



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 9/1/15, 2015, and ending 8/31, 20 15

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

C Name of organization: NEA DALLAS
 Number and street (or P.O. box, if mail is not delivered to street address): 6500 GREENVILLE AVE. Room/suite: 520
 City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 75206

D Employer identification number: 75-1306934

E Telephone number: 214-621-2000

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶

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

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 179,205

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																										
Revenue	1	Contributions, gifts, grants, and similar amounts received															146,777																																						
	2	Program service revenue including government fees and contracts																																																					
	3	Membership dues and assessments																																																					
	4	Investment income															3,839																																						
	5a	Gross amount from sale of assets other than inventory																																																					
	b	Less: cost or other basis and sales expenses																																																					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																																					
	6	Gaming and fundraising events																																																					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																																					
	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)																																																					
c	Less: direct expenses from gaming and fundraising events																																																						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																																						
7a	Gross sales of inventory, less returns and allowances																																																						
b	Less: cost of goods sold																																																						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																																						
8	Other revenue (describe in Schedule O)																																																						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																																						
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																																					
	11	Benefits paid to or for members																																																					
	12	Salaries, other compensation, and employee benefits																																																					
	13	Professional fees and other payments to independent contractors																																																					
	14	Occupancy, rent, utilities, and maintenance																																																					
	15	Printing, publications, postage, and shipping																																																					
	16	Other expenses (describe in Schedule O)																																																					
17	Total expenses. Add lines 10 through 16																																																						
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																																					
	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)																																																					
	20	Other changes in net assets or fund balances (explain in Schedule O)																																																					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																																					

SCANNED MAY 24 2017

APR 18 2017
 OCCIDENTAL LIFE

22

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	567,994	494,475
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,743	2,743
25 Total assets	570,737	497,218
26 Total liabilities (describe in Schedule O)	55,259	32,286
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	515,478	464,932

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **MEMBER ADVOCACY IN THE EDUCATION SECTOR**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 PROMOTE THE PROGRESS OF EDUCATION IN DALLAS AND THROUGHOUT TEXAS THROUGH MEMBER ADVOCACY, CONFERENCES, TRAINING, TSTA-NEA PROGRAMS, PROFESSIONAL DEVELOPMENT, AND OTHER INITIATIVES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 OBTAIN BENEFITS OF AN INDEPENDENT AND UNITED TEACHING PROFESSION BY INFORMING MEMBERS AND THE COMMUNITY THROUGH PUBLICATIONS AND OTHER METHODS OF COMMUNICATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANGELA DAVIS PRESIDENT	40	64,182	4,200	0
MARY DENIECE SMITH EXECUTIVE VICE PRESIDENT	10	0	0	0
DELNA BRYAN VICE PRESIDENT TEACHER AFFAIRS	10	0	0	0
SHIELA WALKER VICE PRESIDENT DISD ESP AFFAIRS	10	0	0	0
PEGGY RODGERS-PICKRON TREASURER	10	0	0	0
VIVIAN BRYANT SECRETARY	10	0	0	0
DAVID GRIFFIN AREA 1 BOARD MEMBER	10	0	0	0
CHRISTOPHER TULLIS AREA 2 BOARD MEMBER	10	0	0	0
HOPE LEE AREA 3 BOARD MEMBER	10	0	0	0
CARMEN BEHREND AREA 4 BOARD MEMBER	10	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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	46	Yes	No
			<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 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	47	Yes	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 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	<i>Angela Davis</i> Signature of officer	4-10-17 Date
	Angela Davis, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NEA DALLAS

Employer identification number

75-1306934

PART I LINE 8 OTHER REVENUE

COMPLIANCE REBATE FROM TSTA \$14,482

NEA STUDENT CENTERED GRANT \$14,107

PART I LINE 16 OTHER EXPENSES

GRANT EXPENDITURES \$14,107

OFFICE EXPENSES \$21,772

MEMBER RECRUITMENT/RETENTION \$ 9,692

TRAVEL & MEETING EXPENSES \$ 3,900

MISCELLANEOUS \$ 2,187

PART II LINE 24 OTHER ASSETS ARE RENTAL DEPOSITS

PART II LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$19,027

UNEXPENDED NEA GRANT FUNDS \$13,259

