

U&F 327

OMB No. 1545-1150  
2016  
Open to Public Inspection

Form **990-EZ** **Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning 9/1, 2016, and ending 8/31, 2017

**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**  
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: **214-521-2000**  
**F** Group Exemption Number: **06**

**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: **NEADALLAS.COM**  
**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 I, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 150,457**

**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	133,322
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,881
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	14,254
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	150,457
Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	116,669
13	Professional fees and other payments to independent contractors	13	44,409
14	Occupancy, rent, utilities, and maintenance	14	33,150
15	Printing, publications, postage, and shipping	15	427
16	Other expenses (describe in Schedule O)	16	45,182
17	<b>Total expenses.</b> Add lines 10 through 16	17	239,837
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-89,380
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	464,932
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	375,552

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2016)

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**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	494,475	410,597
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,743	2,743
25 Total assets	497,218	413,340
26 Total liabilities (describe in Schedule O)	32,286	37,788
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	464,932	375,552

**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**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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.

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
DELNA BRYAN PRESIDENT	40	68,888	5,076	0
SHEILA WALKER EXECUTIVE VICE PRESIDENT	10	0	0	0
HOPE LEE VICE PRESIDENT-TEACHER AFFAIRS	10	0	0	0
CARMEN BEHREND VICE PRESIDENT-DISD ESP AFFAIRS	10	0	0	0
ANGELA DAVIS TREASURER	10	0	0	0
VIVIAN BRYANT SECRETARY	10	0	0	0
TRAVIS DURHAM AREA 1 BOARD MEMBER	10	0	0	0
VERONICA ARISPE AREA 2 BOARD MEMBER	10	0	0	0
ROSA RIVERA AREA 3 BOARD MEMBER	10	0	0	0
MARY DENIECE SMITH AREA 4 BOARD MEMBER	10	0	0	0
JAQUELINE JONES AREA 4 BOARD MEMBER	10	0	0	0
DALE KAISER 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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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

	Yes	No
46		<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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 (Form's W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 must attach a completed Schedule A ▶  Yes  No

Under penalty 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 ▶ *Delna Bryan* 06-27-2018  
 Signature of officer Date  
 DELNA BRYAN, PRESIDENT  
 Type or print name and title

Paid Preparer Use Only ▶  if self-employed  
 Print/Type preparer's name Preparer's signature Date 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**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 \$14,254

**PART I LINE 16 OTHER EXPENSES**

OFFICE EXPENSES \$27,496

MEMBER RECRUITMENT AND RETENTION \$7,759

TRAVEL AND MEETINGS \$5,361

MISCELLANEOUS \$4,565

**PART II LINE 24 OTHER ASSETS ARE RENTAL DEPOSITS**

**PART II LINE 26 TOTAL LIABILITIES**

ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$24,530

UNEXPENDED NEA GRANT FUNDS \$13,258

**PART IV LIST OF OFFICERS, DIRECTORS AND KEY EMPLOYEES**

RITA SIMON

AREA 5 BOARD MEMBER

HOURS WORKED - 10

COMPENSATION \$0

