# Form **990**

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

Α	For the	2016 calen	dar year, or tax year begin	ning //U⊥	, 2016,	and ending	<b>g</b> 6/30	)	,	2017	
В	Check if a	applicable:	С					Employe	er identific	ation number	
	Addı	ress change	DALLAS AFTERSCHO	OL				76-0	8389	83	
	Nam	ne change	2902 SWISS AVENU				E	Telepho			
	Initia	al return	DALLAS, TX 75204					(214	1) 30	6-8400	
	-	return/terminated					F	(21.	, 50	0 0100	
	-	ended return					10	Gross re	ceints \$	1,542,	271
		lication pending	F Name and address of principal	officer: GUD T GETTATA			H(a) Is this a c				X No
		ilication pending		CHRISTINA	K. HANGEI	Χ	• • • • • • • • • • • • • • • • • • • •				No
_	Tay ay	rompt otatus	SAME AS C ABOVE   X   501(c)(3)     501(c) (	) ◀ (insert no.)	4047(a)(1) or	527	H(b) Are all su If 'No,' att	ach a list.	(see instru	ictions)	□
<u> </u>		empt status		/ (	4947(a)(1) or						
<u>J</u>			W.DALLASAFTERSCHO		1.		H(c) Group exe				
K		of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	on: 2007	M S	tate of leg	al domicile: TX	
Pa	rt I	Summar									
			be the organization's missi								. <u>ES</u>
e	1		ORT SUCH AS PROFE								
ä	<u> </u>		NG OPPORTUNITIES,	ADVOCACY SUPP	<u>'ORT' AND A</u>	AFTERSC	HOOF LK	<u>OGRAM</u>	RESC	DURCES TO	
ern			OOL PROVIDERS.		-,						
õ	<b>2</b> 0		ox ► if the organization of the gover							ets.	1 /
જ	4	Jumber of in	dependent voting members	of the governing hody	(Part VI line	1h)			3 4		$\frac{14}{14}$
es	5 1		of individuals employed in						5		17
Ξ	6 T		of volunteers (estimate if						6		50
Activities & Governance	7a ⊺		ed business revenue from F						7a		0.
		let unrelated	d business taxable income	from Form 990-T, line 3	34				7b		0.
							Pric	or Year		Current Ye	
	8 0	Contributions	and grants (Part VIII, line	1h)				854,1	29.	1,473,	207.
Revenue	9 F	rogram serv	vice revenue (Part VIII, line	2g)				16,2			900.
Уe	<b>10</b> Ir	nvestment ir	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)				2,1			132.
æ	<b>11</b> C	Other revenu	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, a	and 11e)			-25,9	66.	-25,	703.
	<b>12</b> ⊤	otal revenue	e – add lines 8 through 11	(must equal Part VIII, o	column (A), lir	ne 12)		846,5	80.	1,467,	536.
	<b>13</b> G	Grants and s	imilar amounts paid (Part I	X, column (A), lines 1-3	3)						
	14 E	Benefits paid	to or for members (Part I)	(, column (A), line 4)							
_	<b>15</b> S	Salaries, oth	er compensation, employee	e benefits (Part IX, colu	ımn (A), lines	5-10)	922,332.			1,024,	353.
Expenses	16a F	Professional	fundraising fees (Part IX, o	column (A), line 11e)				20,0		, - ,	
ě	h T		sing expenses (Part IX, col	• •				2070	00.		
Ä	17 (		ses (Part IX, column (A), lir	· · · · · · · · · · · · · · · · · · ·		9,083.		206 0	20	264	160
				·				<u>306,0</u>			468.
			es. Add lines 13-17 (must e					248,3		1,388,	
_ 0		Revenue less	s expenses. Subtract line 1	8 Irom line 12			+	401,7			715.
ts or nces	20 -	-	(Dark V. line 10)				Beginning			End of Yea	
ssel 3ala	20 ⊺		(Part X, line 16)					500,1			675.
Net Assets Fund Baland	21 ⊺		es (Part X, line 26)				-	25,6			401.
			fund balances. Subtract li	ne 21 from line 20				474,5	59.	553,	274.
Pa	ırt II	Signatur	e Block								
Unde	er penaltie	es of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on a	irn, including accompanying sch	nedules and statem	nents, and to t	he best of my l	nowledge a	and belief,	it is true, correct,	and
COITI	piete. Dec	I.	diei (other than onicer) is based on a	an information of which prepare	er rias ariy kilowieu	ige.					
		Cianati	ire of officer				Doto				
Siç	gn	Signatu	ire of officer				Date				
He	re		ISTINA K. HANGER				CEO				
		٠,٠	print name and title	•		1					
		Print/Type p	oreparer's name	Preparer's signature		Date	С	heck	J	ΓIN	
Pa		AMY M					Se	elf-employe	d P	00956657	
	eparer		SUTTON FROST	CARY LLP							
Us	e Only	Firm's addre	ess • 600 SIX FLAGS	DR., SUITE 60	0		Fi	rm's EIN 🕨	75-2	2593210	
				ر 76011			Р	none no.	(817)		 3
May	v the IR	S discuss th	nis return with the preparer		structions)					X Yes	No

