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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 9/1, 2010, and ending 8/31, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization NEA-DALLAS	D Employer identification number 75-1306934
Number and street (or P O box, if mail is not delivered to street address) Room/suite 4925 GREENVILLE AVE. 415	E Telephone number 214-821-2000
City or town, state or country, and ZIP + 4 DALLAS, TX 75206	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ **neadallas.org**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

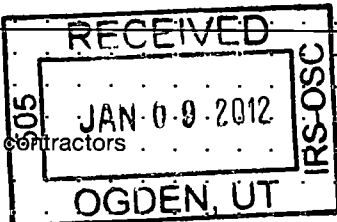
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **246,392**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	228,291
	4	Investment income	4	3,718
	5a	Gross amount from sale of assets other than inventory 5a	5a	
	5b	Less: cost or other basis and sales expenses 5b	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	6a	
6b	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	6b		
6c	c Less: direct expenses from gaming and fundraising events 6c	6c		
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	6d		
7a	7a Gross sales of inventory, less returns and allowances 7a	7a		
7b	b Less: cost of goods sold 7b	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	7c		
8	8 Other revenue (describe in Schedule O) 8	8	14,383	
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	246,392	
Expenses	10	10 Grants and similar amounts paid (list in Schedule O) 10	10	
	11	11 Benefits paid to or for members 11	11	
	12	12 Salaries, other compensation, and employee benefits 12	12	118,552
	13	13 Professional fees and other payments to independent contractors 13	13	
	14	14 Occupancy, rent, utilities, and maintenance 14	14	32,315
	15	15 Printing, publications, postage, and shipping 15	15	14,736
	16	16 Other expenses (describe in Schedule O) 16	16	32,514
17	17 Total expenses. Add lines 10 through 16 ▶	17	198,117	
Net Assets	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18	18	48,275
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19	19	578,492
	20	20 Other changes in net assets or fund balances (explain in Schedule O) 20	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	626,767



9 19

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41	List the states with which a copy of this return is filed. ▶ TEXAS		
42a	The organization's books are in care of ▶ BABS DIDNER, CFO, TSTA Telephone no. ▶ 512-476-5355 Located at ▶ 316 W. 12TH STREET, AUSTIN, TX ZIP + 4 ▶ 78701		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		
45a		<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: *Angela M. Davis* Date: *1-2-12*
 Type or print name and title: *Angela M. Davis*

Paid Preparer Use Only
 Ppnt/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

75-1306934 NEA-DALLAS

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Contributions to employee benefits	Expense Accts and other allowances
ANGELA DAVIS	4925 Greenville Ave , Suite 415	DALLAS, TX 75206	PRESIDENT	40		0	
WILLIAM ROBINSON	P O Box 171701	Dallas, TX 75217	EXEC VICE PRESIDENT	10			
BRANDY GOHEEN	13412 Blossomheath	Dallas, TX 75240	VICE PRES-TEACHER AFFAIRS	5			
JOHN LUSTER	103 Evelyn Street	Desoto, TX 75115	VICE PRES-ESP AFFAIRS	5			
LISA STANTON	3058 Luxar Way	Dallas, TX 75233	VICE PRES-PARA AFFAIRS	5			
KEVIN MURRA	9000 Vantage Point Dr #912	Dallas, TX 75243	TREASURER	5			
MARY DENEICE SMITH	109 Larch Brook Dr	DeSoto, TX 75115	SECRETARY	5			
DELNA BRYAN	3020 Country Sq Dr #1151	Carrollton, TX 75006	DISTRICT 1	5			
DAVID GRIFFIN	10219 Sand Springs Ave	Dallas, TX 75227	DISTRICT 2	5			
PEGGY RODGERS-PICKRON	6606 Driftwood Lane	Rowlett, TX 75089	DISTRICT 3A	5			
NINA THOMAS	1401 Lilac Lane	Plano, TX 75074	DISTRICT 3B	5			
ROBERT SEARS	10704 Checofa Drive	Dallas, TX 75217	DISTRICT 4	5			
BEVERLY LYNN	602 Aviary Drive	Desoto, TX 75115	DISTRICT 5	5			
BRENDA JIMOH	1346 Kingsley Drive	Dallas, TX 75216	DISTRICT 6A	5			
ANNIE GARMON	6918 Woodwick Dr	Dallas, TX 75232	DISTRICT 6B	5			
TIM ELMORE	P O Box 1044	Kemp, TX 75143	DISTRICT 6C	5			
VACANT			DISTRICT 7				
VACANT			DISTRICT 8				
TAMARA GREEN	4927 Crozier St	Dallas, TX 75215	DISTRICT 9A	5			
PAUL WALKER	4018 Heavenly Way	Heartland, TX 75126	DISTRICT 9B	5			