#### 990

**Return of Organization Exempt From Income Tax** 

2014

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Α	For the	2014 calend	lar year, or tax year beginning 07-01, 2014, ar	nd ending		06-	30 ,2015							
В	Check if a	applicable:	C Name of organization DALLAS AFTERSCHOOL			D	Employer identification no.							
	Address of	change	Doing business as		76-0838983									
П	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	Room/suite E Telephone number									
$\overline{}$	Initial retu	<del>-</del>	2902 SWISS AVENUE		2.7		(214)306-8400							
$\overline{}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			+	1,307,722							
$\overline{}$	Amended		DALLAS, TX 75204			٦	Gross receipts\$							
$\overline{}$		on pending	F Name and address of principal officer: CHRISTINA HANGER			- 0	Gloss receipts \$							
ш	Аррисанс	on pending	Same as C above	H(a)	Is this a gro subordinate	up retu	n for Yes X No							
	<b>T</b>													
				H(b)	If "No,	" attach	s included? Yes No a list. (see instructions) umber							
200	Website:		.DALLASAFTERSCHOOL.ORG	Comment of the control of the co			To the same of the							
	irt I	organization: X		n: 2007	M State	of legal	domicile: TX							
8.88.	1	Summar		IGUOOT DD	OUTDE		TOURGES AND							
	1	270	ibe the organization's mission or most significant activities: DALLAS AFTERS											
e		SUPPORT SUCH AS PROFESSIONAL TRAINING, BEST PRACTICES AND STANDARDS, NETWORKING OPPORTUNITIES ADVOCACY SUPPORT AND AFTERSCHOOL PROGRAM RESOURCES TO AFTERSCHOOL PROVIDE												
Activities & Governance		OPPORTUNITIES, ADVOCACY SUPPORT AND AFTERSCHOOL PROGRAM RESOURCES TO AFTERSCHOOL PR												
/eri		Ob I. Abi- b		TO/ - 5 14 4 -										
ô	2		ox ► if the organization discontinued its operations or disposed of more than 25		1	ا م	7.4							
త	3		oting members of the governing body (Part VI, line 1a)		-	3	14							
ties	4		ndependent voting members of the governing body (Part VI, line 1b)		1	4	14							
₹	5		er of individuals employed in calendar year 2014 (Part V, line 2a)		- 1	5	16							
Ac	6		er of volunteers (estimate if necessary)		-	6	50							
			ted business revenue from Part VIII, column (C), line 12		-	7a	0							
	_ b	Net unrelate	d business taxable income from Form 990-T, line 34		- 10	7b	0							
Revenue			s and grants (Part VIII, line 1h)	-	ior Year		Current Year							
	8		633	1,288,774										
	9	•	vice revenue (Part VIII, line 2g)	The Mark										
eve	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			497	451							
œ	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		469	3,487								
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		783,	936	1,307,722							
	13		similar amounts paid (Part IX, column (A), lines 1-3)				0							
	14		d to or for members (Part IX, column (A), line 4)	-	Transit is	VIII 50 10	0							
S	15	- 3	er compensation, employee benefits (Part IX, column (A), lines 5-10)	708,	791	651,500								
nse	16a		fundraising fees (Part IX, column (A), line 11e)	•			0							
Expenses	b	Total fundrai	sing expenses (Part IX, column (D), line 25)  217,051	_										
Ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		301,	297	362,811							
		70	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	()	1,010,		1,014,311							
		Revenue les	s expenses. Subtract line 18 from line 12		(226,	152	293,411							
Net Assets or	82			Beginning of	of Current	Year	End of Year							
Set	20		(Part X, line 16)	•	589,	289	877,779							
et A	21		es (Part X, line 26)	•		350	1,429							
		III COOPER AND CONTROL ON CONTROL	or fund balances. Subtract line 21 from line 20	•	582,	939	876,350							
	irt II		ire Block			AN Sec-								
			lare that I have examined this return, including accompanying schedules and statements, and to the best o laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	f my knowledge a	and belief, it	is								
						T	_							
C:-	.0000		STINA HANGER				10-23-2015							
Sig	1.0	Signatur	re of officer			Date								
He	re		STINA HANGER, CHIEF EXECUTIVE OFFICER											
	3.	Type or	print name and title		-									
	27.092%	Print/Type pre	eparer's name Preparer's signature Date	c	heck	if P	TIN							
Pai			er S Hill 11-02-201	.5 se	elf-employe	d	P00236976							
	eparer		▶ Albright Hill and Sumpter PC	Firm's EIN	N ▶									
Us	e Only	y Firm's addres	s > 105 Saint Marys St Suite 100	Phone no										
			Rockwall TX 75087		97	2-27	70-5452							
May	the IRS	S discuss this	return with the preparer shown above? (see instructions)				🛚 Yes 🗌 No							