Part III	Statement of Program Ser			_
		response or note to any line in this P	art III	
1 Brie	efly describe the organization's miss	ion:		
DA	LLAS AFTERSCHOOL PROVI	DES RESOURCES AND SUPPO	RT_SUCH_AS_PROFESSIONAL	TRAINING, BEST
PR	ACTICES AND STANDARDS,	NETWORKING OPPORTUNITI	ES, ADVOCACY SUPPORT ANI	) AFTERSCHOOL
	OGRAM RESOURCES TO AFTI			
2 Did	the organization undertake any signific	ant program services during the year w	nich were not listed on the prior	
				Yes X No
	es,' describe these new services on			res A ne
			t conducts, any program services?	Yes X No
	res,' describe these changes on Sch	-	t conducts, any program services:	. I les V Mo
	_			
4 Des	scribe the organization's program selection 501(c)(3) and 501(c)(4) organize	rvice accomplishments for each of its	s three largest program services, as no bunt of grants and allocations to other	neasured by expenses.
and	I revenue, if any, for each program s	service reported.	diff of grants and anocations to other	s, the total expenses,
	, ,	·		
<b>4a</b> (Co	de: ) (Eynenses \$	1,074,582. including grants of	\$ ) (Revenue	\$ 17,900.)
			ENTS HAVE ACCESS TO SAFI	
			L AND SUMMER PROGRAMS TI	
			AL IS TO HELP LOCAL SITI	
			Y AFTERSCHOOL PROGRAMS (	
			<u> TY PROGRAMS SHOW NO DIFI</u>	
AC	ADEMIC, SOCIAL OR EMOT	IONAL OUTCOMES THAN CHI	<u>LDREN WHO ARE UNSUPERVI</u>	SED
AF	TERSCHOOL. TODAY, DAS	SUPPORTS 120 FREE AFTER	SCHOOL SITES SERVING MOR	RE THAN 9,000
K-	12TH GRADE STUDENTS IN	DALLAS COUNTY. OUR CLI	ENTS RANGE FROM NATIONAL	L ORGANIZATIONS
			THOUGHT AND DALLAS ISD	
		RIVER MISSION AND PROJ		
==		THE THEOLOGY TIME THOSE		
	. – – – – – – – – – – – – – – – – – – –			
41 (0-		See a bounding or consequence of	Ċ \(\sum_{\text{O}}\)	<u>,</u>
<b>4b</b> (Co	de:) (Expenses \$	including grants of	\$) (Revenue	۶)
4c (Co	de: ) (Expenses \$	including grants of	\$ ) (Revenue	\$
_ =				
				<b></b>
4 d Oth	er program services (Describe in Sc	hedule ().)		
			) (Payonus Š	\
	penses \$	including grants of \$	) (Nevenue 2	)
4 e 10t	al program service expenses -	1,074,582.		

# Form 990 (2016) DALLAS AFTERSCHOOL 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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
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, Part III	5		Х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 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, VII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		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.	11 c		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.	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Χ	
12	a 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>b</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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
		_	_	_

# Form 990 (2016) DALLAS AFTERSCHOOL Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a 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
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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		Х
34	and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	o 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	

Form **990** (2016) BAA

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			🖂						
,,		Ye	s No						
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	16								
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?		c X	ζ						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	17								
b If at least one is reported on line 2a, did the organization file all required federal employment tax return		ь	7						
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			•						
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		а	Х						
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q.</i>		b							
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account.)	over a	а	Х						
<b>b</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 Accounts (FBAR).									
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?									
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?									
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?									
7 Organizations that may receive deductible contributions under section 170(c).									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor?	oods and 7	a X	ζ						
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		b X	ζ						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?		'с	Х						
d If 'Yes,' indicate the number of Forms 8282 filed during the year									
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		'e	X						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		f	X						
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?		h							
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the spoorganization have excess business holdings at any time during the year?	-								
9 Sponsoring organizations maintaining donor advised funds.		'							
a Did the sponsoring organization make any taxable distributions under section 4966?	c	а							
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b							
0 Section 501(c)(7) organizations. Enter:									
a Initiation fees and capital contributions included on Part VIII, line 12									
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>									
1 Section 501(c)(12) organizations. Enter:									
a Gross income from members or shareholders									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)									
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? 12	l'a							
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year									
3 Section 501(c)(29) qualified nonprofit health insurance issuers.									
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13	а							
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 the organization is licensed to issue qualified health plans									
c Enter the amount of reserves on hand									
4a Did the organization receive any payments for indoor tanning services during the tax year?		_	Х						
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule</i>			<b>0</b> (2016)						

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 14 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 ... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. . . . . . 15a **b** Other officers or key employees of the organization ... SEE .SCHEDULE .O. ..... 15 b X 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?.... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

