b>u</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy				
_	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easem	· •	·		
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization's financial statements that d	lescribes the		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets		
1 6	Complete if the organization answered "Yes" on I		ommar Assets.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r		halance sheet		
	works of art, historical treasures, or other similar assets held for public				
	public service, provide, in Part XIII, the text of the footnote to its finance				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet		
-	works of art, historical treasures, or other similar assets held for public				
	public service, provide the following amounts relating to these items:	. , ,	-		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$		
	(ii) Assets included in Form 990, Part X		u \$		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro			
-	following amounts required to be reported under SFAS 116 (ASC 958)		-		
а	Revenue included on Form 990, Part VIII, line 1	<del>-</del>	u \$		
	Assets included in Form 990, Part X				

Pa	rt III Organizations Maintaining C	ollections of	Art, Historical Tr	easures, or Of	her Simi	lar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records	s, check any of the foll	owing that are a si	gnificant us	e of its				
а	Public exhibition	d $\square$	Loan or exchange pro	arams						
b	Scholarly research		Other	-						
С										
4	Provide a description of the organization's collect	tions and explain	how they further the	organization's exen	npt purpose	in Par	t			
	XIII.									
5	During the year, did the organization solicit or re		·	•					_	٦
	assets to be sold to raise funds rather than to b		part of the organization	i's collection?	<u></u>			Ye	s _	No
Pa	Int IV Escrow and Custodial Arran	•	on Form 000 Do	rt IV ling O or i	oportod (	n om	ount o	n Earn		
	Complete if the organization ar 990, Part X, line 21.	iswered res	on Form 990, Pa	it iv, line 9, or	eponed a	all all	iourit o	II FOIII	ı	
	Is the organization an agent, trustee, custodian	or other intermed	iary for contributions o	r other assets not						
	included on Form 990, Part X?		•					☐ Ye	s 「	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing table:							
	•		-					Amoun		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		П.,		1
	Did the organization include an amount on Form							Y€	· -	No
	If "Yes," explain the arrangement in Part XIII. Chart V Endowment Funds.	eck nere if the ex	xpianation has been pi	ovided on Part XIII						
1 6	Complete if the organization ar	nswered "Yes"	on Form 990 Pa	rt IV line 10						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year	s back	(e) Fou	years	back
1a	Beginning of year balance	111,922	117,834	114,3	77	109	,864		69,	864
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
	Grants or scholarships									
е	Other expenditures for facilities and									
	programs				_					
1	Administrative expenses				+					
9 2	End of year balance  Provide the estimated percentage of the current	vear end halance	l (line 1a column (a))	hold as:						
a	Board designated or quasi-endowment <b>u</b>	•	s (iiiic 1g, coluinii (a))	ncia as.						
	Permanent endowment <b>u</b> %									
	Temporarily restricted endowment <b>u</b>	%								
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession	on of the organiza	ation that are held and	administered for th	е			,		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizatio							3b		
P:	Describe in Part XIII the intended uses of the orange in VI Land, Buildings, and Equipm		owment funds.							
1 6	Complete if the organization ar		on Form 990 Par	rt IV line 11a S	See Form	990	Part X	line 1	0	
	Description of property	(a) Cost or other b			(c) Accumulate			(d) Book		
		(investment)	(othe	er)	depreciation					
1a	Land			65,879				(	55,	879
b	Buildings									
С	Leasehold improvements			13,700						700
	Equipment			47,550						550
	Other	al Farre 000 D		71,670				1,47		
ı ota	i. Ada iines 1a through 1e. (Column (d) must eau	aı rorm 990. Part	t x, column (B), line 10	JC. J		ι	1	1,59	70,	133

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
/ <b>/ / /</b>				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
	n (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	2 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-year	ar market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.	E 000 D (   1) /	44   0   5   000   5	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11a. See Form 990, F	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) (   15   000 B () (   1/B)   15			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.  Complete if the organization answered "Yes" on	Form 000 Port IV line	110 or 11f Con Form	000 Dort V
		Form 990, Part IV, line	e Tie of Til. See Follii	990, Part A,
	line 25.	(IA) Davids seeker		
1.	(a) Description of liability	(b) Book value		
	income taxes	9E 610		
	JED PAYROLL	85,610		
(-)	R LIABILITIES	3,910		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (h) must sound Form 2000 Part V and (D) Part 2001	89,520		
iotai. (Collim	n (b) must equal Form 990. Part X. col. (B) line 25.) u	1 07,320		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Г	art XI Reconciliation of Revenue per Audited Financial Statemen		•	r Return.	
	Complete if the organization answered "Yes" on Form 990, Par				
1	Total revenue, gains, and other support per audited financial statements			1	2,043,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
b		2b			
C	Recoveries of prior year grants	2c			
d		2d			
е				2e	
3	Subtract line 2e from line 1			3	2,043,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b		4b			
C	Add lines 4a and 4b			4c	0 042 242
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,043,343
Pa	art XII Reconciliation of Expenses per Audited Financial Statemer			oer Returr	1.
	Complete if the organization answered "Yes" on Form 990, Par	t IV,	line 12a.	<del>-   .  </del>	2 220 247
1	Total expenses and losses per audited financial statements			1	2,329,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_ 1			
a	· · · · · · · · · · · · · · · · · · ·	2a			
b		2b			
C		2c			
d		2d			
е				2e	2 220 247
3	Subtract line 2e from line 1			3	2,329,347
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a		4a	55,1	22	
b		4b	25,1		EE 122
_					55,133 2,384,480
5				Э	2,304,400
De					
	art XIII Supplemental Information.	41	h and Oh Dani V Pa	4. D-::( )/ !'	
Prov	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li			e 4; Part X, li	ne
Provi 2; Pa	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y add	litional information.		ne
Provi 2; Pa	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	y add	litional information.		ne
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y add	litional information.		ne 55,133
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b>	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	
Provi 2; Pa <b>P</b> .	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	y add	litional information.	OTHER	

			ACHIEVEMENT	OF	DALLAS	INC.	75-0881589	Page <b>5</b>
Part XIII	Supplementa	l Informa	tion (continued)					
								• • • • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •

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

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.  $\textbf{U} \ \textbf{Go to} \ \textit{www.irs.gov/Form990} \ \ \textbf{for instructions and the latest information}.$ 

Name of the organization  JUNIOR ACHIEVEMENT	OF DALLA	s :	INC	_	Employer identificat	
Part I Fundraising Activities. Complete if	the organization	n an	swer			
Form 990-EZ filers are not required to a lindicate whether the organization raised funds through a				Check all that apply		
		-		vernment grants		
b Internet and email solicitations			-	nent grants		
c Phone solicitations	g Special fur	_		_		
d In-person solicitations	g Special lui	iuraisi	ng ev	ens		
2a Did the organization have a written or oral agreement w	ith any individual	(includ	ding o	fficers, directors, trustees	5,	
or key employees listed in Form 990, Part VII) or entity <b>b</b> If "Yes," list the 10 highest paid individuals or entities (fu				-	undraiser is to be	Yes No
compensated at least \$5,000 by the organization.	I		id fund-	1		
(i) Name and address of individual		raise	have	(iv) Gross receipts	<ul><li>(v) Amount paid to (or retained by)</li></ul>	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	cont	ody or rol of	from activity	fundraiser listed in	organization
		+	utions?		col. (i)	
1		Yes	No			
2						
3						
4						
•						
5						
6						
7						
,						
8						
9						
10		+				
10						
Total			. •			
3 List all states in which the organization is registered or li registration or licensing.	censed to solicit o	contrib	utions	or has been notified it i	s exempt from	

JUNIOR ACHIEVEMENT OF DALLAS INC. 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 HALL OF FAME AW **BOWLING FUNDRAI** (add col. (a) through col. (c)) (total\_number) (event type) (event type) Revenue 733,392 971,011 211,154 26,465 1 Gross receipts ..... 2 Less: Contributions 3 Gross income (line 1 minus 733,392 211,154 26,465 971,011 line 2) 4 Cash prizes ..... 5 Noncash prizes ...... 6 Rent/facility costs ..... Expenses 7 Food and beverages Direct 8 Entertainment ...... 192,672 40,570 10,932 244,174 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 244,174 726,837 11 Net income summary. Subtract line 10 from line 3, column (d) ..... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c))

Revenue 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor ...... 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) 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2018	NIOR	ACHIEVEMENT	OF	DALLAS	INC.	75-088	1589	9	1	Page	3
1	Does the organization conduct gaming activities	es with i	nonmembers?							Yes		<b>1</b> 0
2	Is the organization a grantor, beneficiary or true	stee of a	a trust, or a member of	a partn	ership or other	entity						
	formed to administer charitable gaming?								Ш	Yes	<u></u>	٧o
13	Indicate the percentage of gaming activity con							11				
а	The organization's facility							13a			<u>%</u>	_
b	An outside facility							13b			%	_
14	Enter the name and address of the person wh records:	ю ргера	ares the organization's (	gaming/s	special events i	books and						
	Name <b>u</b>											
	Address u											
15a	Does the organization have a contract with a trevenue?		-		-	-			П	Yes	□ N	No
b	If "Yes," enter the amount of gaming revenue	received	d by the organization ${f u}$	\$			and the					
	amount of gaming revenue retained by the thir	rd party	u \$									
С	If "Yes," enter name and address of the third p											
	Name <b>u</b>											
	Address u											
16	Gaming manager information:											
	Name <b>u</b>											
	Gaming manager compensation <b>u</b> \$											
	Description of services provided ${f u}$											
	Director/officer Employee		Independent co	ntractor								
17	Mandatory distributions:											
а	Is the organization required under state law to	make o	charitable distributions f	rom the	gaming procee	eds to						
	retain the state gaming license?									Yes	□ I	٧o
b	Enter the amount of distributions required under	er state	law to be distributed to	other e	exempt organiza	ations or						
	spent in the organization's own exempt activities											_
Pa	rt IV Supplemental Information. Part III, lines 9, 9b, 10b, 15b,									nd		
	See instructions.											_
												٠
												•
												•

# SCHEDULE J (Form 990)

**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.
uGo to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

JUNIOR ACHIEVEMENT OF DALLAS INC.