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	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		X
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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		v
7		6		_X_
,	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-,		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
U	American Ochodula D. D. 470	_		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		<u>X</u>
3	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	3		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		SS 3333	
* *	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,"	**********	*********	800000000000
•	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4-	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?			4.5
00.	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Form 990 (2014) Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Am 5	bid and diganization report more than 40,000 or grante or other addition to diffy dollies to diganization of			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b></b>
	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	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
Z.i				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	~3~		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001	.	37
	Schedule L, Part IV	28b		X
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	7.	X
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		<u>X</u>
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,"		į	
	complete Schedule N, Part II	32		Χ
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,		1	
	or IV, and Part V, line 1	34		X
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			
	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		į	
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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

	Check if Schedule O contains a response or note to any line in this Part V		<i>.</i>					
					,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		*******************	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?					1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					2b	X	
	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		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O					3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity			İ			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?					4a		Χ
b	If "Yes," enter the name of the foreign country:				- 🎆			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ıts						
	(FBAR).							
5a						5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				-	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				İ		]	
	organization solicit any contributions that were not tax deductible as charitable contributions?				٠	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?					6b		5305000555
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 goods							
	and services provided to the payor?				-	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• •		• • •	•  -	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					_	1	7.7
	required to file Form 8282?				•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>		_	-		•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract				·	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				<b> </b>	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		•	•	-	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109					7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ne						
^	sponsoring organization have excess business holdings at any time during the year?	• •	· · · · · ·		.	8	******	
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?				<u> </u>	9a		
b In	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(a)(7) organizations. Enter:				· [	9b		
10	Section 501(c)(7) organizations. Enter:	40-	1					
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	<del> </del>		-			
11	Section 501(c)(12) organizations. Enter:	100	1					
	Gross income from members or shareholders	11a	1					
a b	Gross income from other sources (Do not net amounts due or paid to other sources	114	<b></b>		-			
N	against amounts due or received from them.)	11b						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041				™	12a	8888	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	 I					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		-			
a	Is the organization licensed to issue qualified health plans in more than one state?					3a	25/18/5/20	<u></u>
~	Note. See the instructions for additional information the organization must report on Schedule O.	• •						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
-	· · · · · · · · · · · · · · · · · · ·	13b	1					
c	The state of the s	13c			-18			
14a	Did the organization receive any payments for indoor tanning services during the tax year?				. 1	4a	***************************************	Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					4b		

Form 990 (2014) DALLAS AFTERSCHOOL 76-0838983 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. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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.

b	Enter the number of voting members included in line 1a, above, who are independent			
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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		1 .	1	

	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
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		Х
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		

Section	U.	DISC	:105	ure

17	List the states wi	th which a copy of	of this Form	990 is req	uired to be filed
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- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website
    - X Another's website Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records: CHRISTINA HANGER (214)306-8400, 2902 SWISS AVENUE, DALLAS, TX 75204