DALLAS TX 75204 (214) 306-8400

CHRISTINA K. HANGER 2902 SWISS AVENUE

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and Title	(B) Average hours	thar	one b both	oox, i an of ctor/t	unles: fficer truste	e)	on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JERALD BALDRIDGE	1									_
DIRECTOR	0	Χ						0.	0.	0.
(2) TERRY CONNER	2									
SECRETARY	0	Х		X				0.	0.	0.
(3) KRISTI ERICKSON	2									
CHAIRMAN	0	Χ		X				0.	0.	0.
BOWLER	1									
DIRECTOR	0	Χ						0.	0.	0.
(5) MICHAEL GAGNE	1							•		
VICE CHAIRMAN	0	Χ		X				0.	0.	0.
(6) COLLEEN LILLIS	1	1,,		.,				•	•	•
TREASURER	0	Χ	-	Х				0.	0.	0.
(7) AMY FAUSS	1							0	0	0
DIRECTOR	0	Х	-					0.	0.	0.
(8) AMY JUENGLING	1							0	0	0
DIRECTOR  (9) JANET MOCKOVCIAK	0	Χ	$\vdash$					0.	0.	0.
(9) JANET MOCKOVCIAK DIRECTOR	1 -	Х						0.	0.	0.
(10) NORMA NELSON	1	Λ						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(11) KATHI CHILD	1	21						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(12) SAGAR DESAI	1							0.	0.	<u></u>
DIRECTOR		Χ						0.	0.	0.
(13) BILL MORRISON	1	<u> </u>		1				<u> </u>	<u> </u>	<u> </u>
DIRECTOR	0	Χ						0.	0.	0.
(14) MARIA CRAMER	1									<u> </u>
DIRECTOR	0	Χ						0.	0.	0.

Part VII   Section A. Officers, Directors, Tru		Key	Em		_	es,	and	d Highest Com	pensated Emp	oyees	(contin	nued)
	(B) (C) Position Average (do not check more than one											
(A)	Average hours	(do	not o	check	more	than	one h an	(D)	(E)	_	(F)	
Name and title	per week	offi	cer a	nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of oth	
	(list any hours	or d	ijsuj	Officer	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f	ipensatio rom the anizatior	
	for related	Individual or director	onn	cer	emp	lest o	ner			an	d related anization	l
	organiza - tions	2 H	nal t		Key employee	e				0.9	aa	
	below dotted	ndividual trustee or director	institutional trustee		ð	Highest compensated employee						
	line)		Ж			ated						
(15) CHRISTINA K. HANGER	40											
CEO	0	•		Х				100,627.	0.		8.2	99.
(16)								,				
(17)												
(18)												
40												
(19)		-										
(20)												
		1										
(21)												
		1										
(22)												
(23)												
(0.8)												
(24)												
(25)												
(25)		•										
1 b Sub-total							<b></b>	100,627.	0.		8,2	99.
c Total from continuation sheets to Part VII, Section	on <b>A</b>						<b></b>	0.	0.			0.
d Total (add lines 1b and 1c)							<b></b>	100,627.	0.		8,2	99.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization 1												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>individu</i>	stee, ial	, key	em/	ploy	yee,	or h	nighest compensati	ted employee	3		Χ
·												71
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	1e co 50,0	mpe 00?	ensa If '\	ition <i>(es,</i>	and ' <i>con</i>	otn <i>ple</i>	te Schedule J for	rom			
such individual										. 4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper	satio	n fr	om	any	unre	late	ed organization or	individual	5		Χ
Section B. Independent Contractors	, compic	10 00	STICE	iaic	3 10	1 340	лη	C13011		.   -		Λ
1 Complete this table for your five highest compens	sated inde	epen	den	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report compen-		tne c	aien	dar <u>i</u>	year	enai	ng v	1	-		<u>~</u>	
<b>(A)</b> Name and business addr	ess							(B) Description (	of services	Compe	<b>C)</b> nsatio	n
-												
											_	_
2 Total number of independent contractors (including b		ited to	o the	ose I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	0											

		Check if Schedule O contains a response or note to an	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns				
	h	Total. Add lines 1a-1f	1,473,207.			
ne		Business Code				
ev er		CLIENT FEES 900099	12,650.	12,650.		
Program Service Revenue		TRAINING REV 900099	5,250.	5,250.		
ž.	Q C					
n Se	u e					
grar	f	All other program service revenue				
Pro		Total. Add lines 2a-2f ▶	17,900.			
	3	Investment income (including dividends, interest and				
		other similar amounts)	2,102.			2,132.
	4 5	Income from investment of tax-exempt bond proceeds Royalties				
	J	(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses				
		Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including\$ 159,115. of contributions reported on line 1c).  See Part IV, line 18				
her		Less: direct expenses b 55,567.				
ŏ		Net income or (loss) from fundraising events ▶	-45,567.			-45,567.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
		Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory▶	19,605.	19,605.		
		Miscellaneous Revenue Business Code				
	_	MISCELLANEOUS 900099	259.	259.		
	b					
	q C	All other revenue				
	-	Total. Add lines 11a-11d	259.			
		Total revenue. See instructions▶		37,764.	0.	-43,435.