Employer identification number 75-0881589

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
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	1b		
2	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 on line			
	1a?	2		
•				
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
3	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		x
	in Part III	8		1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

### 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 aren't 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			W-2 and/or 1099-M		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
PRESIDENT	(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)–(D)	as deferred on prior	
PRESIDENT	JANICE MURFIELD	(i) 164,490	O	) c	26,894	0	191,384	0	
2	1 PRESIDENT			) c					
3		(i)							
3         0	2	(ii)							
3		(i)							
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3	(ii)							
5		(i)							
5	4	(ii)							
		(i)							
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	(ii)							
		(i)							
7	6	(ii)							
8		(i)							
8 (i)	7	(ii)							
9 (i) (ii) (iii) (		(i)							
9 (i) (i) (ii) (iii) (ii	8	(ii)							
10 (i) (ii) (iii)		(i)							
10 (ii) (iii) (iii	9	(ii)							
11 (i) (ii) (iii)		(i)							
11 (i) (i) (ii) (iii) (i	10	(ii)							
12 (i) (i) (ii) (ii) (ii) (iii) (iii		(i)							
12 (i) (i) (ii) (ii) (iii) (ii	11	(ii)							
13 (i) (ii) (ii) (ii) (ii) (iii) (ii		(i)							
13 (i) (i) (i) (ii) (ii) (iii)	12	(ii)							
14 (i) (ii) (ii) (iii) (		(i)							
14 (ii) (ii) (iii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii	13	(ii)							
15 (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii		(i)							
15 (ii) (ii) (iii)	14	(ii)							
		(i)							
0	15	(ii)							
	16								

Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	
for any additional information.	

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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

Employer identification number

Name of the organization JUNIOR ACHIEVEMENT OF DALLAS INC. 75-0881589 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ...... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes ..... Intellectual property ..... 8 Securities — Publicly traded ...... 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests ..... Securities — Miscellaneous ..... 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other ..... Real estate — Residential ...... 15 Real estate — Commercial ...... 16 Real estate — Other 17 Collectibles 18 Food inventory ..... 19 Drugs and medical supplies ...... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens 23 Archeological artifacts ..... 24 207,230 X 25 Other  $\mathbf{u}($ \_\_\_\_\_) 26 Other  $\mathbf{u}($ \_\_\_\_) 27 Other **u**(\_\_\_\_\_\_) 28 Other **u**( 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 isn't required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Fo	rm 990) 2018	JUNIO	R ACHIE	CVEMENT	OF D	ALLAS	INC.	75-088	1589	Page <b>2</b>
Part II	Supplen	nental Inf	ormation.	Provide the	e informa	ition requ	ired by Pa	art I, lines 30b	, 32b, and 33,	and whether
	or a con	nbination o	f both. Also	o complete	this part	t for any	additional	information.	e number of ite	ins received,
				-		-				

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

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

75-0881589

JUNIOR ACHIEVEMENT OF DALLAS INC. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS SCHOOL PROGRAM: VARIOUS CURRICULA TAUGHT BY LOCAL VOLUNTEER TO HELP INTRODUCE STUDENTS TO THE WORKLD OF BUSINESS AND FREE ENTERPRISE. FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ANYONE WHO DONATES \$500 OR MORE IS A MEMBER OF THE CORPORATION. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE MEMBERS OF JA ELECT THE BOARD OF DIRECTORS IN AN ANNUAL MEETING OF MEMBERS. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS SEE ANSWER TO 7A 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

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Employer identification number Name of the organization JUNIOR ACHIEVEMENT OF DALLAS INC. 75-0881589 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 15B - COMPENSATION PROCESS FOR OFFICERS SEE ANSWER FOR LINE 15A FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION 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 MGT & GENERAL TOT/PROG SERVICE FUNDRAISING BOARD EXPENSES 585 1,755 CREDIT CARD CHARGE 1,551 12,410 DUES AND SUBSCRIPTIONS

9,335

3,887

PAGE 1 OF 2

JOB SHADOW DAY

JUNIOR ACE	HIEVEMEN	T OF DALLAS I	NC.		75-088	1589
LICENSE FI	EES					
	\$	55,839	\$	3,800	\$	2,273
OTHER EXP	ENSE					
	\$	589	\$	1,217	\$	29
OUTSIDE S	ERVICES					
	\$	120,731	\$	5,615	\$	14,038
VOLUNTEER	RECOGNI	ITION				
	\$	10,613	\$	198	\$	635
VOLUNTEER	TRAININ	īG				
	\$	417	\$	0	\$	0
	TOTAL					
	Ċ	215,576	\$	12,966	\$	19,602
		I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE			
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	
	PART XI	I, LINE 9 - OT	HER CHANGE		ETS EXPLANA	

#### **SCHEDULE R** (Form 990)

#### Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. u Attach to Form 990.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	JUNIOR ACHIEVEMENT OF DALLAS INC.						75-088	1589	
Part I	Identification of Disregarded Entities. Complete if the	organization ansv	wered "Yes" on F	Form 990, Pa	art IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domici or foreign c	le (state ountry)	(d) Total income	Er	(e) nd-of-year assets	(f) Direct cor entit	ntrolling
(1)									
(2)									
(3)									
(4)									
(5)									
Part II	Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if the otax vear.	rganization answ	vered "Yes" o	on Form 990, F	Part IV,	, line 34, becau	se it had	
	(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code so	ection Public char (if section 5	ty status 501(c)(3))	(f) Direct controlling entity	Section controlle	(g) 512(b)(13) ed entity?
	EDUCATION WAY	MEMOREDOUTE	go.	E01G	2		N7 / 3		v
(2)	RADO SPRINGS CO 80906	MEMBERSHIP	CO	501C	3		N/A		Х
(3)									
(4)									
(5)									

Part III	Identification of Related Organization because it had one or more related or	ons Taxable rganizations tr	as a	Partnership. d as a partners	Complete if the ship during the	e organization tax year.	on an	swered "Yes"	on F	orm	990, Pa	rt IV, line	34,		- 3	
	(a) Name, address, and EIN of related organization	<b>(b)</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 tota income	al	(g) Share of end-of- year assets	po	(h) Dispro- ortionate alloc.?	amour of Sch (For	(i) e V—UBI nt in box 20 hedule K-1 rm 1065)	Gene mana partr	ral or l nging ner?	<b>(k)</b> Percentage ownership	е
(1)													103			
(2)																
(3)																
(4)																
Part IV	Identification of Related Organization line 34, because it had one or more re	ons Taxable elated organiz	as a	Corporation s treated as a	or Trust. Com corporation or	plete if the o	organ the t	ization answe	ered "	Yes"	on For	n 990, P	art I	V,		_
	(a) Name, address, and EIN of related organization	(b) Primary activit		(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	end	(g) Share of-yea		(h) Percent owners	age	5	(i) Section 512(b)(13) controlled entity?	)
(1)														Y	es No	0
(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
1 During the tax year, did the organization engage in any of the following transactions with one or more relative	· ·					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		х
o Sharing of paid employees with related organization(s)				10		х
p Reimbursement paid to related organization(s) for expenses				1p	x	
q Reimbursement paid by related organization(s) for expenses				1q		х
r Other transfer of cash or property to related organization(s)				1r		х
s Other transfer of cash or property from related organization(s)				1s		х
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 transact	ion thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amount	unt involv	red	
	type (a-s)					
(1) JA USA	L		CASH SALES			
(2)						
(3)						
(4)						
(5)						
(0)						
(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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under		c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate allocations?		Disproportionat allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No							
(1)																			
(2)																			
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			
(8)																			
(9)																			
(10)																			
(11)																			

Schedule R (F	Form 990) 2018	JUNIO	R ACHIE	VEMENT	OF	DALLAS	INC.	75-0881589	Page 5
Part VII	Suppleme	ental Infori	mation.					. See Instructions.	
	1 TOVIGO GO	aditional line		Тооролосс	10 q		Corloadio 10	. Coo mondonono.	
•									
• • • • • • • • • • • • • • • • • • • •									

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property) u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 Attachment Sequence

Name(s) shown on return

JUNIOR ACHIEVEMENT OF DALLAS INC.

Identifying number 75-0881589

	ess or activity to which this form relate					'		
Pa	rt I Election To Expe	nse Certain Prop	erty Under Se	ction 179				
	Note: If you have	any listed property	y, complete Par	t V before you c	complete Par	t I.		
1	Maximum amount (see instruction						1	1,000,000
2	Total cost of section 179 propert	y placed in service (se	ee instructions)				2	0 500 000
3	Threshold cost of section 179 pr	operty before reduction	n in limitation (see	instructions)			3	2,500,000
4	Reduction in limitation. Subtract I						4	
5_	Dollar limitation for tax year. Subtract		or less, enter -0 If ma				5	
6	(a) Description	on of property		(b) Cost (business use	only) (C	Elected cost		
7	Listed property. Enter the amoun	nt from line 29			7			
8	Total elected cost of section 179	property Add amount	s in column (c) line	es 6 and 7			8	
9	Tentative deduction. Enter the s	maller of line 5 or line	8				9	
10	Carryover of disallowed deduction	n from line 13 of your	2017 Form 4562				10	
11	Business income limitation. Enter	r the smaller of busine	ess income (not les	s than zero) or line	5. See instruction	ons	11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction							
Note	: Don't use Part II or Part III belov	v for listed property. In	stead, use Part V.		·			
Pa	rt II Special Deprecia	tion Allowance a	nd Other Depi	reciation (Don't	t include liste	d proper	ty. Se	e instructions.)
14	Special depreciation allowance for	or qualified property (o	ther than listed pro	perty) placed in ser	rvice			
	during the tax year. See instructi						14	47,550
15	Property subject to section 168(f	f)(1) election					15	
16	Other depreciation (including AC	RS)					16	10,251
Pa	rt III MACRS Deprecia	ation (Don't includ			ons.)			
			Section	-				21 640
17	MACRS deductions for assets pl						17	21,640
18	If you are electing to group any assets place	ed in service during the tax yearAssets Placed in Sel					vstem	
	000.02	(b) Month and year	(c) Basis for depred				y oto	
	(a) Classification of property	placed in service	(business/investmen only-see instruction	t use	(e) Convention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property	Service	Orny-see manded					
b	5-year property	_						
С	7-year property	_						
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		ssets Placed in Serv	ice During 2018 T	ax Year Using the	Alternative De	preciation	Syste	m
20a	Class life					S/L		
	12-year			12 yrs.	_	S/L		
	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See in	•					- ·	
21	Listed property. Enter amount from		lines 10 and 20 in	nolumn (a) and line			21	
22	<b>Total.</b> Add amounts from line 12 here and on the appropriate line:						22	79,441
23	For assets shown above and pla							- ,
	nortion of the basis attributable to	o section 2634 costs			23			