# 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.

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

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

		Ţ'				<del></del>		r	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	r
(A) Name and Title	(B) Average hours per week (list any	box	, unle	Po: eck n	rson i	than one is both a or/trustee	n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
·	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JERRY BALDRIDGE	0.10		<u> </u>							
DIRECTOR		X							0	0
(2) EDITH BARNET DIRECTOR	0.10	Х						(	0	0
(3) TERRY CONNER CHAIRMAN	0.10	Х		Х				(	0	0
(4) KRISTI ERICKSON DIRECTOR	0.10	Х						(	0	0
(5) CARL HEFTON DIRECTOR	0.10_	Х						(	) 0	0
(6) BEN LEAL DIRECTOR	0.10	Х						(	***************************************	0
(7) COLLEEN LILLIS TREASURER	0.10	х		Х						0
(8) DUSTIN MARSHALL DIRECTOR	0.10	Х							0	0
(9) JANET MOCKOVCIAK EX OFFICIO	0.10	Х						(	0	0
(10)CHERRI MUSSER VICE CHAIR	0.10	х		Х					***************************************	0
(11)NORMA NELSON DIRECTOR	0.10_	X								0
(12)LARRY SEEDIG DIRECTOR	0.10	X								0
(13)AIMEE SHEAHAN DIRECTOR	0.10	X								0
(14)MELODY TIMINSKY SECRETARY	0.10	Х		Х				(		0

Form 990 (2014) DALLAS AFTERSCHOOL									76-08389	83 Page 8
Part VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F			Comp	ensa	ated Employees (	continued)	
<b>4</b> 0				(C Posi						
(A)	(B)	(do no	ot che			an one		(D)	(€)	(F)
Name and title	Average hours per	1				both an		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				<del></del> 1	trustee)	<del>,</del>	from	related	other
	hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related organizations	ecto	u ior	Œ,	due	est c	<u> ē</u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	1 2	e tr		oye	qmp				and related
	line)	ice	trustee			ensa				organizations
			(D			ated				
API washing some some										
(15)JEFF WEAVER	0.10	Х						^	2	
DIRECTOR (16)CHRISTINA HANGER	40.00	A						0	0	0
CHIEF EXECUTIVE OFFICER	10.00			Х	Х			55,179	0	4,800
(17)TANYA MCDONALD	40.00			7.7		***************************************		JJ;13	3	7,000
EXECUTIVE DIRECTOR	10.00				Х			35,098	0	0
(18)										<u> </u>
1.27										
(19)										
****************	1									
(20)										
MIT AND MIT AN										
(21)										
(22)										
(23)										
(24)										
(25)	<b></b>									
AL Cock total	<u> </u>	L	l				L			
1b Sub-total							- 1			
c Total from continuation sheets to Part VII, Secti							`	00 227	0	4 600
d Total (add lines 1b and 1c)						·	***************************************	90,277	0	4,800
reportable compensation from the organization	i to those use	su apo	ve) v	VIIO	1606	ived ii	11016	(ilaii \$ 100,000 (i	0	
reportable compensation nonstric organization.	······································		·········	······		***********	·········	<del></del>		Yes No
3 Did the organization list any former officer, director	. or trustee. k	ev em	olove	ee. c	or hic	shest e	comr	ensated		105 110
employee on line 1a? If "Yes," complete Schedule										3 X
4 For any individual listed on line 1a, is the sum of rep										
organization and related organizations greater than										
individual										4 X
5 Did any person listed on line 1a receive or accrue of	ompensation	from a	iny u	ınrel	ated	orgar	nizati	on or individual		
for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	suc	h pe	erson				5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensal</li> </ol>	ted independe	ent con	tract	tors	that	receiv	/ed n	nore than \$100,000	) of	
compensation from the organization. Report compe	nsation for th	e caler	ndar	yea	r end	ding w	ith o	r within the organiz	ation's tax	
year.				-,						<del>-</del>
(A)								(8)	1	(C)
Name and business address								Description of	services	Compensation
	·/·				······································	····	·············			
							···········			
2 Total number of independent contractors (including	but not limite	d to the	ose l	isted	i abo	ove) w	/ho			
received more than \$100,000 of compensation from			<b>&gt;</b>							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Unrelated business Revenue excluded from tax Total revenue Related or exempt function revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . . . . . . . 1a 1b Fundraising events . . . . . . . . . 1c 121,308 Related organizations . . . . . . . . . 1d Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1,167,466 Noncash contributions included in lines 1a-1f: \$ 30,000 Total. Add lines 1a-1f <u>. . . .</u> . ▶ 1,288,774 **Business Code** Program Service Revenue 2a CLIENT FEES 900099 14,455 14,455 b TRAINING REV 900099 555 555 f All other program service revenue . . . . . . g Total. Add lines 2a-2f ......... 15,010 Investment income (including dividends, interest, 451 451 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . . b Less: rental expenses . . . . c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . d Net gain or (loss) . . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ 121,308 of contributions reported on line 1c). c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a 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 . . . . . . . . ▶ Miscellaneous Revenue **Business Code** 11a MISCELLANEOUS 900099 3,487 3,487 b e Total. Add lines 11a-11d 3,487 18,948 1,307,722