# 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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		одрензез	general expenses	схропосо
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,138.	90,293.	5,505.	22,340.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	758,430.	579,707.	35,320.	143,403.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,582.	1,990.	107.	485.
9	Other employee benefits	71,274.	62,565.	2,582.	6,127.
10	Payroll taxes	73,929.	57,273.	3,389.	13,267.
11	Fees for services (non-employees):	,	,	,	- ,
a	Management				
ŀ	Legal				
(	Accounting	23,126.	17,848.	1,036.	4,242.
(	<b>I</b> Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	39,479.	25,880.	2,557.	11,042.
12	Advertising and promotion	36,535.	19,785.	2,557.	16,750.
13	Office expenses	22,744.	16,734.	1,970.	4,040.
14	Information technology	30,727.	24,566.	1,354.	4,807.
15	Royalties	30,7270	=1,0001	2/0011	2/0011
16	Occupancy	8,806.	6,955.	377.	1,474.
17	Travel	21,581.	20,443.	208.	930.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	2,		
19	Conferences, conventions, and meetings	7,353.	6,133.	318.	902.
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,283.	49,827.	3,114.	9,342.
23	Insurance	3,925.	3,062.	167.	696.
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.).				
ā	AFTERSCHOOL SITE COSTS	65,642.	65,601.	7.	34.
	PROFESSIONAL DEVELOPMENT	24,197.	16,025.	6,238.	1,934.
	PRINTING AND PUBLICATIONS	9,257.	7,517.	7.	1,733.
	BANK_FEES	4,893.	59.	726.	4,108.
'	All other expenses	3,920.	2,319.	174.	1,427.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,388,821.	1,074,582.	65,156.	249,083.
26	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			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			9,285.	1	154,878.
	2	Savings and temporary cash investments			187,355.	2	65,068.
	3	Pledges and grants receivable, net			136,630.	3	224,365.
	4	Accounts receivable, net			,	4	•
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated el Part II of Schedule L	officers, of mployees	directors, . Complete		5	
	6	Loans and other receivables from other disqualified posetion 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a 3)(B), and (9) volunt Part II o	s defined under I contributing ary employees' f Schedule L		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	1,859.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	277,862.			,
	b	Less: accumulated depreciation	10 b	138,357.	166,892.	10 c	139,505.
	11	Investments – publicly traded securities			100,032.	11	100,000.
	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		_	500,162.	16	585,675.
	17	Accounts payable and accrued expenses			25,603.	17	32,401.
	18	Grants payable	==, ===	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
es.	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direct I disquali	tors, trustees, fied persons.		22	
⊐	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	25		•			24	
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com <b>Total liabilities.</b> Add lines 17 through 25		L	25 602	25 26	22 401
	20				25,603.	20	32,401.
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	_	_	252 522		
ā	27	Unrestricted net assets		<u> </u>	253,602.	27	277,247.
Ba	28	Temporarily restricted net assets.		<u> </u>	220,957.	28	276,027.
ā	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
ş	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		31	
Ä	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
fet	33	Total net assets or fund balances		_	474,559.	33	553,274.
-	34	Total liabilities and net assets/fund balances			500,162.	34	585,675.

**BAA** Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.				. 🔲			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	67,5	536.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,38	38,8	321.			
3	Revenue less expenses. Subtract line 2 from line 1	3			715.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			559.			
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								
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				. П			
					No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a						
	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:    X   Separate basis	ite						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	3 a 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>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
BAA				990	(2016)			

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number DALLAS AFTERSCHOOL 76-0838983 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. C **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. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	813,131.	713,633.	1,288,774.	854,129.	1,473,207.	5,142,874.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	813,131.	713,633.	1,288,774.	854,129.	1,473,207.	5,142,874.
	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)	320,202.	, 20, 000		303,123		475,516.
6	<b>Public support.</b> Subtract line 5 from line 4						4,667,358.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	813,131.	713,633.	1,288,774.	854,129.	1,473,207.	5,142,874.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	881.	497.	451.	2,147.	2,132.	6,108.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	2,500.	22,469.	3,487.	3,353.	259.	32,068.
11	<b>Total support.</b> Add lines 7 through 10						5,181,050.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	297,114.
13	<b>First five years.</b> If the Form 990 is organization, check this box and						▶
Sec	tion C. Computation of Pul						
	Public support percentage for 20						90.09%
15	Public support percentage from 2	2015 Schedule A,	Part II, line 14			15	91.48 %
16a	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b dicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, chec	k this box
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization	e organization dic qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance:	s' test, check this	box and stop her	re. Explain in Par	t VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstance: est. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Par ed organization.	t VI how the▶
18	<b>Private foundation.</b> If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions >

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

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

Sec	tion A. Public Support	25.5 115.60 25.1011,	produce to improte t	are my			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2012	(3) 2313	(6) = 5 : :	(a) 2010	(6) 2010	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 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.)						
	tion B. Total Support				T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
	Public support percentage from 2						%
Sec	tion D. Computation of Inv					<del>,</del>	
17		•	• • •	-			%
	Investment income percentage f					<u> </u>	%
19a	<b>33-1/3% support tests—2016.</b> If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	did not check the b <b>p here.</b> The organi	ox on line 14, ar zation qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ▶
	<b>33-1/3% support tests—2015.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the support tests—2015.	, check this box	and <b>stop here.</b> The	e organization qu	ualifies as a public	ly supported organ	ization ►

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
2	the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section	1		
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
_					
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

BAA

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 7	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrated	d Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2016

Part V	Type III Non-Functionally	v Integrated 509(a)(3)	Supporting	<b>Organizations</b>	(continued)

rai	Type in Non-1 directionally integrated 303(a)(3) Supporting Organizations (continued)	/				
Sec	ection D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
a			
b			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
<b>b</b> Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2016	 2015	 2014	 2013	2012
OTHER		\$ 259.	\$ 3,353.	\$ 3,487.	\$ 22,469.	\$ 2,500.
	TOTAL	\$ 259.	\$ 3,353.	\$ 3,487.	\$ 22,469.	\$ 2,500.

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization		Employer identification number
DALLAS AFTERSCHOOL		76-0838983
Organization type (check one):		<u> </u>
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organ	nization
	4947(a)(1) nonexempt charitable true	st <b>not</b> treated as a private foundation
	527 political organization	·
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	st treated as a private foundation
	501(c)(3) taxable private foundation	ot trouted do a private roundation
Check if your organization is covered by the Go	eneral Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the Ge	eneral Rule and a Special Rule. See instructions.
General Rule	·	·
	30.F7 or 990.PF that received during the year	r, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Co	mplete Parts I and II. See instructions for dete	ermining a contributor's total contributions.
Special Rules		
X For an organization described in section	on 501(c)(3) filing Form 990 or 990-EZ that me	et the 33-1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A	)(vi), that checked Schedule A (Form 990 or 990-Eing the year, total contributions of the greater	EZ), Part II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) For	m 990-EZ, line 1. Complete Parts I and II.	or (1) \$5,000 or (2) 2% or the amount on (1)
For an organization described in section	on 501(c)(7), (8), or (10) filing Form 990 or 990 nore than \$1,000 <i>exclusively</i> for religious, cha	O-EZ that received from any one contributor,
purposes, or for the prevention of crue	Ity to children or animals. Complete Parts I, II	, and III.
For an organization described in section	on 501(c)(7), (8), or (10) filing Form 990 or 990	0-EZ that received from any one contributor,
during the year, contributions exclusiv	ely for religious, charitable, etc., purposes, but	t no such contributions totaled more than
	ere the total contributions that were received d	
	ete any of the parts unless the <b>General Rule</b> at aritable, etc., contributions totaling \$5,000 or r	
Caution. An organization that isn't covered	by the General Rule and/or the Special Rules	s doesn't file Schedule B (Form 990, 990-EZ, or
990-PF), but it <b>must</b> answer 'No' on Part I	V, line 2, of its Form 990; or check the box on t the filing requirements of Schedule B (Form 9	line H of its Form 990-EZ or on its Form 990-PF,
ranti, iine z, to centily that it uoestit mee	. the ming requirements of schedule B (FOITH)	990, 990-LZ, OF 990-FF).

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1 of

2 of Part I

Name of organization
DALLAS AFTERSCHOOL

Employer identification number 76-0838983

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANET AND JOHN MOCKOVCIAK		Person X  Payroll
	4033 TRAVIS ST	\$45,000.	Noncash
	DALLAS, TX 75204		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF METROPOLITAN DALLAS		Person X Payroll
	1800 N. LAMAR	\$430,000.	Noncash
	DALLAS, TX 75204		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	REES-JONES FOUNDATION		Person X Payroll
	5956 SHERRY LANE #1603	\$100,000.	Noncash
	DALLAS, TX 75225		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Contributions	
4	DALLAS WOMEN'S FOUNDATION	Contributions	Person X
4		\$ 300,000.	Person X Payroll Noncash
4	O150 N. CENTRAL EVERECCIAN #11		Payroll
4 (a) Number	8150 N. CENTRAL EXPRESSWAY #11		Payroll
(a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  (b)	\$ 300,000. (c) Total	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person
(a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  (b)  Name, address, and ZIP + 4	\$ 300,000. (c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION	\$ 300,000.  (c)  Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBY FWY, #1700	\$ 300,000.  (c)  Total contributions	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number 5 (a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBY FWY, #1700  DALLAS, TX 75240	\$300,000.  (c)     Total contributions  \$35,000.	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (Type of contributions.)  Type of contribution
(a) Number 5 (a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBY FWY, #1700  DALLAS, TX 75240  Name, address, and ZIP + 4	\$300,000.  (c)     Total contributions  \$35,000.	Payroll   Noncash   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (Type of contribution   (Domination of the contribution of the contribution   (Complete Part II for noncash contributions.)    Type of contribution   (d)   (d)
(a) Number 5  (a) Number	8150 N. CENTRAL EXPRESSWAY #11  DALLAS, TX 75206  Name, address, and ZIP + 4  HAROLD SIMMONS FOUNDATION  5430 LBY FWY, #1700  DALLAS, TX 75240  Name, address, and ZIP + 4  HILLCREST FOUNDATION	\$ 300,000.  (c) Total contributions  \$ 35,000.  (c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution

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2 of Part I

DALLAS AFTERSCHOOL

Employer identification number

76-0838983

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EUGENE MCDERMOTT FOUNDATION		Person X Payroll
	3808 EUCLID	\$50,000.	Noncash
	DALLAS, TX 75205		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GEORGE AND FAY YOUNG FOUNDATION		Person X
	14850 MONTFORT DRIVE, #269	\$75,000.	Payroll Noncash
	DALLAS, TX 75254		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARGARET MCDERMOTT		Person X Payroll
	4701 DREXEL DR.	\$75,000.	Noncash
	DALLAS, TX 75205		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
			noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
ВΛΛ	TEF 407001 00/00/16	Schodula P (Farms 00)	000 E7 or 000 DE) (2016)

Page

1 to

of Part II

DALLAS AFTERSCHOOL

Name of organization

76-0838983

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (see instructions) Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

to 1 of Part III

Name of organization
DALLAS AFTERSCHOOL

Employer identification number

76-0838983

	or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the tota (Enter this information once. S	al of <i>exclusive</i>	ely religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e)				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee				
(a)	(b)	(c)		(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			 	†		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section	501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organ	ization			Employer identifica	ation number
DAI	LAS	AFTERSCHOOL			76-083898	
		•	rganization is exempt under section	· · ·		zation.
1			organization's direct and indirect political on a figure propertion of 'political campaign activities')	ampaign activities in	Part IV.	
2	Politi	cal campaign activity ex	rpenditures (see instructions)		▶\$	
3	Volur	teer hours for political	campaign activities (see instructions)			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	<b>►</b> \$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a	a correction made?				Yes No
Ł	If 'Ye	s,' describe in Part IV.				
Par	t I-C	Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities \$	
2			organization's funds contributed to other organ			
3			ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	orgar amou	nization made payments nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ais received that were promptly and directly del	mount paid from the fivered to a separate po	iling organization's fund ditical organization, such	ds. Also enter the as a separate
	segre	gated fund or a politica	l action committee (PAC). If additional spa	ace is needed, provide	e information in Part IV	•
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II-A Complete if section 501	the organizati	on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (ele	ction under
	• **	ings to an affiliated group (and	list in Part IV each affil	ated group member's name,	
		and share of excess lobbying			
B Check ► if the filing	ng organization ch	necked box A and 'limited con	ntrol' provisions apply.		
(The term	Limits on Lob 'expenditures' m	bying Expenditures eans amounts paid or incuri	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendit	ures to influence p	oublic opinion (grass roots lo	bbying)		
		a legislative body (direct lobb			
, , ,	•	and 1b)		0.	0.
	•	lines 1c and 1d)			
		•		0.	0.
		mount from the following tab			
If the amount on line 1e, col	lumn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	· ·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	amount (enter 259	\$1,000,000. % of line 1f)		0	0
•		ess, enter -0			0.
~		ss, enter -0-		•	0.
		er line 1h or line 1i, did the org		reporting	□Yes □No
		4-Year Averaging Period U			
(Som		hat made a section 501(h) el pelow. See the separate inst	ection do not have to		
	Lol	obying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount					0.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					0.
c Total lobbying expenditures					0.
<b>d</b> Grassroots nontaxable amount					0.
e Grassroots ceiling amount (150% of line 2d, column (e))					0.
<b>f</b> Grassroots lobbying expenditures					0 . 990 or 990-EZ) 2016
BAA					

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(h)).						
Tax again Wast response on lines to through to below provide in Part IV a detailed description	(a	)	(b)			
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	I	Amoun	t	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
<ul><li>a Volunteers?</li><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>						
c Media advertisements?						
<b>d</b> Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?						
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i.						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		-				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501( section 501(c)(6).	c)(5)	, or				
Section 501(c)(o).				Ye	_	
1 Were substantially all (90% or more) dues received nondeductible by members?			Г	1	SI	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did the organization make only in-nodse lobbying expenditures of \$2,000 or less?				3		
				_	_	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part I	, or so II-A, I	ine 3,	is is	C)	
1 Dues, assessments and similar amounts from members.		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year		2 a				
<b>b</b> Carryover from last year.		2b				
c Total		2 c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5 Taxable amount of lobbying and political expenditures (see instructions)		5				_

# Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	DALLAS AFTERSCHOOL			76-	-0838983	
Par	t   Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fui			
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line	6.		
		(a) Donor advised	funds	(b) Funds	and other acc	counts
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 dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in do	onor advised fund	S <b>Yes</b>	□No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor	ng that grant fund , or for any other	ds can be used or purpose conferri	nly ng <b>Yes</b>	□ No
Par						
ı aı	Complete if the organization ans	wered 'Yes' on Form 990	. Part IV. line	7.		
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., r	,		of a historically im	portant land a	rea
	Protection of natural habitat	ŕ		of a certified histo	•	
	Preservation of open space	'				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation con	tribution in the for	m of a conservation	n easement on	the
	, ,			Held a	at the End of t	he Tax Year
a	Total number of conservation easements			2a		
Ł	Total acreage restricted by conservation ease	ments		2b		
c	: Number of conservation easements on a certif	fied historic structure included	in (a)	2c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06, a	nd not on a histo	ric		
	structure listed in the National Register			2d		
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished,	or terminated by t	he organization dui	ring the	
4	Number of states where property subject to conse			<del>_</del>		
5	Does the organization have a written policy re					
_	and enforcement of the conservation easemer				Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, nandling of violations	, and enforcing co	nservation easeme	nts during the y	/ear
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and	d enforcing conser	vation easements o	during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of se	ction 170(h)(4)(B)	)(i) <b>Yes</b>	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is	s conservation easements in its reto the organization's financial s	evenue and exper statements that o	nse statement, and describes the orga	balance sheet,	and ounting for
	conservation easements.	allama of Aut III-laute-II	Tuaaa	Othor Circlin	V	
Par	Organizations Maintaining Colle Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line	8.	ASSETS.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in f	nue statement an urtherance of public	d balance she c service, provid	et works of de,
k	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, or	ort in its revenue r research in furthe	statement and ba erance of public ser	alance sheet w rvice, provide th	orks of art, ne
	(i) Revenue included on Form 990, Part VIII,	line 1				
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other simil 116 (ASC 958) relating to thes	lar assets for finar se items:	ncial gain, provide t	-	
a	Revenue included on Form 990, Part VIII, line	1			<b>►</b> \$	
L	Accets included in Form 900 Part Y				<b>▶</b> \$	

Schedule <b>D</b> (Form 990) 2016 DALLE	AS AFTERSCH	OOL		76-083	8983		Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasures, or	Other Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	, accession, and o	other records, check a	ny of the following that a	re a significant use of its	collectio	n	
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	rations						
4 Provide a description of the organize Part XIII.	ration's collections	and explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather to	ition solicit or rec han to be mainta	eive donations of ar ined as part of the o	t, historical treasures, c rganization's collection	or other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an				swered 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian o	r other intermediary	for contributions or other	er assets not included	Yes	Γ	No
<b>b</b> If 'Yes,' explain the arrangement					Amoun	+	_ 
<b>c</b> Beginning balance					Amoun		
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a					Yes		No
<b>b</b> If 'Yes,' explain the arrangement				,		_	- NO
bil les, explain the allangement	, III Fait Aiii. Che	ck nere ii the explai	iation has been provide	tu Uli Fait Alli		· · · · · L	_
Part V Endowment Funds. C	omplete if the	organization an	swered 'Yes' on Fo	orm 990 Part IV lir	ne 10		
Tart Endowner and S	(a) Current year					Four years	s back
<b>1 a</b> Beginning of year balance	(u) carrent jour	(2)	(0) 1 110 year 0 2001	(4) 111100 }0410 24011	1 (0)	- can your	
<b>b</b> Contributions					+		
_					+		
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships					+		
e Other expenditures for facilities					1		
and programs							
<b>f</b> Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the current y	ear end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endowm	ient ►	<u> </u>					
<b>b</b> Permanent endowment ►	%						
c Temporarily restricted endowmen	nt ►	%					
The percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.					
3 a Are there endowment funds not in	the nossession of	the organization that a	are held and administered	I for the			
organization by:	.nc possession or 1	ine organization that a	are ricia aria aariiiriisteree			Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organization	s listed as required o	on Schedule R?		. 3b		
4 Describe in Part XIII the intended	d uses of the orga	anization's endowme	ent funds.				
Part VI Land, Buildings, and	Equipment.						
Complete if the organ	ization answe	red 'Yes' on Forr	n 990, Part IV, line	: 11a. See Form 99	0, Par	t X, lir	ne 10.
Description of property	(a)	Cost or other basis	(b) Cost or other	(c) Accumulated	(d)	Book va	alue
		(investment)	`basis (other)	`depreciation			
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment			244,067.	107,325.		136	,742.
e Other			33,795.	31,032.		2	<u>,763.</u>
Total. Add lines 1a through 1e. (Colum	าก (d) must equa	Form 990, Part X, o	column (B), line 10c.)			139	,505.