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
<b>5-yea</b> 147 148 149	r GDS Property: PARANET-NEW COMPUTER EQUIPME HO COMPUTERS JABT PROJECTOR JABT	6/27/19 6/27/19 6/27/19 =	24,754 16,778 6,018 47,550		X X X	0 0 0	5	MQ200DB MQ200DB MQ200DB	0 0 0 0	24,754 16,778 6,018 47,550
142 143 144 145	MACRS: YIPTEL-TELEPHONE SYSTEM LEASEHOLD IMPROVEMENTS COMPUTER EQUIPMENT A/C UNIT JABT Leasehold Improvements	12/19/16 2/22/17 8/31/16 8/22/17 7/01/17	12,942 8,275 10,255 13,700 291,185 336,357		X .	12,942 8,275 10,255 13,700 247,564 292,736	15 5 39	HY 200DB HY S/L HY 200DB MM S/L HY S/L	5,019 828 5,333 307 43,621 55,108	2,264 551 1,969 352 16,504 21,640
1 2 3 4 4 5 6 6 7 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	LAND BUILDING BUILDING BUILDING BUILDING ITEMS BUILDING-MARK BUILDING-EME BUILDING-EME BUILDING-EME BUILDING-EWC BUILDING-SECU HVAC UNITS - 6 CARPET MINIBLINDS PICTURES ARTISAN MOISTURE PROTECTION SIDEWALK SPECTRA FLOORING SPRINKLER SYSTEM DONATED PAINTING SERVICES NEW DOORS MECHANICAL SOLUTIONS FURNITURE EMERGENCY LIGHTING FURNTURE & EQUIPMENT HP LAZERIET IV JPBH038398 MERIDIAN PHONE LUCENT/OCTEL PROJECTOR METAL WORK TABLE (2) HON 4 DRAWER (3) QUASAR 13 TV IBM LAPTOP 78RN128 IBM PRINTER 12 01-80414 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER NETWORK 01-63519 IBM PRINTER NETWORK 01-63521 IBM PRINTER NETWORK 01-63521 IBM PRINTER NETWORK 01-63293 36.4 GB HARDDRIVE TAPE DRIVE IBM SERVER 23AB348 NETVISTA PC KAYCCP4 NETVISTA PC KAYCCP0 INFOPRONT 1130 41-BCZD3 INFOPRONT 1130 41-BCZD3 INFOPRONT 1130 41-BCZY8 INFOPRONT 1130 41-BCZY9	7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/77 3/01/93 7/01/80 7/01/01 12/01/02 10/01/02 6/01/90 9/01/90 7/01/90 5/29/08 6/09/08 8/16/10 9/14/10 4/01/11 6/30/11 8/26/13 10/22/15 7/01/76 12/01/76 12/01/76 12/01/81 11/19/82 12/01/82 3/01/93 3/01/93 3/01/93 8/01/99 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02	65,879 377,670 4,307 36,296 751 7,840 570 3,472 43,239 2,533 36,302 1,985 1,703 1,985 6,367 5,319 13,850 3,780 4,000 4,940 6,344 25,435 27,259 6,382 1,812 1,812 1,812 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 556 556 556 659 879 3,572 1,194 1,225 1,225 1,225 1,225 1,225			1,985 1,703 1,985 6,367	40 40 5 40 20 36 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Land MO S/L M	0 377,670 4,307 36,296 751 7,840 570 3,472 37,142 2,533 36,302 1,985 1,703 1,985 6,367 2,837 13,850 3,780 4,000 4,940 786 1,739 27,259 6,382 1,812 1,812 5,179 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 556 556 556 556 556 556 556	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
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 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	Ö
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 61	THINKCENTRE KCBW2P7 THINKCENTRE KCBW2M7	4/22/04 4/22/04	978 978	978 978	3 MO S/L 3 MO S/L	978 978	$0 \\ 0$
62	THINKCENTRE KCBW2GP	4/22/04	978	978 978	3 MO S/L 3 MO S/L	978 978	0
63	THINKCENTRE	4/22/04	978	978	3 MO S/L	978	ő
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 68	XEROX COPIER MULTI-MEDIA PR	9/01/04 9/14/04	14,275 900	14,275 900	5 MO S/L 3 MO S/L	14,275 900	0
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	1,208	1,208	3 MO S/L 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	ő
71	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328	1,328	3 MO S/L	1,328	Õ
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 76	THINKCENTRE M THINKCENTRE M	6/01/07 6/01/07	1,398 1,398	1,398 1,398	3 MO S/L 3 MO S/L	1,398 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	ő
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 2/01/08	1,235	1,235	5 MO S/L 5 MO S/L	1,235	$0 \\ 0$
	NT5B42AAABE5 GLOBAL 4X16 NT9T6400 BCM50 EXPANSION	2/01/08	1,381 291	1,381 291	5 MO S/L 5 MO S/L	1,381 291	0
	T7208 TELEPHONE SET (20)	2/01/08	4,620	4,620	5 MO S/L	4,620	ő
	T7316E CHARCOAL (4)	2/01/08	1,080	1,080	5 MO S/L	1,080	Õ
87	T24 KEY INDICATOR (4)	2/01/08	992	992	5 MO S/L	992	0
	NTAB4213 NORSTAR CORF.	2/01/08	790	790	5 MO S/L	790	0
	NT9T6400 BCM50 EXPANSION NT9T6400 BCM50 WALL MOUNT	2/01/08 2/01/08	291 140	291 140	5 MO S/L 5 MO S/L	291 140	0
	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	140	5 MO S/L 5 MO S/L	140	0
	A01000025 25FT. CABLE (4)	2/01/08	160	160	5 MO S/L	160	ŏ
	NT9T6400 BCM50 ENCLOSURE	2/01/08	110	110	5 MO S/L	110	0
	N0021175 POWERCORD IEC320	2/01/08	5	5	5 MO S/L	5	0
	NTKC0243 BCM50 EXPANSION	2/01/08	190	190	5 MO S/L	190	0
96 97	NT9T23AAAAE5 NTKC0239 BCM50 ANALOG STA	2/01/08 2/01/08	1,529 140	1,529 140	5 MO S/L 5 MO S/L	1,529 140	0
98	NTK0243 BCM50 EXPANSION	2/01/08	190	190	5 MO S/L 5 MO S/L	190	0
	NTKC0237 BCM50 ANALOG 4P	2/01/08	190	190	5 MO S/L	190	0
	NTKC0242 BCM50 DIG. STA.	2/01/08	420	420	5 MO S/L	420	Õ
	NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040	7,040	5 MO S/L	7,040	0
	NTKC0203 BCM50 VOICE MSG	2/01/08	220	220	5 MO S/L	220	0
	LENOVO THINKCENTRE M 57 LKFRBC		981 981	981	3 MO S/L 3 MO S/L	981 981	$0 \\ 0$
	LENOVO THINKCENTRE M 57 LKFRAZ LENOVO THINKCENTRE M 57 LKFRAZ		981	981 981	3 MO S/L 3 MO S/L	981	0
	LENOVO 17" FLAT PANEL MONITOR V		250	250	3 MO S/L 3 MO S/L	250	0
	LENOVO 17" FLAT PANEL MONITOR V		250	250	3 MO S/L	250	Ö
	LENOVO 17" FLAT PANEL MONITOR V	6/01/08	250	250	3 MO S/L	250	0
	THINKPAD T61 L3-K0390	6/01/08	1,422	1,422	3 MO S/L	1,422	0
	IBM SERVER KQCBZZX	8/01/08	3,690	3,690	3 MO S/L	3,690	0
	COMPUTER LAPTOP	11/01/08 11/01/08	1,500 1,600	1,500 1,600	3 MO S/L 3 MO S/L	1,500 1,600	$0 \\ 0$
	LAPTOP	4/15/09	1,600	1,449	3 MO S/L 3 MO S/L	1,600	0
	LAPTOP	4/15/09	1,449	1,449	3 MO S/L	1,449	ő
115	SERVER SYSTEM X 3400 SERIAL 06030	7/02/09	3,135	3,135	3 MO S/L	3,135	ő
	SERVER SYSTEM X 3400 SERIAL 06030		3,135	3,135	3 MO S/L	3,135	0
117	COMPUTER TELEPHONE SYSTEM	7/07/10	3,773	3,773	3 MO S/L	3,773	0
	TELEPHONE SYSTEM PENDANT LIGHTING	9/24/10 11/27/10	1,585 6,002	1,585 6,002	5 MO S/L 5 MO S/L	1,585 6,002	$0 \\ 0$
	LABOR-PHONE INSTALL	6/30/11	1,672	1,672	5 MO S/L 5 MO S/L	1,672	0
	FINANCE PARK	9/01/11	288,000	288,000	5 MO S/L	288,000	0
122	IBM SERVER	7/31/12	4,408	4,408	3 MO S/L	4,408	ő
123	SCANTRON	8/29/12	4,631	4,631	3 MO S/L	4,631	0
124	SERVER	9/10/12	3,343	3,343	3 MO S/L	3,343	0

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		Date	•		Sec	Basis	_	0 11 11	5.	•
<u>Asset</u>	Description	In Service	Cost	_%	179 Bonus	for Depr	Per	Conv Meth	<u>Prior</u>	Current
125	DELL COMPUTER	10/14/13	1,027			1,027	3	MO S/L	1,027	0
126	IBM SERVER & HARDWARE	11/08/13	7,201			7,201	3	MO S/L	7,201	0
127	DEL LATITUDE COMPUTER	1/15/14	1,135			1,135	3	MO S/L	1,135	0
128	DELL LATITUDE COMPUTER	1/31/14	1,135			1,135		MO S/L	1,135	0
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825			825	3		825	0
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825			825	3	MO S/L	825	0
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825			825	3	1.10 8/2	825	0
132	DELL LATITUDE COMPUTER	3/31/14	1,135			1,135	3	MO S/L	1,135	0
133	DELL LATITUDE COMPUTER	3/31/14	1,135			1,135		MO S/L	1,135	0
134	ASSET	6/17/14	6,320			6,320		MO S/L	6,320	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001			1,001	3	MO S/L	1,001	0
136	SURFACE PRO 3 TABLET CORE I5/8GB		1,299			1,299	3	MO S/L	1,299	0
137	SOFTWARE	11/03/15	2,670			2,670	3		2,373	297
138	MICROSOFT OFFICE SOFTARE 2016-DO		13,651			13,651	3		10,617	3,034
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514			11,514		MO S/L	4,890	2,303
140	SOFTWARE	7/31/16	2,670			2,670		MOAmort	1,780	890
141	SOFTWARE	1/31/17	1,191			1,191	3	MOAmort	596	397
	<b>Total Other Depreciation</b>		1,214,892			1,214,892			1,099,740	10,251
	-	_			-				· · · · · · · · · · · · · · · · · · ·	
	Total ACRS and Other Deprec	riation =	1,214,892		=	1,214,892			1,099,740	10,251
	Grand Totals		1,598,799			1,507,628			1,154,848	79,441
	Less: Dispositions and Transfer Less: Start-up/Org Expense	rs _	0		_	0			0	0
	<b>Net Grand Totals</b>	=	1,598,799		:	1,507,628			1,154,848	79,441

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Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
5-year GDS Property: 147 PARANET-NEW 148 HO COMPUTER 149 PROJECTOR JA		10/31/18 6/27/19 6/27/19	24,754 16,778 6,018	24,754 16,778 6,018	0 0 0	6,188 839 301	24,754 16,778 6,018	18,566 15,939 5,717
		=	47,550	47,550	0	7,328	47,550	40,222
Prior MACRS:								
142 YIPTEL-TELEPI		12/19/16 2/22/17 8/31/16 8/22/17 7/01/17	12,942 8,275 10,255 13,700 291,185	12,942 8,275 10,255 13,700 291,185	5,019 828 5,333 307 43,621	2,264 551 1,969 352 19,412	2,264 551 1,969 352 16,504	0 0 0 0 -2,908
		=	336,357	336,357	55,108	24,548	21,640	-2,908
16 SIDEWALK 17 SPECTRA 18 FLOORING 19 SPRINKLER SY 20 DONATED PAI 21 NEW DOORS 22 MECHANICAL 23 FURNITURE 24 EMERGENCY 25 FURNTURE & 26 FURNTURE & 27 FURNTURE & 28 FURNTURE & 29 HP LAZERJET 30 MERIDIAN PHO 31 LUCENT/OCTE 32 PROJECTOR 33 METAL WORK 34 HON 4 DRAWE 35 QUASAR 13 TV 36 IBM LAPTOP 7 37 IBM PRINTER 38 IBM PRINTER 39 IBM PRINTER 40 IBM PRINTER 41 IBM PRINTER	RK B C DF U G 6 STURE PROTECTION  STEM NTING SERVICES  SOLUTIONS  LIGHTING EQUIPMENT EQUIPMENT EQUIPMENT IV JPBH038398 DNE  TABLE (2) R (3)  8RN128 12 01-84533 NETWORK 01-63519 NETWORK 01-63519 NETWORK 01-63521 NETWORK 01-63521 NETWORK 01-63293 DRIVE  3AB348 KAYCCP4 KAYCCP4 KAYCCP4 KAYCCP0 30 41-BCZD3 30 41-BCZD3 30 41-BCZD3 30 41-BCZD3	7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/77 3/01/93 7/01/80 7/01/01 12/01/02 10/01/02 10/01/02 6/01/90 9/01/90 5/29/08 6/09/08 8/16/10 9/14/10 4/01/11 6/30/11 8/26/13 10/22/15 7/01/76 12/01/76 12/01/76 12/01/76 12/01/81 11/19/82 12/01/82 3/01/93 3/01/93 3/01/93 8/01/99 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/02 6/01/02 6/01/02 6/01/02	65,879 377,670 4,307 36,296 751 7,840 570 3,472 43,239 2,533 36,302 1,985 1,703 1,985 6,367 5,319 13,850 3,780 4,000 4,940 6,344 25,435 27,259 6,382 1,812 1,812 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 556 659 879 3,572 1,194 1,194 1,225 1,225 1,225	65,879 377,670 4,307 36,296 751 7,840 570 3,472 43,239 2,533 36,302 1,985 1,703 1,985 6,367 5,319 13,850 3,780 4,000 4,940 6,344 25,435 27,259 6,382 1,812 1,812 5,179 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 556 556 556 556 659 879 3,572 1,194 1,194 1,225 1,225	0 377,670 4,307 36,296 751 7,840 570 3,472 33,690 2,533 36,302 1,985 1,703 1,985 6,367 3,576 13,850 3,780 4,000 4,940 786 1,739 27,259 6,382 1,812 1,812 5,179 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 556 556 556 556 659 879 3,572 1,194 1,194 1,225 1,225 1,225	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 3544 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
53	IBM COMPUTER	9/01/02	1,269	1,269	1,269	0	0	0
54 55	IBM NETWORK MODEM	9/01/02 9/01/02	556 85	556 85	556 85	0	0	$0 \\ 0$
56	COMPUTER/MONITOR KCD5PPG	10/01/02	1,136	1,136	1,136	0	0	0
57	NETVISTA PC	4/30/03	918	918	918	0	0	0
58 59	X-SERIES SERVER KP-WL769 THINKCENTRE KCBW2P3	7/05/03 4/22/04	3,383 978	3,383 978	3,383 978	$0 \\ 0$	0	$0 \\ 0$
60	THINKCENTRE KCBW2P7	4/22/04	978	978	978	0	0	0
61 62	THINKCENTRE KCBW2M7 THINKCENTRE KCBW2GP	4/22/04 4/22/04	978 978	978 978	978 978	0	0	$0 \\ 0$
63	THINKCENTRE	4/22/04	978	978	978	0	0	0
64 65	INFOPRINT 1352 IBM MODEM	4/22/04 6/01/04	1,116 85	1,116 85	1,116 85	0	0	$0 \\ 0$
66	SERVER KP-FM856	7/01/04	3,916	3,916	3,916	0	0	0
67	XEROX COPIER	9/01/04	14,275	14,275	14,275	0	0	0
68 69	MULTI-MEDIA PR IBM PC THINKCENTRE LKXT7YD	9/14/04 5/01/05	900 1,208	900 1,208	900 1,208	0	0	$0 \\ 0$
70	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328	1,328	1,328	0	0	0
71 72	THINKCENTRE M51 W/ MONITOR X SERIES 226 SERVER	8/01/06 8/01/06	1,328 2,451	1,328 2,451	1,328 2,451	0	0	$0 \\ 0$
73	THINKCENTRE M	6/01/07	1,398	1,398	1,398	0	0	0
74	THINKCENTRE M	6/01/07	1,398	1,398	1,398	0	0	0
75 76	THINKCENTRE M THINKCENTRE M	6/01/07 6/01/07	1,398 1,398	1,398 1,398	1,398 1,398	0	0	$0 \\ 0$
77	THINKPAD R60	6/01/07	1,679	1,679	1,679	0	0	0
78 79	THINKPAD R60 THINKPAD R60	6/01/07 6/01/07	1,679 1,679	1,679 1,679	1,679 1,679	$0 \\ 0$	0	$0 \\ 0$
80	THINKPAD R60	6/01/07	1,679	1,679	1,679	0	0	0
81	IBM SYSTEM X3	10/01/07	3,200	3,200	3,200	0	0	0
82 83	NT9T6501E5 BCM50 2.0 NT5B42AAABE5 GLOBAL 4X16	2/01/08 2/01/08	1,235 1,381	1,235 1,381	1,235 1,381	$0 \\ 0$	0	$0 \\ 0$
84	NT9T6400 BCM50 EXPANSION	2/01/08	291	291	291	0	0	0
85 86	T7208 TELEPHONE SET (20) T7316E CHARCOAL (4)	2/01/08 2/01/08	4,620 1,080	4,620 1,080	4,620 1,080	0	0	$0 \\ 0$
87	T24 KEY INDICATOR (4)	2/01/08	992	992	992	0	0	0
88	NTAB4213 NORSTAR CORF.	2/01/08	790	790	790	0	0	0
89 90	NT9T6400 BCM50 EXPANSION NT9T6400 BCM50 WALL MOUNT	2/01/08 2/01/08	291 140	291 140	291 140	$0 \\ 0$	0	$0 \\ 0$
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	140	140	0	0	ő
92 93	A01000025 25FT. CABLE (4) NT9T6400 BCM50 ENCLOSURE	2/01/08 2/01/08	160 110	160 110	160 110	0	0	$0 \\ 0$
93	N0021175 POWERCORD IEC320	2/01/08	5	5	5	0	0	0
95	NTKC0243 BCM50 EXPANSION	2/01/08	190	190	190	0	0	0
96 97	NT9T23AAAAE5 NTKC0239 BCM50 ANALOG STA	2/01/08 2/01/08	1,529 140	1,529 140	1,529 140	0	0	$0 \\ 0$
98	NTK0243 BCM50 EXPANSION	2/01/08	190	190	190	0	0	0
99 100	NTKC0237 BCM50 ANALOG 4P NTKC0242 BCM50 DIG. STA.	2/01/08 2/01/08	190 420	190 420	190 420	$0 \\ 0$	0	$0 \\ 0$
100	NTKC0242 BCM30 DIG. STA. NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040	7,040	7,040	0	0	0
	NTKC0203 BCM50 VOICE MSG	2/01/08	220	220	220	0	0	0
	LENOVO THINKCENTRE M 57 LKFRBC LENOVO THINKCENTRE M 57 LKFRAZ		981 981	981 981	981 981	$0 \\ 0$	0	$0 \\ 0$
105	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	981	981	981	0	0	0
	LENOVO 17" FLAT PANEL MONITOR V LENOVO 17" FLAT PANEL MONITOR V		250 250	250 250	250 250	0	0	$0 \\ 0$
	LENOVO 17 FLAT PANEL MONITOR V		250	250 250	250	0	0	0
109	THINKPAD T61 L3-K0390	6/01/08	1,422	1,422	1,422	0	0	0
	IBM SERVER KQCBZZX COMPUTER	8/01/08 11/01/08	3,690 1,500	3,690 1,500	3,690 1,500	0	0	$0 \\ 0$
112	LAPTOP	11/01/08	1,600	1,600	1,600	0	0	Ő
	LAPTOP LAPTOP	4/15/09 4/15/09	1,449 1,449	1,449 1,449	1,449 1,449	0	0	0
	SERVER SYSTEM X 3400 SERIAL 06030		3,135	3,135	3,135	0	0	0
	SERVER SYSTEM X 3400 SERIAL 06030		3,135	3,135	3,135	0	0	0
	COMPUTER TELEPHONE SYSTEM	7/07/10 9/24/10	3,773 1,585	3,773 1,585	3,773 1,585	0	0	$0 \\ 0$
119	PENDANT LIGHTING	11/27/10	6,002	6,002	6,002	0	0	0
	LABOR-PHONE INSTALL FINANCE PARK	6/30/11 9/01/11	1,672 288,000	1,672 288,000	1,672 288,000	0	0	$0 \\ 0$
121	IBM SERVER	7/31/12	4,408	4,408	4,408	0	0	0
123	SCANTRON	8/29/12	4,631	4,631	4,631	0	0	0
124	SERVER	9/10/12	3,343	3,343	3,343	0	0	0

## TX Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
125	DELL COMPUTER	10/14/13	1,027	1,027	1.027	0	0	
126	IBM SERVER & HARDWARE	11/08/13	7,201	7,201	7,201	0	0	0
127	DEL LATITUDE COMPUTER	1/15/14	1,135	1.135	1,135	ő	ő	ő
128	DELL LATITUDE COMPUTER	1/31/14	1,135	1,135	1,135	ő	ő	ő
129	OPTIPLEX 7010 USFF. DEKSTOP	2/28/14	825	825	825	ő	ŏ	ŏ
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	825	825	Ö	Ö	ő
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	825	825	0	0	0
132	DELL LATITUDE COMPUTER	3/31/14	1,135	1,135	1,135	0	0	0
133	DELL LATITUDE COMPUTER	3/31/14	1,135	1,135	1,135	0	0	0
134	ASSET	6/17/14	6,320	6,320	6,320	0	0	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001	1,001	1,001	0	0	0
136	SURFACE PRO 3 TABLET CORE 15/8GH	3 1/31/15	1,299	1,299	1,299	0	0	0
137	SOFTWARE	11/03/15	2,670	2,670	2,373	297	297	0
138	MICROSOFT OFFICE SOFTARE 2016-D	3/01/16	13,651	13,651	10,617	3,034	3,034	0
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514	11,514	6,525	2,302	2,303	1
140	SOFTWARE	7/31/16	2,670	2,670	1,780	890	890	0
141	SOFTWARE	1/31/17	1,191	1,191	596	397	397	0
	<b>Total Other Depreciation</b>	_	1,214,892	1,214,892	1,098,662	10,251	10,251	0
	Total ACRS and Other Depre	ciation	1,214,892	1,214,892	1,098,662	10,251	10,251	0
	Grand Totals		1,598,799	1,598,799	1,153,770	42,127	79,441	37,314
	Less: Dispositions		0	0	0	0	7,111	0
	Less: Start-up/Org Expense	_	0		0	ő	<u> </u>	
	<b>Net Grand Totals</b>	_	1,598,799	1,598,799	1,153,770	42,127	79,441	37,314
		-						

### AMT Asset Report Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
5-year GDS Property 147 PARANET-NE 148 HO COMPUTE 149 PROJECTOR J	W COMPUTER EQUIPME RS JABT	E 10/31/18 6/27/19 6/27/19 =	24,754 16,778 6,018 47,550		X X X	0 0 0	5 5	MQ200DB MQ200DB MQ200DB	0 0 0 0	24,754 16,778 6,018 47,550
	PHONE SYSTEM IMPROVEMENTS QUIPMENT	10/22/15 12/19/16 2/22/17 8/31/16 8/22/17 7/01/17	25,435 12,942 8,275 10,255 13,700 291,185 361,792		X	25,435 12,942 8,275 10,255 13,700 247,564 318,171	7 15 5 39	MM S/L HY 150DB HY S/L HY 150DB MM S/L HY S/L	1,766 3,863 828 4,153 307 43,621 54,538	653 1,946 551 1,831 352 16,504 21,837
16 SIDEWALK 17 SPECTRA 18 FLOORING 19 SPRINKLER S 20 DONATED PA 21 NEW DOORS 23 FURNITURE 24 EMERGENCY 25 FURNTURE & 26 FURNTURE & 27 FURNTURE & 28 FURNTURE & 29 HP LAZERJET 30 MERIDIAN PH 31 LUCENT/OCTE 32 PROJECTOR 33 METAL WORK 34 HON 4 DRAW 35 QUASAR 13 T 36 IBM LAPTOP 37 IBM PRINTER 38 IBM PRINTER 39 IBM PRINTER 40 IBM PRINTER 40 IBM PRINTER 41 IBM PRINTER 41 IBM PRINTER 42 IBM PRINTER 43 IBM PRINTER 44 36.4 GB HARE 45 TAPE DRIVE 46 IBM SERVER	RK E C C OF CU - 6  STURE PROTECTION  YSTEM INTING SERVICES  LIGHTING EQUIPMENT EQUIPMENT EQUIPMENT IV JPBH038398 IONE EL C TABLE (2) ER (3) V 78RN128 12 01-B0414 12 01-A9828 12 01-B4533 NETWORK 01-63519 NETWORK 01-63519 NETWORK 01-63521 NETWORK 01-63293 DRIVE 23AB348	7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/77 3/01/93 7/01/80 7/01/01 12/01/02 10/01/02 10/01/02 6/01/90 9/01/90 5/29/08 6/09/08 8/16/10 9/14/10 4/01/11 6/30/11 8/26/13 7/01/76 12/01/76 12/01/76 12/01/76 12/01/81 11/19/82 12/01/82 3/01/93 3/01/93 8/01/99 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 7/01/00 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01	0 377,670 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 377,670 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HY MO S/L HY	0 377,670 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
46 IBM SERVER 47 NETVISTA PC 48 NETVISTA PC 49 INFOPRONT 1 50 INFOPRONT 1 51 INFOPRONT 1 52 INFOPRONT 1	KAYCCP4 KAYCCP0 130 41-BCZD3 130 41-BCDH2 130 41-BCYX8	6/01/01 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02	0 0 0 0 0 0			0 0 0 0 0 0	0 0 0 0 0	HY HY HY HY HY HY	0 0 0 0 0	0 0 0 0 0

### AMT Asset Report Form 990, Page 1

		Date		Bus	Sec	Basis			
Asset	<u> </u>	In Service	Cost	%	179 Bonus	for Depr	Per Conv Meth	Prior	Current
53 54	IBM COMPUTER IBM NETWORK	9/01/02 9/01/02	$0 \\ 0$			0	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
55	MODEM	9/01/02	0			0	0 HY	0	0
56 57	COMPUTER/MONITOR KCD5PPG NETVISTA PC	10/01/02 4/30/03	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
58	X-SERIES SERVER KP-WL769	7/05/03	0			0	0 HY	0	0
59 60	THINKCENTRE KCBW2P3 THINKCENTRE KCBW2P7	4/22/04 4/22/04	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
61	THINKCENTRE KCBW2M7	4/22/04	0			0	0 HY	0	0
62 63	THINKCENTRE KCBW2GP THINKCENTRE	4/22/04 4/22/04	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
64	INFOPRINT 1352	4/22/04	0			0	0 HY	0	0
65 66	IBM MODEM SERVER KP-FM856	6/01/04 7/01/04	$0 \\ 0$			0	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
67	XEROX COPIER	9/01/04	0			0	0 HY	0	0
68 69	MULTI-MEDIA PR IBM PC THINKCENTRE LKXT7YD	9/14/04 5/01/05	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
70 71	THINKCENTRE M51 W/ MONITOR THINKCENTRE M51 W/ MONITOR	8/01/06 8/01/06	0			0	0 HY 0 HY	0	0
71 72	X SERIES 226 SERVER	8/01/06	0			0	0 HY	0	0
73 74	THINKCENTRE M THINKCENTRE M	6/01/07 6/01/07	0			0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
75	THINKCENTRE M THINKCENTRE M	6/01/07	0			0	0 HY	0	0
76 77	THINKCENTRE M THINKPAD R60	6/01/07 6/01/07	0			0	0 HY 0 HY	0	0
78	THINKI AD ROO THINKPAD R60	6/01/07	0			0	0 HY	0	0
79 80	THINKPAD R60 THINKPAD R60	6/01/07 6/01/07	0			0	0 HY 0 HY	0	$0 \\ 0$
81		10/01/07	0			0	0 HY	0	0
82 83	NT9T6501E5 BCM50 2.0 NT5B42AAABE5 GLOBAL 4X16	2/01/08 2/01/08	0			0	0 HY 0 HY	0	0
84	NT9T6400 BCM50 EXPANSION	2/01/08	0			0	0 HY	0	0
85 86	T7208 TELEPHONE SET (20) T7316E CHARCOAL (4)	2/01/08 2/01/08	0			0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
87	T24 KEY INDICATOR (4)	2/01/08	Ö			0	0 HY	0	0
88 89	NTAB4213 NORSTAR CORF. NT9T6400 BCM50 EXPANSION	2/01/08 2/01/08	0			0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
90	NT9T6400 BCM50 WALL MOUNT	2/01/08	0			0	0 HY	0	0
91 92	NT9T6400 BCM50 WALL MOUNT A01000025 25FT. CABLE (4)	2/01/08 2/01/08	0			0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
93	NT9T6400 BCM50 ENCLOSURE	2/01/08	Ö			0	0 HY	0	0
94 95	N0021175 POWERCORD IEC320 NTKC0243 BCM50 EXPANSION	2/01/08 2/01/08	0			0	0 HY 0 HY	0	$0 \\ 0$
96	NT9T23AAAAE5	2/01/08	Ö			0	0 HY	0	0
97 98	NTKC0239 BCM50 ANALOG STA NTK0243 BCM50 EXPANSION	2/01/08 2/01/08	0			0	0 HY 0 HY	0	$0 \\ 0$
99	NTKC0237 BCM50 ANALOG 4P	2/01/08	0			0	0 HY	0	0
	NTKC0242 BCM50 DIG. STA. NTKC0206 BCM50 VMSG. (4)	2/01/08 2/01/08	0			0	0 HY 0 HY	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
102	NTKC0203 BCM50 VOICE MSG	2/01/08	0			0	0 HY	0	0
	LENOVO THINKCENTRE M 57 LKFRBC LENOVO THINKCENTRE M 57 LKFRAZ		$0 \\ 0$			0	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
105	LENOVO THINKCENTRE M 57 LKFRAZ	6/01/08	0			0	0 HY	0	0
107	LENOVO 17" FLAT PANEL MONITOR V LENOVO 17" FLAT PANEL MONITOR V	6/01/08	$0 \\ 0$			0	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	LENOVO 17" FLAT PANEL MONITOR V THINKPAD T61 L3-K0390		0			0	0 HY	0	0
	IBM SERVER KQCBZZX	6/01/08 8/01/08	0			0	0 HY 0 HY	0	0
		11/01/08	0			0	0 HY	0	0
113	LAPTOP	11/01/08 4/15/09	0			0	0 HY 0 HY	0	0
	LAPTOP SERVER SYSTEM X 3400 SERIAL 06030	4/15/09	0			0	0 HY 0 HY	0	0
116	SERVER SYSTEM X 3400 SERIAL 06030	7/02/09	0			0	0 HY	0	0
	COMPUTER TELEPHONE SYSTEM	7/07/10 9/24/10	0			0	0 HY 0 HY	0	0
119	PENDANT LIGHTING	11/27/10	0			0	0 HY	0	0
	LABOR-PHONE INSTALL FINANCE PARK	6/30/11 9/01/11	0			0	0 HY 0 HY	0	0
122	IBM SERVER	7/31/12	0			0	0 HY	0	0
123 124	SCANTRON SERVER	8/29/12 9/10/12	0			0	0 HY 0 HY	0	0
12,		2,10,12	J			Ü	V	· ·	3

### AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
			0031		173 Donus	тог Берг			Ourient
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
136	SURFACE PRO 3 TABLET CORE I5/8GB		0			0	0  HY	0	0
137	SOFTWARE	11/03/15	0			0	0  HY	0	0
138	MICROSOFT OFFICE SOFTARE 2016-DO		0			0	0  HY	0	0
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514		_	11,514	5 MO S/L	4,890	2,303
	<b>Total Other Depreciation</b>		389,184			389,184		382,560	2,303
		_			-				<del></del> _
	Total ACRS and Other Deprec	iation	389,184			389,184		382,560	2,303
		=			=	, -			<del>,</del>
	Grand Totals		798,526			707,355		437,098	71,690
	Less: Dispositions and Transfer	·s	0			0		0	0
	•	_	700.526		-	707.255		427.000	
	Net Grand Totals	=	798,526		=	707,355		437,098	71,690

## Bonus Depreciation Report Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
146	JABT Leasehold Improvements	7/01/17	291,185		0	0	43,621	247,564
147	PARANET-NEW COMPUTER EQUIPMEN	10/31/18	24,754		0	24,754	0	0
148	HO COMPUTERS JABT	6/27/19	16,778		0	16,778	0	0
149	PROJECTOR JABT	6/27/19	6,018		0	6,018	0	0
	Gra	and Total	338,735		0	47,550	43,621	247,564

## Depreciation Adjustment Report All Business Activities

Form  MACR	<u>Unit</u> S Adj	Asset ustments:	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
D 1	1	1.40	VIDEL TELEDITORE CACTEM	2.264	1.046	210
Page 1	1	142	YIPTEL-TELEPHONE SYSTEM	2,264	1,946	318
Page 1	1	143	LEASEHOLD IMPROVEMENTS	551	551	0
Page 1	1	144	COMPUTER EQUIPMENT	1,969	1,831	138
Page 1	1	145	A/C UNIT	352	352	0
Page 1	1	146	JABT Leasehold Improvements	16,504	16,504	0
Page 1	1	147	PARANET-NEW COMPUTER EQUIPMENT	24,754	24,754	0
Page 1	1	148	HO COMPUTERS JABT	16,778	16,778	0
Page 1	1	149	PROJECTOR JABT	6,018	6,018	0
				69,190	68,734	456

75-0881589 Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior N	AACRS:				
142 143 144 145 146 147 148 149	YIPTEL-TELEPHONE SYSTEM LEASEHOLD IMPROVEMENTS COMPUTER EQUIPMENT A/C UNIT JABT Leasehold Improvements PARANET-NEW COMPUTER EQUIPMENT HO COMPUTERS JABT PROJECTOR JABT	12/19/16 2/22/17 8/31/16 8/22/17 7/01/17 10/31/18 6/27/19 6/27/19	12,942 8,275 10,255 13,700 291,185 24,754 16,778 6,018 383,907	1,617 552 1,181 351 15,404 0 0 0	1,585 552 1,708 351 15,404 0 0 0
Other 1	Depreciation:				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 24 25 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	LAND BUILDING BUILDING BUILDING BUILDING BUILDING-MARK BUILDING-MARK BUILDING-PWC BUILDING-PWC BUILDING-SECU HVAC UNITS - 6 CARPET MINIBLINDS PICTURES ARTISAN MOISTURE PROTECTION SIDEWALK SPECTRA FLOORING SPRINKLER SYSTEM DONATED PAINTING SERVICES NEW DOORS MECHANICAL SOLUTIONS FURNITURE EMERGENCY LIGHTING FURNTURE & EQUIPMENT HP LAZERJET IV JPBH038398 MERIDIAN PHONE LUCENT/OCTEL PROJECTOR METAL WORK TABLE (2) HON 4 DRAWER (3) QUASAR 13 TV IBM LAPTOP 78RN128 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER NETWORK 01-63519 IBM PRINTER NETWORK 01-63519 IBM PRINTER NETWORK 01-63521 IBM PRINTER NETWORK 01-63521 IBM PRINTER NETWORK 01-63293 36.4 GB HARDDRIVE TAPE DRIVE IBM SERVER 23AB348 NETVISTA PC KAYCCP4 NETVISTA PC KAYCCP4 NETVISTA PC KAYCCP0 INFOPRONT 1130 41-BCZD3 INFOPRONT 1130 41-BCZD3 INFOPRONT 1130 41-BCZY8 INFOPRONT 1130 41-BCZY8 INFOPRONT 1130 41-BCYY0 IBM NETWORK MODEM	7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/76 7/01/77 3/01/93 7/01/80 7/01/01 12/01/02 10/01/02 10/01/02 6/01/90 9/01/90 7/01/90 5/29/08 6/09/08 8/16/10 9/14/10 4/01/11 6/30/11 8/26/13 10/22/15 7/01/76 7/01/76 7/01/76 7/01/76 12/01/81 11/19/82 12/01/82 3/01/93 3/01/93 3/01/93 3/01/93 3/01/93 3/01/93 3/01/93 3/01/93 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/01 6/01/02 6/01/02 6/01/02 6/01/02 9/01/02 9/01/02 9/01/02	65,879 377,670 4,307 36,296 751 7,840 570 3,472 43,239 2,533 36,302 1,985 1,703 1,985 6,367 5,319 13,850 3,780 4,000 4,940 6,344 25,435 27,259 6,382 1,812 1,812 5,179 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 886 886 8556 556 556 556 55	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

# Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

		Date In			
Asset	Description	Service	Cost	Tax	AMT
56	COMPUTER/MONITOR KCD5PPG	10/01/02	1,136	0	0
57 58	NETVISTA PC X-SERIES SERVER KP-WL769	4/30/03	918	$0 \\ 0$	0
59	THINKCENTRE KCBW2P3	7/05/03 4/22/04	3,383 978	0	0
60	THINKCENTRE KCBW2P7	4/22/04	978	ő	0
61	THINKCENTRE KCBW2M7	4/22/04	978	0	0
62 63	THINKCENTRE KCBW2GP THINKCENTRE	4/22/04 4/22/04	978 978	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 68	XEROX COPIER MULTI-MEDIA PR	9/01/04 9/14/04	14,275 900	0	0
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	1,208	Ö	Ö
70	THINKCENTRE M51 W/ MONITOR	8/01/06	1,328	0	0
71 72	THINKCENTRE M51 W/ MONITOR X SERIES 226 SERVER	8/01/06 8/01/06	1,328 2,451	$0 \\ 0$	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 77	THINKCENTRE M THINKPAD R60	6/01/07 6/01/07	1,398 1,679	0	0
78	THINKPAD R60	6/01/07	1,679	ő	ő
79	THINKPAD R60	6/01/07	1,679	0	0
80	THINKPAD R60 IBM SYSTEM X3	6/01/07	1,679	0	0
81 82	NT9T6501E5 BCM50 2.0	10/01/07 2/01/08	3,200 1,235	0	0
83	NT5B42AAABE5 GLOBAL 4X16	2/01/08	1,381	Ö	Ö
84	NT9T6400 BCM50 EXPANSION	2/01/08	291	0	0
85 86	T7208 TELEPHONE SET (20) T7316E CHARCOAL (4)	2/01/08 2/01/08	4,620 1,080	$0 \\ 0$	0
87	T24 KEY INDICATOR (4)	2/01/08	992	0	0
88	NTAB4213 NORSTAR CORF.	2/01/08	790	0	0
89 90	NT9T6400 BCM50 EXPANSION NT9T6400 BCM50 WALL MOUNT	2/01/08 2/01/08	291 140	$0 \\ 0$	0
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	0	0
92	A01000025 25FT. CABLE (4)	2/01/08	160	0	0
93 94	NT9T6400 BCM50 ENCLOSURE	2/01/08	110	0	0
95	N0021175 POWERCORD IEC320 NTKC0243 BCM50 EXPANSION	2/01/08 2/01/08	5 190	$0 \\ 0$	0
96	NT9T23AAAAE5	2/01/08	1,529	0	0
97	NTKC0239 BCM50 ANALOG STA	2/01/08	140	0	0
98 99	NTK0243 BCM50 EXPANSION NTKC0237 BCM50 ANALOG 4P	2/01/08 2/01/08	190 190	$0 \\ 0$	0
100	NTKC0242 BCM50 DIG. STA.	2/01/08	420	ő	Ö
101	NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040	0	0
102 103	NTKC0203 BCM50 VOICE MSG LENOVO THINKCENTRE M 57 LKFRBGX	2/01/08 6/01/08	220 981	$0 \\ 0$	$0 \\ 0$
103	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
107 108	LENOVO 17" FLAT PANEL MONITOR V1Y7 LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08 6/01/08	250 250	$0 \\ 0$	0
109	THINKPAD T61 L3-K0390	6/01/08	1,422	ő	0
110	IBM SERVER KQCBZZX	8/01/08	3,690	0	0
111 112	COMPUTER LAPTOP	11/01/08 11/01/08	1,500 1,600	$0 \\ 0$	0
113	LAPTOP	4/15/09	1,449	0	0
114	LAPTOP	4/15/09	1,449	0	0
115 116	SERVER SYSTEM X 3400 SERIAL 0603087 SERVER SYSTEM X 3400 SERIAL 0603085	7/02/09 7/02/09	3,135 3,135	$0 \\ 0$	0
117	COMPUTER	7/02/09	3,773	0	0
118	TELEPHONE SYSTEM	9/24/10	1,585	0	0
119	PENDANT LIGHTING	11/27/10	6,002	0	0
120 121	LABOR-PHONE INSTALL FINANCE PARK	6/30/11 9/01/11	1,672 288,000	$0 \\ 0$	$0 \\ 0$
122	IBM SERVER	7/31/12	4,408	ő	0
123	SCANTRON	8/29/12	4,631	0	0
124 125	SERVER DELL COMPUTER	9/10/12 10/14/13	3,343 1,027	$0 \\ 0$	0
126	IBM SERVER & HARDWARE	11/08/13	7,201	0	0
127	DEL LATITUDE COMPUTER	1/15/14	1,135	0	0

# Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
128	DELL LATITUDE COMPUTER	1/31/14	1,135	0	0
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	0	0
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	0	0
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	0	0
132	DELL LATITUDE COMPUTER	3/31/14	1,135	0	0
133	DELL LATITUDE COMPUTER	3/31/14	1,135	0	0
134	ASSET	6/17/14	6,320	0	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001	0	0
136	SURFACE PRO 3 TABLET CORE 15/8GB/256	1/31/15	1,299	0	0
137	SOFTWARE	11/03/15	2,670	0	0
138	MICROSOFT OFFICE SOFTARE 2016-DONA	3/01/16	13.651	0	0
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514	2,302	2,302
140	SOFTWARE	7/31/16	2,670	0	0
141	SOFTWARE	1/31/17	1,191	198	Ö
	<b>Total Other Depreciation</b>		1,214,892	5,833	2,954
	<b>Total ACRS and Other Depreciation</b>		1,214,892	5,833	2,954
	Grand Totals		1,598,799	24,938	22,554

75-0881589 TX Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	TX
Prior M	IACRS:			
142 143 144 145 146 147 148 149	YIPTEL-TELEPHONE SYSTEM LEASEHOLD IMPROVEMENTS COMPUTER EQUIPMENT A/C UNIT JABT Leasehold Improvements PARANET-NEW COMPUTER EQUIPMENT HO COMPUTERS JABT PROJECTOR JABT	12/19/16 2/22/17 8/31/16 8/22/17 7/01/17 10/31/18 6/27/19 6/27/19	12,942 8,275 10,255 13,700 291,185 24,754 16,778 6,018 383,907	1,617 552 1,181 351 19,412 7,427 6,376 2,287 39,203
Other 1	Depreciation:			
1 2	LAND BUILDING	7/01/76 7/01/76	65,879 377,670	0
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 44 44 44 44 44 44 44 44 44 44	BUILDING BUILDING ITEMS BUILDING-MARK BUILDING-MARK BUILDING-PWC BUILDING-ROOF BUILDING-SECU HVAC UNITS - 6 CARPET MINIBLINDS PICTURES ARTISAN MOISTURE PROTECTION SIDEWALK SPECTRA FLOORING SPRINKLER SYSTEM DONATED PAINTING SERVICES NEW DOORS MECHANICAL SOLUTIONS FURNITURE EMERGENCY LIGHTING FURNTURE & EQUIPMENT FURNTURE & EQUIPMENT FURNTURE & EQUIPMENT FURNTURE & EQUIPMENT HP LAZERJET IV JPBH038398 MERIDIAN PHONE LUCENT/OCTEL PROJECTOR METAL WORK TABLE (2) HON 4 DRAWER (3) QUASAR 13 TV IBM LAPTOP 78RN128 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER 12 01-84533 IBM PRINTER NETWORK 01-63519 IBM PRINTER NETWORK 01-63521 IBM PRINTER NETWORK 01-63293 36.4 GB HARDDRIVE TAPE DRIVE	7/01/76 7/01/76 7/01/77 3/01/93 7/01/80 7/01/01 12/01/02 10/01/02 10/01/02 6/01/90 9/01/90 7/01/90 5/29/08 6/09/08 8/16/10 9/14/10 4/01/11 6/30/11 8/26/13 10/22/15 7/01/76 7/01/76 12/01/81 11/19/82 12/01/81 11/19/82 12/01/81 11/19/82 12/01/81 11/19/82 12/01/81 11/19/82 12/01/80 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 1/01/00 7/01/00 7/01/00 7/01/00 6/01/01 6/01/01 6/01/01 6/01/01	4,307 36,296 751 7,840 570 3,472 43,239 2,533 36,302 1,985 1,703 1,985 6,367 5,319 13,850 3,780 4,000 4,940 6,344 25,435 27,259 6,382 1,812 1,812 1,812 5,179 5,179 1,759 8,500 15,810 683 100 329 290 2,399 886 886 886 556 556 556 556 556 659 879	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
46 47 48 49 50 51 52 53 54 55	IBM SERVER 23AB348 NETVISTA PC KAYCCP4 NETVISTA PC KAYCCP0 INFOPRONT 1130 41-BCZD3 INFOPRONT 1130 41-BCDH2 INFOPRONT 1130 41-BCYX8 INFOPRONT 1130 41-BCYY0 IBM COMPUTER IBM NETWORK MODEM	6/01/01 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02 6/01/02 9/01/02 9/01/02 9/01/02	3,572 1,194 1,194 1,225 1,225 1,225 1,225 1,269 556 85	0 0 0 0 0 0 0 0 0

# TX Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

Asset	Description	Date In Service	Cost	TX
56	COMPUTER/MONITOR KCD5PPG	10/01/02	1,136	0
57	NETVISTA PC	4/30/03	918	0
58	X-SERIES SERVER KP-WL769	7/05/03	3,383	0
59	THINKCENTRE KCBW2P3	4/22/04	978	ő
60	THINKCENTRE KCBW2P7	4/22/04	978	Ö
61	THINKCENTRE KCBW2M7	4/22/04	978	0
62	THINKCENTRE KCBW2GP	4/22/04	978	0
63	THINKCENTRE	4/22/04	978	0
64	INFOPRINT 1352	4/22/04	1,116	0
65	IBM MODEM	6/01/04	85	0
66	SERVER KP-FM856	7/01/04	3,916	0
67	XEROX COPIER	9/01/04	14,275	0
68	MULTI-MEDIA PR	9/14/04	900	0
69	IBM PC THINKCENTRE LKXT7YD	5/01/05	1,208	0
70 71	THINKCENTRE M51 W/ MONITOR THINKCENTRE M51 W/ MONITOR	8/01/06 8/01/06	1,328 1,328	0
72	X SERIES 226 SERVER	8/01/06	2,451	0
73	THINKCENTRE M	6/01/07	1,398	0
74	THINKCENTRE M	6/01/07	1,398	ő
75	THINKCENTRE M	6/01/07	1,398	Ö
76	THINKCENTRE M	6/01/07	1,398	0
77	THINKPAD R60	6/01/07	1,679	0
78	THINKPAD R60	6/01/07	1,679	0
79	THINKPAD R60	6/01/07	1,679	0
80	THINKPAD R60	6/01/07	1,679	0
81	IBM SYSTEM X3	10/01/07	3,200	0
82	NT9T6501E5 BCM50 2.0	2/01/08	1,235	0
83	NT5B42AAABE5 GLOBAL 4X16	2/01/08	1,381	0
84	NT9T6400 BCM50 EXPANSION	2/01/08	291	0
85	T7208 TELEPHONE SET (20)	2/01/08	4,620	0
86	T7316E CHARCOAL (4)	2/01/08	1,080	0
87 88	T24 KEY INDICATOR (4) NTAB4213 NORSTAR CORF.	2/01/08 2/01/08	992 790	$0 \\ 0$
89	NT9T6400 BCM50 EXPANSION	2/01/08	790 291	0
90	NT9T6400 BCM50 EATANSION NT9T6400 BCM50 WALL MOUNT	2/01/08	140	0
91	NT9T6400 BCM50 WALL MOUNT	2/01/08	140	0
92	A01000025 25FT. CABLE (4)	2/01/08	160	ő
93	NT9T6400 BCM50 ENCLOSURE	2/01/08	110	Ö
94	N0021175 POWERCORD IEC320	2/01/08	5	0
95	NTKC0243 BCM50 EXPANSION	2/01/08	190	0
96	NT9T23AAAAE5	2/01/08	1,529	0
97	NTKC0239 BCM50 ANALOG STA	2/01/08	140	0
98	NTK0243 BCM50 EXPANSION	2/01/08	190	0
99	NTKC0237 BCM50 ANALOG 4P	2/01/08	190	0
100	NTKC0242 BCM50 DIG. STA.	2/01/08	420	0
101	NTKC0206 BCM50 VMSG. (4)	2/01/08	7,040	0
102	NTKC0203 BCM50 VOICE MSG	2/01/08	220	0
103	LENOVO THINKCENTRE M 57 LKFRBGX	6/01/08	981 981	$0 \\ 0$
104 105	LENOVO THINKCENTRE M 57 LKFRAZW LENOVO THINKCENTRE M 57 LKFRAZZ	6/01/08 6/01/08	981 981	0
105	LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08	250	0
107	LENOVO 17 FLAT PANEL MONITOR V117 LENOVO 17" FLAT PANEL MONITOR V1Y7	6/01/08	250	0
108	LENOVO 17 FLAT PANEL MONITOR V1Y7	6/01/08	250	ő
109	THINKPAD T61 L3-K0390	6/01/08	1,422	ő
110	IBM SERVER KQCBZZX	8/01/08	3,690	Ö
111	COMPUTER	11/01/08	1,500	0
112	LAPTOP	11/01/08	1,600	0
113	LAPTOP	4/15/09	1,449	0
114	LAPTOP	4/15/09	1,449	0
115	SERVER SYSTEM X 3400 SERIAL 0603087	7/02/09	3,135	0
116	SERVER SYSTEM X 3400 SERIAL 0603085	7/02/09	3,135	0
117	COMPUTER	7/07/10	3,773	0
118	TELEPHONE SYSTEM	9/24/10	1,585	0
119	PENDANT LIGHTING	11/27/10	6,002	0
120	LABOR-PHONE INSTALL	6/30/11	1,672	0
121	FINANCE PARK	9/01/11	288,000	0
122 123	IBM SERVER SCANTRON	7/31/12 8/29/12	4,408 4,631	0
123	SERVER	8/29/12 9/10/12	4,031 3,343	0
124	DELL COMPUTER	10/14/13	3,343 1,027	0
125	IBM SERVER & HARDWARE	11/08/13	7,201	0
127	DEL LATITUDE COMPUTER	1/15/14	1,135	ő
		, - •	-,100	ű

# TX Future Depreciation Report FYE: 6/30/20 Form 990, Page 1

Asset	Description	Date In Service	Cost	TX
128	DELL LATITUDE COMPUTER	1/31/14	1,135	
129	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	Ö
130	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	0
131	OPTIPLEX 7010 USFF, DEKSTOP	2/28/14	825	0
132	DELL LATITUDE COMPUTER	3/31/14	1,135	0
133	DELL LATITUDE COMPUTER	3/31/14	1,135	0
134	ASSET	6/17/14	6,320	0
135	DELL LATITUDE 3540 LAPTOP - 3YR	9/30/14	1,001	0
136	SURFACE PRO 3 TABLET CORE 15/8GB/2560	1/31/15	1,299	0
137	SOFTWARE	11/03/15	2,670	0
138	MICROSOFT OFFICE SOFTARE 2016-DONA	3/01/16	13,651	0
139	2 PRINTERS-CAPITAL LEASE	8/17/15	11,514	2,303
140	SOFTWARE	7/31/16	2,670	0
141	SOFTWARE	1/31/17	1,191	198
	<b>Total Other Depreciation</b>		1,214,892	5,834
	Total ACRS and Other Depreciation		1,214,892	5,834
	Grand Totals		1,598,799	45,037

SCHEDULE G	Fundraising	Other Events		
(Form 990 or				2018
990-EZ)	For calendar year 2018, or tax year beginning	07/01/18 , and ending	06/30/19	

Name Employer Identification Number

J	UNIOR ACHIEV	VEMENT OF DALLAS	INC.	7	5-0881589
		(a) Other event  GOLF TOURNAMENT	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through
Φ		(event type)	(event type)	(event type)	col. <b>(c)</b> )
Revenue	Gross receipts     Less: Charitable contributions	26,465			26,465
	<b>3</b> Gross income (line 1 minus line 2)	26,465			26,465
	4 Cash prizes				
	5 Noncash prizes				
Expenses	6 Rent/facility costs				
Ехре	7 Food/beverages				
Direct	8 Entertainment				
	9 Other expenses	10,932			10,932

Form **990** 

#### Two Year Comparison Report

For calendar year 2018, or tax year beginning

07/01/18 , ending 06/30/19

2017 & 2018

Name

Taxpayer Identification Number

ċ	ΓUΙ	NIOR ACHIEVEMENT OF DALLAS INC.			•	75-0	881589
				2017	2018		Differences
	1.	Contributions, gifts, grants	1.	1,774,400	1,297,	011	-477,389
	2.	Membership dues and assessments	2.				
	3.	Government contributions and grants	3.				
n e	4.	Program service revenue	4.				
_	5.	Investment income	5.	3 <b>,</b> 796	3,	962	166
>	6.	Proceeds from tax exempt bonds	6.				
R e	7.	Net gain or (loss) from sale of assets other than inventory	7.	19,442		533	
	8.	Net income or (loss) from fundraising events	8.	767 <b>,</b> 486	726,	837	-40,649
		Net income or (loss) from gaming	9.				
	10.	Net gain or (loss) on sales of inventory	10.				
	11.	Other revenue	11.				
	12.	Total revenue. Add lines 1 through 11	12.	2,565,124	2,043,	343	
	13.	Grants and similar amounts paid	13.	5,000			-5,000
	14.	Benefits paid to or for members	14.				
S	15.	Compensation of officers, directors, trustees, etc.	15.				
S	16.	Salaries, other compensation, and employee benefits	16.	1,270,334	1,476,	513	206,179
ē	17.	Professional fundraising fees	17.				
o ×	18.	Other professional fees	18.	297,016	311,	068	14,052
Ш	19.	Occupancy, rent, utilities, and maintenance	19.				
	20.	Depreciation and Depletion	20.	69,319		441	10,122
		Other expenses	21.	551,883	517,		-34,425
		Total expenses. Add lines 13 through 21	22.	2,193,552	2,384,		190,928
		Excess or (Deficit). Subtract line 22 from line 12	23.	371,572			-712,709
	24.	Total exempt revenue	24.	2,565,124	2,043,	<u>343</u>	-521,781
_	25.	Total unrelated revenue	25.				
ij		Total excludable revenue	26.	275,189	190,		-85,110
Шa	27.	Total assets	27.	2,325,241	1,870,	<u>496</u>	-454,745
Information	28.	Total liabilities	28.	116,436	139,		
=	29.	Retained earnings	29.	2,208,805	1,731,	372	-477,433
the		Number of voting members of governing body	30.	41	37		
0		Number of independent voting members of governing body	31.	41	37		
	32.	Number of employees	32.	26	34		
	33.	Number of volunteers	33.	4826	5019		

Form	990
LOHIL	-

#### Tax Return History

2018

Name

JUNIOR ACHIEVEMENT OF DALLAS INC.

Employer Identification Number 75-0881589

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		1,081,574	2,003,381	1,774,400	1,297,011	
Membership dues						
Program service revenue						
Capital gain or loss		1,044	23,074	19,442	15,533	
Investment income		3,732	3,444	3,796	3,962	
Fundraising revenue (income/loss)		676,233	830,507	767,486	726,837	
Gaming revenue (income/loss)						
Other revenue						
Total revenue		1,762,583	2,860,406	2,565,124	2,043,343	
Grants and similar amounts paid		7,500		5,000		
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		1,076,231	1,240,924	1,270,334	1,476,513	
Professional fees		255,502	337,085	297,016	311,068	
Occupancy costs						
Depreciation and depletion		89,174	36,890	69,319	79,441	
Other expenses		390,202	383,345	551,883	517,458	
Total expenses		1,818,609	1,998,244	2,193,552	2,384,480	
Excess or (Deficit)		-56,026	862,162	371,572	-341,137	
Total exempt revenue		1,762,583	2,860,406	2,565,124	2,043,343	
Total unrelated revenue						
Total excludable revenue		248,879	283,301	275,189	190,079	
Total Assets		1,095,359	1,986,931	2,325,241	1,870,496	
Total Liabilities		120,288	149,698	116,436	139,124	
Net Fund Balances	<u> </u>	975,071	1,837,233	2,208,805	1,731,372	

#### **Federal Statements**

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

Description	 Total Expenses	 Program Service	agement & General	 Fund Raising
BOARD EXPENSES	\$ 2,925	\$ 1,755	\$ 585	\$ 585
CREDIT CARD CHARGE	15,512	12,410	1,551	1,551
DUES AND SUBSCRIPTIONS	9,826	9,335		491
JOB SHADOW DAY	3,887	3,887		
LICENSE FEES	61,912	55,839	3,800	2,273
OTHER EXPENSE	1,835	589	1,217	29
OUTSIDE SERVICES	140,384	120,731	5,615	14,038
VOLUNTEER RECOGNITION	11,446	10,613	198	635
VOLUNTEER TRAINING	 417	 417	 	 
TOTAL	\$ 248,144	\$ 215,576	\$ 12,966	\$ 19,602

75-0881589 Federal Statements	
Schedule A, Part II, Line 1(e)	
Description	Amount
NON CASH DONATIONS CONTRIBUTIONS SPECIAL EVENTS CONTRIBUTIONS -TYLER SERVICE FEES TOTAL	\$ 207,230 949,839 16,595 60,228 63,119 \$ 1,297,011
Schedule A, Part II, Line 9(e)	
Description	Amount
BOWLING FUNDRAISER	\$ 170,584
LESS: DEDUCTIONS TOTAL	-1,000 \$ 169,584
Schedule A, Part II, Line 12 - Current year	
Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 3,962
HALL OF FAME AWARDS GOLF TOURNAMENT	733,392 26,465
TOTAL	\$ 763,819