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Management and Fundraising Program service 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 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . . . . . 90,277 66,516 6,022 17,739 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 7 Other salaries and wages ........ 466,690 342,234 31,043 93,413 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 44,230 31,443 2,905 9,882 10 50,303 37,297 3,272 9,734 Fees for services (non-employees): 11 20,075 20,075 ď Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 69,407 45,265 1,514 22,628 12 3,218 20,471 17,023 230 13 44,146 2,488 20,045 21,613 14 44,038 41,138 1,411 1,489 15 16 8,405 5,645 1,869 891 17 13,315 11,122 390 1,803 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 32,713 891 3,473 28,349 20 21 22 Depreciation, depletion, and amortization . . . . . . 21,316 15,774 2,771 2,771 23 6,000 5,544 228 228 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) AFTER SCHOOL SITE EXPENSES 61,288 61,281 PROFESSIONAL DEVELOPMENT 17,545 15,920 440 1,185 BANK FEES C 2,179 383 88 1,708 đ All other expenses 1,913 1,417 103 393 Total functional expenses. Add lines 1 through 24e 1,014,311 718,938 78,322 217,051 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 🕨 🔲 if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
		0-2	Beginning of year		End of year
į	1	Cash - non-interest-bearing	100,695	1	210,137
	2	Savings and temporary cash investments	260,448	2	350,900
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	165,088	4	210,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		******	
ļ	_	organizations (see instructions). Complete Part II of Schedule L		6	
ts.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 158,131			
	b	Less: accumulated depreciation	63,058	10c	106,742
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	***************************************	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	589,289	16	877,779
	17	Accounts payable and accrued expenses	6,350	17	1,429
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
<b>E</b>		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties,		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,350	26	1,429
.		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔯 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
la l	27	Unrestricted net assets	471,534	27	299,506
å	28	Temporarily restricted net assets	111,405	28	576,844
P	29	Permanently restricted net assets		29	
Ľ.		Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and			
S S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
į	33	Total net assets or fund balances	582,939	33	876,350
	34	Total liabilities and net assets/fund balances	589,289	34	877,779

		6-083898	3	P	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<i></i>		. <i>.</i> .	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	07,	722
2	Total expenses (must equal Part iX, column (A), line 25)	2	1,(	14,	311
3	Revenue less expenses. Subtract line 2 from line 1	3	7	293,	411
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Ē	82,	939
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	8	376,	350
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
			grandenini delici	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash				
	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	
	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:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

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Form 990 (2014)

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2c

3a

3b

#### SCHEDULE A

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization Employer identification number DALLAS AFTERSCHOOL 76-0838983 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box,) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V, Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 other support (see listed in your governing support (see above or IRC section. document? instructions) instructions) (see instructions)) Yes No (A) (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.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 344,073 1,064,578 813,131 713,633 1,288,774 4,224,189 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 344,073 1,064,578 813,131 713,633 1,288,774 4,224,189 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) . . . . 247,221 Public support. Subtract line 5 from line 4 . . 3,976,968 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . . . . . . . . . . . 344,073 1,064,578 813,131 713,633 1,288,774 4,224,189 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 767 881 497 sources 1,146 451 3,742 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 10,525 2,500 3,487 38,981 Total support. Add lines 7 through 10 11 4,266,912 12 Gross receipts from related activities, etc. (see instructions) 223,571 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 93.20 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 % 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 bus. under sec 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 line 6.)						
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			***************************************			
10a	Gross income from interest, dividends, 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						
C	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 org organization, check this box and stop here					) 	▶ □
	ction C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2014 (line 8, co		• •	)		15	%
6	Public support percentage from 2013 Schedu				, , , , , , , , ,	16	%
	ction D. Computation of Investme		····				
17	Investment income percentage for 2014 (line		•	. , ,		17	%
8	Investment income percentage from 2013 Sci					18	%
19a	33 1/3% support tests - 2014. If the organization of the state of the						▶ □
b	33 1/3% support tests - 2013. If the organizatine 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	ot check a box on l	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🔲