BAA Schedule **D** (Form 990) 2016

Part VII Investments — Other Securities.		N/A
		0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of secu	* * * * * * * * * * * * * * * * * * * *	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12		37 / 7
Part VIII Investments — Program Related	wered 'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(4) 2001 04110	(2)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 1.	3.) ▶	
Part IX Other Assets.	N/A	1
Complete if the organization ansi		0, Part IV, line 11d. See Form 990, Part X, line 15
(1)	(a) Description	(b) Book value
<u>(1)</u> <u>(2)</u>		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, co	lumn (B) line 15.)	
Part X Other Liabilities.	al an Farma 000 Dark IV line 1	11 11f Can Farma 000 Dant V Line 0F
Complete if the organization answered 'Ye  (a) Description of liability	(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes	(b) Book value	: 
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25	i.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,530,064.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		1
<b>b</b> Donated services and use of facilities		1
c Recoveries of prior year grants		1
d Other (Describe in Part XIII.)		1
e Add lines 2a through 2d.	2 e	62,528.
3 Subtract line 2e from line 1.	3	1,467,536.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1
a Investment expenses not included on Form 990, Part VIII, line 7b		1
b Other (Describe in Part XIII.)		1
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,467,536.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,451,349.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 62,528.		1
b Prior year adjustments		1
c Other losses. 2c		1
d Other (Describe in Part XIII.)		1
e Add lines 2a through 2d.	2 e	62,528.
3 Subtract line 2e from line 1	3	1,388,821.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	_	
b Other (Describe in Part XIII.) 4b	- 46	
	4 c	1 388 821

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

#### **PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSES IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2017. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX. GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURE OF PREPARING THE ORGANIZATION'S TAX RETURN AND

BAA Schedule **D** (Form 990) 2016

Part XIII | Supplemental Information (continued)

# PART X - FIN 48 FOOTNOTE (CONTINUED)

RECOGNITON OF A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2017 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

► 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 76-0838983 DALLAS AFTERSCHOOL **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R			(a) Event #1  RECESS (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts		, J. 7	,	160 115
N U E	1	·	169,115.			169,115.
	2	Less: Contributions	159,115.			159,115.
	3	Gross income (line 1 minus line 2)	10,000.			10,000.
	4	Cash prizes				
<u></u>	5	Noncash prizes				
D R E C T	6	Rent/facility costs	8,710.			8,710.
	7	Food and beverages	27,799.			27,799.
EXPENSES	8	Entertainment	6,000.			6,000.
N S E	9	Other direct expenses	13,058.			13,058.
S	10	Direct expense summary. Add lines 4 three				
Dar	11 t III	Net income summary. Subtract line 10 fro <b>Gaming.</b> Complete if the organiza				-,
I al		\$15,000 on Form 990-EZ, line 6a.	tion answered Tes	5 0111 01111 990, 1 ai	t iv, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
_	2	Cash prizes				
D X I P R R N C S T S	3	Noncash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes 8	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	ın (d)	<b>&gt;</b>	
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	activities in each of th			
		e any of the organization's gaming license es,' explain:				

Sche	edule G (Form 990 or 990-EZ) 2016 DALLAS AFTERSCHOOL	6-0838	983	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
		1 1		
	Indicate the percentage of gaming activity conducted in:	12		0.
	a The organization's facility.			%
	<b>b</b> An outside facility.			<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name ►			
	Address ►			
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenus if I'Yes,' enter the amount of gaming revenue received by the organization   squared from the organization receives gaming revenus   and organization receives gaming revenus   from the organization receives gaming revenus   from the organization receives gaming revenus   squared from the organization receives gaming revenus   from the organization   squared from the organization receives gaming revenus   from the organization   squared from th			No
	Name ►			
	Address •	- – – – .		
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
•	state gaming license?		Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		_
	organization's own exempt activities during the tax year ► \$			
Pai	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions	ılumns ( ıy additi	iii) and ( onal	v);

#### **SCHEDULE 0** (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 2016

Open to Public Inspection

Employer identification number

Name of the organization DALLAS AFTERSCHOOL 76-0838983

### FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENT IS CALCULATED AS FOLLOWS: CONTRIBUTIONS FROM FUNDRAISING EVENT REPORTED ON PART VIII, LINE 1C GROSS INCOME FROM FUNDRAISING EVENT REPORTED ON PART VIII, LINE 8A 10,000 LESS: DIRECT COSTS OF EVENT REPORTED ON PART VIII, LINE 8B (55,567)NET ECONOMIC BENEFIT OF FUNDRAISING EVENT \$ 113,548

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, EXTERNAL ACCOUNTANT, THE TREASURER, AND THE CHAIRMAN OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990. PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS IF A POTENTIAL VIOLATION OF THE CONFLICT OF INTEREST POLICY OCCURS, THE ORGANIZATION HAS A FORMAL REPORTING PROCESS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE BOARD REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S PERFORMANCE AND BENCHMARK COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS BEFORE MAKING COMPENSATION DECISIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE BOARD REVIEWS THE AGENCY'S GOALS FOR THE COMING YEAR, PAST YEAR'S PERFORMANCE

AND BENCHMARK COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS BEFORE MAKING

COMPENSATION DECISIONS.

### FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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 CHARITY NAVIGATOR, DONOR BRIDGE AND GUIDESTAR.