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

DA:	LAS AFTERSCHOOL			76-0838983
Pa	tll Organizations Maintaining Donor Adv	ised Funds or Other Simi	lar Funds or Accou	nts.
	Complete if the organization answered "	Yes" to Form 990, Part IV,	line 6.	
		(a) Donor advised fu	inds	(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 advisor	ors in writing that the assets hel	d in donor advised	
	funds are the organization's property, subject to the organization	ganization's exclusive legal con	trol?	
6	Did the organization inform all grantees, donors, and de	onor advisors in writing that gra	nt funds can be used	
	only for charitable purposes and not for the benefit of the	ne donor or donor advisor, or fo	r any other purpose	
<del> </del>	conferring impermissible private benefit?			
Pa	TII Conservation Easements.			
	Complete if the organization answered '	"Yes" to Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the org	anization (check all that apply).		
	Preservation of land for public use (e.g., recreation	or education) 🔲 Pres	ervation of a historically	important land area
	Protection of natural habitat	☐ Pres	ervation of a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribu	tion in the form of a cons	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
C	Number of conservation easements on a certified histo	ric structure included in (a)		2c
đ	Number of conservation easements included in (c) acq	uired after 8/17/06, and not on	a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferr	ed, released, extinguished, or to	erminated by the organiz	ation during the
	tax year 🕨			
4	Number of states where property subject to conservati	on easement is located 👚 🛌		
5	Does the organization have a written policy regarding t	he periodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easem			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation	on easements during the	year
7	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation ea	sements during the year	•
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(c	<ol> <li>above satisfy the requirement</li> </ol>	ts of section 170(h)(4)(B	
	. , , , , ,			
9	In Part XIII, describe how the organization reports cons		· ·	
	balance sheet, and include, if applicable, the text of the	*	inancial statements that	describes the
10 <b>10 10</b> 10 10 10 10 10 10 10 10 10 10 10 10 10	organization's accounting for conservation easements.			
га	till Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·	·	ner Similar Assets.
	Complete if the organization answered		<del></del>	
1a	If the organization elected, as permitted under SFAS 1			
	works of art, historical treasures, or other similar asset	•		
	public service, provide, in Part XIII, the text of the footn			
b	If the organization elected, as permitted under SFAS 1			
	works of art, historical treasures, or other similar asset		cation, or research in fur	therance of
	public service, provide the following amounts relating to			
	(i) Revenue included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic			rovide the
	following amounts required to be reported under SFAS	• • •		
а				, ▶ \$
b	Assets included in Form 990, Part X			

Sched	ule D (Form 990) 2014 DALLAS AFTERSCH	HOOL			76	6-083898	13	Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Other Simi	lar Asset	ts (contin	nued)
3	Using the organization's acquisition, accession,	and other records, cl	neck any of the follo	owing that are	a significant use of	its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loar	n or exchange prog	rams				
b	Scholarly research	e 🗌 Othe	er					
C	Preservation for future generations							
4	Provide a description of the organization's collection	tions and explain ho	w they further the c	organization's e	xempt purpose in f	Part		
-	XIII.		6		· N - · ·			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be						П <b>у</b>	F <sup>-7</sup> 3.1.
Dai	TIV Escrow and Custodial Arrang		n the organization:	s collection?		* * * * * * ·		<u>No</u>
3000	Complete if the organization an		Form 990 Pa	rt IV line Q	or reported an	amount i	on Form	
***************************************	990, Part X, line 21.				-	amount	OH OH	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets n	ot			
							Yes Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	I complete the followi	ng table:		pilled the state of the salety was become account when we			
						Amoun	<u>ıt</u>	
C	Beginning balance							
d	Additions during the year,							
e	Distributions during the year							
f	Ending balance					~		
2a	Did the organization include an amount on Form							
b Sass	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has been pr	ovided in Part >	(III			<u>. Ц                                    </u>
Fal	Endowment Funds.		C 000 D		•			
	Complete if the organization an	***************************************					Clinte It Country' has been been seen	
4	Danisaria afarana kalama	(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	ears back	(e) Four years	s back
1a	Beginning of year balance							************
0	Contributions							··········
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			_				
e	Other expenditures for facilities and							
· ·	programs							
f	Administrative expenses							
g	End of year balance				***************************************			
2	Provide the estimated percentage of the current	vear end balance (lin	ne 1g. column (a)) ł	neld as:				************
a	Board designated or quasi-endowment >	%	io (gi obidiiii (s)) i	1010 00.				
b	Permanent endowment > %							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possession	•	that are held and a	administered for	r the			
	organization by:	Ü					Yes	s No
	(i) unrelated organizations						3a(i)	
	445 4 1 1 1 1	<i></i> .	. <b>.</b>	<i></i>			3a(ii)	****
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Se	chedule R?				3b	
4	Describe in Part XIII the intended uses of the org	ganization's endowm	ent funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization an	swered "Yes" to	Form 990, Pai	rt IV, line 11	a. See Form 9	90, Part 2	X, line 10	)
	Description of property	(a) Cost or other	er basis (b) Cost	t or other basis	(c) Accumulated		(d) Book valu	1 <del>e</del>
		(investme	nt)	(other)	depreciation			<del></del>
1a	Land	, v ,						
b	Buildings				***************************************			
c	Leasehold improvements	, , ,						~~~
d	Equipment			158,131	51,3	189	106	,742
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must equal	al Form 990, Part X,	column (B), line 10	c.)		. ▶	106	,742

	Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year man	ation:
(1) Financial d				
	eld equity interests			
(3) Other	•	W180-24-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		······································
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year man	
(1)				
(2)				
(3)		***************************************		
(4)				
(5)				
(6)				
(7)				
(8)		***************************************		***************************************
(9)				
Part IX	) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
	Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11d. See Form 99	0, Part X, line 15.
	(a) C	escription	***	(b) Book value
(1)				
(2)				
(3)		***************************************		
(4)				
(5) (6)				
(7)				
(8)				****
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.	)		
Part X	Other Liabilities.			
Commission	Complete if the organization answere line 25.	d "Yes" to Form 990, Pa	art IV, line 11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		***************************************		
(9)				
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 25.)			

DALLAS AFTERSCHOOL Schedule D (Form 990) 2014 76-0838983 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,288,792 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: а Net unrealized gains (losses) on investments 2a ь 2b 81,070 2c 2e 81,070 3 1,207,722 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 100,000 4c 100,000 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1,307,722 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 1,095,381 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: а 2a 81,070 2b b 2c Other (Describe in Part XIII.) 2d 2e 81,070 3 3 1,014,311 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4b 4c

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Other revenues included on Form 990 (Part XI, line 4b)

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EXION	EBITOD	MD0021MEN1	OF.	CONTRIBUTION	REVENUE.
				······································	
		***************************************		***************************************	

1,014,311

Schedule D (Form 990) 2014 DALLAS AFTERSCHOOL	76-0838983	Page 5
Part XIII Supplemental Information (continued)		
02. Footnote for uncertain tax position under FIN 48 (F	Part X)	
DAS FILES AN ANNUAL INFORMATION RETURN. WITH FEW EXCEPTIONS, DAS IS NO	LONGER SUBJECT TO	
US FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING	BEFORE JUNE 30,	
2012. DAS HAS ADOPTED THE PROVISIONS OF FASE ASC 740, ACCOUNTING FOR UNC	יייים איייי איי אייים איי	
TAXES. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2015. DAS	RECOGNIZES	
INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENS	SE AND PENALTIES IN	
ADMINISTRATIVE EXPENSE. THERE WERE NO SUCH INTEREST AND PENALTIES FOR 20	015.	
		****
	***************************************	*****
	*	
	- Andrews - Annothing - Annoth	
		······································

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name of the organization						Employer ide	ntification number
DALLAS AFTERSCHOOL						76-08	
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" to	Form 99	0, Part IV,	line 17.
1 Indicate whether the organization rais				ities. Check all that an	oply.		***************************************
a Mail solicitations	Ū			of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations				fraising events			
d In-person solicitations		<b>Q</b>	,	J			
2a Did the organization have a written or	oral agreement	with any indiv	idual (includ	ina officers, directors,	trustees		
or key employees listed in Form 990,						Пу	es No
b If "Yes," list the ten highest paid indiv						draiser is to b	· · · · · · · · · · · · · · · · · · ·
compensated at least \$5,000 by the o		`	•	ŭ			
	·						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have	(iv) Gross receipts from activity	(or re	ount paid to tained by) ser listed in	(vi) Amount paid to (or retained by)
		Yes	utions?			ol. (i)	organization
1				-			
	Paris			***************************************			-
2					1.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2.0750°4 - 2		
3							**************************************
4							
5							
					V-1004-100-100-100-100-100-100-100-100-10		
6							
7							
8					M-40-44-44-44-44-44-44-44-44-44-44-44-44-		
9							
10							
				***			
Total							
3 List all states in which the organization				tions or has been notil	fied it is ev	empt from	
registration or licensing.	io regional or t		non continu	nona or had occur note		ionpi nom	
			····				
	**************************************				Market of the selection of the selection from the s	***************************************	
						······································	
				***			

Schedule G (Form 990 or 990-EZ) 2014 DALLAS AFTERSCHOOL 76-0838983 Part II Fundraising Events. Complete if the organization answered "Yes" to 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 SPECIAL EVEN (add col. (a) through None col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . 121,308 121,308 Less: Contributions 121,308 121,308 Gross income (line 1 minus line 2) . . . . . . . . . . . . . . . . . . Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs . . . . . . . . Food and beverages . . . . . Entertainment Other direct expenses . . . . . Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . . Cash prizes . . . . . . . . . . Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d)

1	Net garting tricome summary. Subtract line 7 from the 1, coloring (d)
9	Enter the state(s) in which the organization conducts gaming activities:
а	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? Yes No
b	If "Yes," explain:

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

76-0838983

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization Employer identification number DALLAS AFTERSCHOOL

ale air	The Types of Property	, ,	1				
		(a)	(b)	(c) Noncash contribution	(d)		
		Check if	Number of contributions or	amounts reported on	Method of dete		
	And 101-11 E f	applicable	items contributed	Form 990, Part VIII, line 1g	noncash contributi	on amou	unts
1	Art - Works of art						*********
2	Art - Historical treasures					<del></del>	
3	Art - Fractional interests					···	
4	Books and publications	<u></u>					
5	Clothing and household	**Articleships					
_	goods			the first state of the state of			
6	Cars and other vehicles				<u></u>		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	ļ					
10	Securities - Closely held stock	<u> </u>					
11	Securities - Partnership, LLC,						
	or trust interests	ļ		***************************************			
12	Securities - Miscellaneous						
13	Qualified conservation	-					
	contribution - Historic	***					
	structures						
14	Qualified conservation	-					
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy			****		····	
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(IT SYSTEM )	X	1	30,000	FAIR VALUE		
26	Other ►()						
27	Other ►()						
28	Other ▶()						
29	Number of Forms 8283 received by	the organizati	on during the tax year for cont	ributions for			
	which the organization completed F	orm 8283, Par	t IV, Donee Acknowledgemen	t <i></i>	29		
						Yes	No
30a	During the year, did the organization	n receive by co	ontribution any property report	ed in Part I, lines 1 through			
	28, that it must hold for at least thre	e years from the	ne date of the initial contributio	n, and which is not required			
	to be used for exempt purposes for	the entire hold	ling period?		30a	1	X
b	If "Yes," describe the arrangement i	in Part II.					
31	Does the organization have a gift at	cceptance poli	cy that requires the review of a	any non-standard			
	contributions?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		31		Х
			elated organizations to solicit,		***********		
32a	Does the organization the or use t						۱
32a		•		·	32a	.	X
		•	•			1	X
	contributions?						X

#### **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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

DALLAS AFTERSCHOOL	76-0838983						
01. Form 990 governing body review (Part VI, line 11)							
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, EXTERNAL ACCOUNTANT, T	HE TREASURER AND						
THE CHAIRMAN OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.	THE CHAIRMAN OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.						
02. Conflict of interest policy compliance (Part VI, line	: 12c)						
IF A POTENTIAL VIOLATION OF THE CONFLICT OF INTEREST POLICY OCCURS, THE OR	GANIZATION HAS A						
FORMAL REPORTING PROCESS TO THE BOARD OF DIRECTORS.							
	·····						
03. CEO, executive director, top management comp (Part VI	, line 15a)						
THE BOARD REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S PERF	ORMANCE AND						
BENCHMARK COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS BEFORE MAKING COMPE	NSATION						
DECISIONS.	W194-944-944-1						
04. Other officer or key employee compensation (Part VI,	line 15b						
THE BOARD REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S PERF	ORMANCE AND						
BENCHMARK COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS BEFORE MAKING COMPE	NSATION						
DECISIONS.							
05. Governing documents, etc, available to public (Part V	T, line 19)						
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE FINANCIAL STATEMENTS AND	990 ARE						
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THIRD PARTY WEBSITES SUCH AS C	HARITY						
NAVIGATOR, DONOR BRIDGE AND GUIDESTAR.							

#### 990 Page 1 **Overflow Statement** Name(s) as shown on return FEIN DALLAS AFTERSCHOOL 76-0838983 PG 10, LINE 11G - OTHER SERVICES/PROG Description Amount AFTER SCHOOL SITE CONTRACT LABOR 31,398 PROFESSIONAL FEES - OTHER 190 CONSULTING 1,046 PAYROLL PROCESSING 12,631 Total: 45,265 PG 10, LINE 11G - OTHER SERVICES/M & G Description Amount CONTRACT LABOR 90 CONSULTING 291 PAYROLL PROCESSING 1,133 1,514 Total: PG 10, LINE 11G - OTHER SERVICES/FUND Description Amount CONTRACT LABOR 18,990 PAYROLL PROCESSING 3,526 CONSULTING 112 Total: 22,628 PG 10, LINE 13 - OFFICE EXPENSE/PROG Description Amount POSTAGE \$ 992 PRINTING AND COPYING 12,421 SUPPLIES 6,632 20,045 Total: PG 10, LINE 13 - OFFICE EXPENSE/M & G Description Amount POSTAGE 167 PRINTING AND COPYING 1,946 SUPPLIES 375 2,488 Total:

## 990 2014 Page 2 **Overflow Statement** Name(s) as shown on return FE!N DALLAS AFTERSCHOOL 76-0838983 PG 10, LINE 13 - OFFICE EXPENSE/FUND Description Amount POSTAGE 603 PRINTING AND COPYING 3,834 SUPPLIES 17,176 Total: 21,613 PG 10, LINE 24E - ALL OTHER EXP/PROG Description Amount DUES & MEMBERSHIP 1,417 Total: 1,417 PG 10, LINE 24E - ALL OTHER EXP/M & G Description Amount DUES & MEMBERSHIP 99 MISCELLANEOUS 4 Total: 103 PG 10, LINE 24E - ALL OTHER EXP/FUND Description Amount DUES AND MEMBERSHIP 393 393 Total: PG 11, LINE 10A - FIXED ASSETS Description Amount COMPUTER EQUIP 124,336 FURNITURE AND FIXTURES 33,795 158,131 Total: