_	0	00	Determ	a of Organization From				OMB No	o. 1545-0047		
Form	9	90	Ketur	n of Organization Exen	npt From Incor	ne lax		ว	2016		
			Under section 501(d	:), 527, or 4947(a)(1) of the Internal	Revenue Code (excep	ot private founda	tions)				
Denar	tment of	the Treasury	► Do not er	nter social security numbers on thi	is form as it may be m	ade public.		Oper	n to Public		
		nue Service	► Informat	ion about Form 990 and its instru	ctions is at www.irs.g	ov/form990.		Ins	pection		
A	For the	e 2016 calend	ar year, or tax year begi	nning	, 2016, and er	nding		, 20			
B	Check if	applicable:	C Name of organization DUNC	CANVILLE ISD EDUCATION F	FOUNDATIO		D	Employer i	dentification no.		
	Address	change	Doing business as			<u>п</u>	7	75-2678418			
l	Name ch	ange	Number and street (or P.O. b	ox if mail is not delivered to street address)		Room/suite	E Telephone number				
<u> </u>	nitial retu	urn	204 NORTH MAIN	ST		100 AB					
- F	Final retu	urn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code				10	8,409		
	Amendeo	d return	Duncanville, T	X 75116-3600			G	Gross receip	pts\$		
	Applicatio	on pending	F Name and address of principa	al officer: DAVID SYKES		H(a) Is this a group	return for s	ubordinates?	Yes 🔀 No		
			Same as C abov	e		H(b) Are all subo	rdinates i	ncluded?	Yes No		
<u> </u>	Fax-exer	mpt status: 🛛 🔀	501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527	lf "No," a	attach a li	st. (see instru	ctions)		
J١	Vebsite :	: 🕨 dun	canvilleisdeduca	tionfoundation.org		H(c) Group exe	mption nu	umber 🕨			
		organization: X	Corporation Trust As	sociation Other ►	L Year of formation: 1	.996 M State	of legal of	domicile: 1	rx		
Pa	rt I	Summar	У								
	1	Briefly descri	ibe the organization's miss	sion or most significant activities:	TO PROMOTE AND S	SUPPORT DUN	CANVI	LLE IS	D BY		
Governance	2		-	n discontinued its operations or dispo erning body (Part VI, line 1a)	bsed of more than 25% o		3				
	4		• •	rs of the governing body (Part VI, line			4		15		
Activities &	5		1 0	n calendar year 2016 (Part V, line 2a	,		5		<u>15</u> 0		
živi	6		6		25						
Ac	7a		r of volunteers (estimate if	Part VIII, column (C), line 12			7a		63,809		
				e from Form 990-T, line 34			7a 7b		03,809		
		Net unrelate			· · · · · · · · · · · · · · ·	Prior Year	75	Curro	ent Year		
	8	Contributions	s and grants (Part VIII, line	:1h)	_		,127	Curre	3,028		
ē	9	Program ser	, 12,		0						
Revenue	10	Investment in	,543		18,083						
Rev	11			nes 5, 6d, 8c, 9c, 10c, and 11e)	-		,694		63,809		
	12			(must equal Part VIII, column (A), line	-		,364		84,920		
	13		v	IX, column (A), lines 1-3)	,	-			11,136		
	14		d to or for members (Part I		[0		
	15			e benefits (Part IX, column (A), lines	5-10)				0		
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)	[0		
ben	b	Total fundrai	ising expenses (Part IX, co	olumn (D), line 25) 🕨	0						
Щ	17			nes 11a-11d, 11f-24e)		61	,939		76,650		
	18	Total expens	es. Add lines 13-17 (mus	t equal Part IX, column (A), line 25)		61	,939		87,786		
	19	Revenue les	s expenses. Subtract line	18 from line 12			425		(2,866)		
or					-	Beginning of Current	Year	End	of Year		
sets alan	20	Total assets	. ,		-	523	,144		520,278		
Net Assets or Fund Balances	21								0		
				line 21 from line 20		523	,144		520 , 278		
	rt II		re Block								
				urn, including accompanying schedules and state ficer) is based on all information of which prepar		knowledge and belief, it	is				
Sig	n		Y FRAZIER				Data				
-			re of officer				Date				
Her	e		Y FRAZIER, TREASU print name and title	JRER							
					Date						
Do:	4	Print/Type pre		Preparer's signature		Check X					
Pai			RAZIER CPA		06-20-2017	self-employe	ed	P00846	823		
	pare			RAZIER CPA		Firm's EIN					
056	Onl	y Firm's address		AIN ST STE 205		Phone no.	14 00	6 0202			
Max	the ID	S discuss this		ille TX 75116		1		6-9383	es 🔀 No		
iviay	ule IR	S UNCUSS THIS	return with the preparer s	hown above? (see instructions)				<u> </u>	es 🛛 No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2016) DUNCANVILLE ISD EDUCATION FOUNDATIO 75-	2678418	Page 2
Pa	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO PROMOTE AND SUPPORT DUNCANVILLE ISD BY PROVIDING EDUCATIONAL GRANTS AND SCHOLA	ARSHIPS	то
	THE DISTRICT.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		x No
	prior Form 990 or 990-EZ?		<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		<u>m</u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,136 including grants of \$) (Revenue \$))
	GENERATE AND DISTRIBUTE RESOURCES TO DUNCANVILLE ISD FOR PROGRAMS AND ACTIVITIES	WHICH	
	ENHANCE THE EDUCATIONAL PROCESS FOR ALL STUDENTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			·
4d	Other program services (Describe in Schedule O.)		
Ψu	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 11,136		
EEA		For	m 990 (2016)

	1990 (2016) DUNCANVILLE ISD EDUCATION FOUNDATIO 75-2678	¥18	P	age 3
Pa	rt IV Checklist of Required Schedules			1
			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	Х	
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	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		0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
-	complete Schedule D, Part III	8		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 25
120	Schedule D, Parts XI and XII	120		v
h		12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
			000 (

Form 990 (2016)

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Form	990 (2016)DUNCANVILLE ISD EDUCATION FOUNDATIO75-26784	18	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
~~	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
250	or IV, and Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		v
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- ac		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
38	Part VI	31		
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		50	Λ	

Form	1 990 (2016) DUNCANVILLE ISD EDUCATION FOUNDATIO 75-2678	118	F	Page 5
Pa	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		0	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		37
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ah		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ►	4d		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 25
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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			
~	the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c	-		
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			~~~

Form	990 (2016) DUNCANVILLE ISD EDUCATION FOUNDATIO	75-26784	18	Р	age 6
Par	t 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	e O. See instructions	S.		_
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15			
	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	1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		•		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
Ŭ	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	21	Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by		14		-77
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
2	The organization's CEO, Executive Director, or top management official		15a		Х
a b	Other officers or key employees of the organization		15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		
160					
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?		160		Х
L		• • • • • • • • •	16a		
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		404		
800	organization's exempt status with respect to such arrangements?	• • • • • • • • • •	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed Texas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 900 and 900 T (Section 5)	$(1/c)(2) \sim col(x)$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	$u_1(c)(3)$ s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	,			
40	X Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere-	est policy, and			
	financial statements available to the public during the tax year.	ula.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record				
	JIM RICHARDSON (972)533-3848, 204 NORTH MAIN ST STE 100 AB, Duncanvill	e, TX 75116-3	600		

Form 990 (201	6) DUNCANVILLE ISD EDUCATION FOUNDATIO	75-2678418	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

	gugugu.				C)						
(A)	(B)	(10.1		Pos	sition			(D)		(E)	(F)
Name and Title	Average hours per week (list any hours for	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the	со	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(V)	/-2/1099-MISC)	from the organization and related organizations
(1) DAVID SYKES PRESIDENT	1.00	x		х					0	0	0
(2) DEBBIE LIVELY	2.00										
VICE PRESIDENT		Х		Χ					0	0	0
(3) JERRY FRAZIER	2.00										
TREASURER		Х		Χ					0	0	0
(4) JAMIE GATTO	2.00	37		37					_		-
SECRETARY		Х		Χ					0	0	0
(5) SHEILA CASEY	<u>1.00</u>	v		37							
IMMEDIATE PAST PRESIDENT	1.00	Х		Χ					0	0	0
(6) CARLA FAHEY	<u>1.00</u>	Х							0	0	0
TRUSTEE (7) DESTINY SYKES	1.00	~							U	U	0
DIRECTOR		Х							0	0	0
(8) VALOIS HOUNSEL	1.00	21							0	0	0
DIRECTOR		Х							0	0	0
(9) AMY LOTT	1.00									Ū	
DIRECTOR		Х							0	0	0
(10)STEVE MARTIN	1.00										
DIRECTOR		Х							0	0	0
(11)CHRIS OWEN	1.00										
DIRECTOR		Х							0	0	0
(12)RAY PURSLEY	1.00										
DIRECTOR		Х							0	0	0
(13)BOBBY_TURNER	1.00										
DIRECTOR		Х							0	0	0
(14)NITA_WATSON	1.00										
DIRECTOR		Х							0	0	0

Γαιι	VII Section A. Onicers, Directors, Trustees,	, Key Emplo	yees,	anu	піу	nes	Com	pen	isaleu Employee:	s (continued)			
					(C								
	(A)	(B)	(do n	ot che	Posit ck mo		an one		(D)	(E)		(F)	
	Name and title	Average	· ·				both an		Reportable	Reportable		Estimated	
		hours per week (list any	office	er and		ector/t	rustee)		compensation from	compensation from related	1	amount of other	T
		hours for	or di	Insti	Officer	Key	Highest compensated employee	Forme	the	organizations		ompensati	
		related	or director	Institutional trust	ber	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organizatio	
		organizations below dotted		nalt		loye	e		(W-2/1033-10100)			and relate	
		line)	stee	ruste		õ	pens				c	organizatio	ons
				õ			ated						
(15)DA	VID_GREEN	1.00											
DI	RECTOR		Х						C		0		0
(16)PA	TRICK LEBLANC												
DI	RECTOR		Х						C		0		0
(17)DC	TTI PENNEBAKER	1.00											
DI	RECTOR		Х						C		0		0
(18)RC	BERT BROWN	1.00											
DI	RECTOR	[X						C		0		0
(19)													
(20)													
		[
(21)													
(22)													
(00)													
(23)													
(24)													
(05)													
(25)													
46								_					
1b	Sub-total		•••	•••	•••	•••	•••						
C	Total from continuation sheets to Part VII, Sectio		•••	•••	•••	•••	•••						
d	Total (add lines 1b and 1c)								0 		0		0
2	Total number of individuals (including but not limited	to those list	ed abo	ove)	wno	rece	elved r	nore	e than \$100,000 of		•		
	reportable compensation from the organization										0	Vee	Na
2	Did the exercite tion list any former officer directo	r or tructoo	kovo			~ *	iahoo	• ~ ~ *	manaatad			Yes	No
3	Did the organization list any former officer, directo				-		-				2		x
	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep									• • • • • • • •	. 3		
4							•						
	organization and related organizations greater than		IT Ye	S, C	ompi	ete	Scnea	uie	J for such				v
-			•••	•••	•••	•••	• • •	•••	••••••••••••••••••••••••••••••••••••••		. 4		X
5	Did any person listed on line 1a receive or accrue co			-			-				-		v
Sacti	for services rendered to the organization? If "Yes,"	complete So	cneau	e J i	or si	icn j	oersor			<u></u>	. 5		X
-	on B. Independent Contractors	dindononda	at 00-54	root	Nro 41	ot r		d	ore then \$100 coo	of			
1	Complete this table for your five highest compensate												
	compensation from the organization. Report comper	isation for the	e calei	ndar	year	enc	ang wi	th oi	r within the organiz	ation's tax			
	year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Co	mpensatio	n

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

Form 99	90 (20	16) DUNCANVI	LLE ISD EDU	CATION FOUND	ATIO		75-26784	18 Page 9
Part	VIII	Statement of Revenu	e					
		Check if Schedule O contair	s a response or r	note to any line in th	is Part VIII			[]
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a					
oun	b	Membership dues	1b					
A n G	c	Fundraising events	1c					
Gifts ilar	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contribution	ons) 1e					
her	f	All other contributions, gifts, gr	ants,					
ĒĒ		and similar amounts not includ	ed above 1f	3,028				
Sont	g	Noncash contributions include	d in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			3,028			
				Business Code				
anue	2a							
Program Service Revenue	b							
ice I	c							
Serv	d							
ram	e							
rog	f	All other program service rever	ue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including di	vidends, interest,					
		and other similar amounts) .			18,083			18,083
	4	Income from investment of tax-e						
	5	Royalties		· · · · · · · •				
			(i) Real	(ii) Personal	-			
		Gross rents						
		Less: rental expenses			-			
		Rental income or (loss)			-			
	d	Net rental income or (loss) .		<u></u> ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses			_			
	c	Gain or (loss)						
	d	Net gain or (loss)		· · · · · · · ►				
Other Revenue	8a	Gross income from fundraising						
ver		events (not including \$						
Re		of contributions reported on line	e 1c).					
ther		See Part IV, line 18	a	87,298				
õ		Less: direct expenses						
		Net income or (loss) from fundr	-	· · · · · · •	63,809		63,809	
	9a	Gross income from gaming act						
		See Part IV, line 19			-			
		Less: direct expenses			-			
	C	Net income or (loss) from gami	ng activities	· · · · · · •				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory	<u></u>				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d .			ļ			
	12	Total revenue. See instructions			84,920		63,809	18,083

Form 990 (2016)

Form	990	(2016
Form	990	(2016

Part IX

16) DUNCANVILLE ISD EDUCATION FOUNDATIO Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all d	columns. All other orga			
	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,136	11,136		
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				
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0					
•	Section 401(k) and 403(b) employer contributions) Other employee benefits				
9					
10					
11	Fees for services (non-employees):	54 365		E4 965	
a L		54,365		54,365	
b					
C		500		500	
d	Lobbying				
e	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 O.)				
12	Advertising and promotion	5,175		5,175	
13	Office expenses	5,927		5,927	
14	Information technology				
15	Royalties				
16	Occupancy	6,600		6,600	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
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.)				
а	MERCHANT SERVICES	44		44	
b	BOARD MEETING COSTS	116		116	
с	EMPLOYEE ANNUAL FUND	432		432	
d	OFFICE SUPPLIES	3,491		3,491	
е	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	87,786	11,136	76,650	0
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				
	fundraising solicitation. Check here ► 🗠 if following SOP 98-2 (ASC 958-720)				

	990 (20	,	7	5-2678	3418 Page 11
Part	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,921	1	6,972
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	495,223	11	513,306
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	523,144	16	520,278
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia	~~	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	25	0
	20	Organizations that follow SFAS 117 (ASC 958), check here	0	20	0
		complete lines 27 through 29, and lines 33 and 34.			
ces	27			27	
alan	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
un-		Organizations that do not follow SFAS 117 (ASC 958), check here FX and			
ŗ		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSC	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	523,144	32	520,278
z	33	Total net assets or fund balances	523,144	33	520,278
	34	Total liabilities and net assets/fund balances	523,144	34	520,278

EEA

Form	990 (2016) DUNCANVILLE ISD EDUCATION FOUNDATIO	75-267841	.8	Pa	age 12
Par	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		84,	920
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		87,	786
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(2,	866)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		523,	144
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		520,	278
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
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		
EEA			Form	990 (2016)

			I	Public Char	ity Status and F	Public S	Suppo	rt	OMB No. 1545-0047
		DULE A			01(c)(3) organization or a s				2016
•		0 or 990-EZ)			ch to Form 990 or Form			•	Open to Public
		of the Treasury enue Service	 Information at 	oout Schedule A (Fo	orm 990 or 990-EZ) and its i	instruction	s is at www	.irs.gov/form990.	Inspection
Nam	e of th	e organization						Employer identifica	tion number
DUN	ICAN		EDUCATION FOUN					75-267841	
Pa	irt I	Reason	for Public Charity	y Status (All or	rganizations must co	omplete	this part	.) See instruction	S.
 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	Ц								
2	Ц		•		Schedule E (Form 990 c	,	,		
3	Ц	•	•	•	n described in section 1				
4			e 1	rated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
_		•	e, city, and state:	<i>a. a n</i>					
5		-		-	university owned or opera	ated by a g	governmen	tal unit described in	
~		•)(1)(A)(iv). (Complete	,	when the second second second second	470/1.)/4)			
6			•	•	init described in section			a de a companya la columna	
7	Χ	•	•	•	t of its support from a gov	/ernmental	unit of from	n the general public	
0			ection 170(b)(1)(A)(vi		,				
8 9		-	rust described in section		ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land grant colle	
3		•	•		see instructions). Enter th		•	•	ge
		university:				e name, en	iy, and stat		
10			n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons. memb	ership fees, and gross	
-		•	•	. ,	subject to certain excepti				
		•		•	isiness taxable income (le		,		
					section 509(a)(2). (Com		,		
11			•		test for public safety. Se		,		
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	S
		of one or more	publicly supported or	ganizations descril	ped in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)	(3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and ²	l 2g.
	а	Type I. A s	supporting organizatio	n operated, superv	vised, or controlled by its	supported	l organizat	ion(s), typically by giv	ing
		the suppor	ted organization(s) the	power to regularly	/ appoint or elect a major	rity of the c	lirectors or	trustees of the	
		supporting	ι organization. You mι	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organization	on supervised or co	ontrolled in connection w	ith its supp	oorted orga	anization(s), by having	l
			•		on vested in the same pe	rsons that (control or r	nanage the supported	
			on(s). You must com						
	С				anization operated in cor				/ith,
					u must complete Part l				()
	d				g organization operated i				
			, ,		generally must satisfy a d a Part IV, Sections A a		•	n and an attentiveness	
	е		. ,	•	determination from the IF				
	G	—	0		ntegrated supporting orga		, a i ype i,	, , ype III	
	f			•					
	g		lowing information abo						••••
		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(.				(described on lines 1-10	listed in you	Ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
(A)									
(B)									
				i i i i i i i i i i i i i i i i i i i	1	1	1		

(C)

(D)

(E)

			EDUCATION FO			75-2678418	<u>v</u>
Pa							
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support	Т					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")	20,676	2,063	79,677	5,642	19,562	127,620
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	2,000		2,000			6,000
4	Total. Add lines 1 through 3	22,676	4,063	81,677	5,642	19,562	133,620
5	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)						
6	Public support. Subtract line 5 from line 4						133,620
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	22,676	4,063	81,677	5,642	19,562	133,620
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
		10,059	36,551	(1,037) 28,926	23,870	98,369
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income De net include gain or						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	250		5	15	166	436
11	Total support. Add lines 7 through 10 .						232,425
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	second third four	th or fifth tax year	r as a section 501(c)(3)	
	organization, check this box and stop here						► 🗌
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, o	column (f) divided b	y line 11, column (f))		14	57.49 %
15	Public support percentage from 2015 Sched	lule A, Part II, line 2	4			15	61.70 %
16a	33 1/3% support test - 2016. If the organiz	zation did not chec	k the box on line 13	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali	fies as a publicly s	upported organizati	on			· · · ▶ 🛛
b	33 1/3% support test - 2015. If the organiz				5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization of	ualifies as a public	ly supported organ	ization			· · · ▶ □
17a	10%-facts-and-circumstances test - 201	6. If the organization	on did not check a b	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-cir	cumstances" test, o	check this box and	l stop here. Explai	in in	
	Part VI how the organization meets the "fac						
	organization		e e	•			▶ □
b	10%-facts-and-circumstances test - 201						
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization mee					clv	
	supported organization			-		-	▶□
18	Private foundation. If the organization did						
	instructions						▶□
EEA		· · · · · · · · · ·					990 or 990-EZ) 2016
LLA						Conedule A (FOIIII)	2010 01 000-22/2010

Direct Expenses

6

7

8

9

10

11

Rent/facility costs

.

.

.

Food and beverages

Other direct expenses

Entertainment

15,221

4,360

1,480

1,732

23,489

48,197

15,221

1,340

1,480

118

Sche	dule G	(Form 990 or 990-EZ) 2016 DUN	CANVILLE ISD EDU	CATION FOUNDATIO	75-	2678418 Page	2
Pa	rt II	Fundraising Events. Com	plete if the organizatior	n answered "Yes" on Forn	n 990, Part IV, line 18,	or reported more	_
		than \$15,000 of fundraising	event contributions ar	d gross income on Form	990-EZ, lines 1 and 6b	. List events with	
		gross receipts greater than	\$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			GOLF TOURN	FUN RUN	2	(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	21,551	22,708	27,427	71,686	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	21,551	22,708	27,427	71,686	_
	4	Cash prizes					
	5	Noncash prizes	520	176		696	

Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

147

3,020

1,467

Direct expense summary. Add lines 4 through 9 in column (d)

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└ Yes % └ No	│	│	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)	. .	
9	En	ter the state(s) in which the organiza	tion conducts gaming activi	ties:		
a b		ter the state(s) in which the organiza the organization licensed to conduct on No," explain:	gaming activities in each of			Yes 🗌 No
		·				
		ere any of the organization's gaming Yes," explain:	licenses revoked, suspende	5		Yes 🗌 No
		· •				

SCHEDULE I	I			Assistance to			1	OMB No. 1545-0047
(Form 990)		Gover	nments, and I	ndividuals in t wered "Yes" on Form		ates		2016
Department of the Treasury				Attach to Form 990.			C	pen to Public
Internal Revenue Service		Information about the second secon	out Schedule I (Form	990) and its instruct	ions is at www.irs.ge	ov/form990.		Inspection
Name of the organization							Employer identification	
Part I Genera		DATIO Grants and Assist	anco				75-2678418	
		o substantiate the amour		tance the grantees' eli	nibility for the grants of	r assistance and		
						•••••••••••••••••		. 🛛 Yes 🗌 No
	-	ocedures for monitoring t						
	<u> </u>	<u>v</u>	<u>v</u>		ts. Complete if the	organization answered	"Yes" on Form	
		recipient that receive				•		
1 (a) Name and address or gover	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DUNCANVILLE I	SD							
710 SOUTH CEDAR	RIDGE							EDUCATIONAL
Duncanville, TX	75137	75-6001336		10,386		CASH		IMPROVEMENT
(2) DUNCANVILLE I	SD							
710 SOUTH CEDAR	RIDGE							STUDENT
Duncanville, TX	75137	75-6001336		750		CASH		SCHOLARSHIP
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
		Ind government organization					····· • _	<u> </u>
3 Enter total number	or other organizations	s listed in the line 1 table		•••••			🕨	<u> </u>

Schedule I (Form 990) (2016)	DUNCANVILLE	ISD	EDUCATION	FOUNDATIO

art III 🔰 Gra	ants and Other Assistance t					
				e organization answ	vered "Yes" on Form 990), Part IV, line 22.
	rt III can be duplicated if additi					
(a)	Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Su	pplemental Information. Pro	vide the information re	equired in Part I, li	ne 2, Part III, colum	n (b), and any other add	itional information.
Monit	oring procedures (Part I, line	2)			
	oring procedures (views grant request and					

Page 2

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization 2016 Open to Public

OMB No. 1545-0047

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

n990. Inspection

DUNCANVILLE ISD EDUCATION FOUNDATIO

75-2678418

01. Form 990 governing body review (Part VI, line 11)

EXECUTIVE BOARD AND GENERAL BOARD BOTH REVIEW 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

MONITORED BY BOARD PRESIDENT

03. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS AVAILABLE TO PUBLIC ON REQUEST. ALSO FILED ON WEB PAGE.

04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

VALUATION CHANGES OF INVESTMENTS IN ENDOWMENT ACCOUT, STEVEN CASEY MEMORIAL ACCOUNT, AND

GEORGE E SPRAYBERRY ACCOUNT.

05. List of other fees for services expenses (Part IX, line 11g)

GOLF TOURNAMENT EXPENSES

LUNCH \$506

GIVEAWAYS \$990

FOOD AND VENUE \$2905

TOTAL \$4401

06. List of other expenses (Part IX, line 24e)

VALUATION LOSSES ON INVESTMENTS

CASEY -\$895

ENDOWMENT -\$27718

SPRAYBERRY -\$656

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page Employer identification number
DUNCANVILLE ISD EDUCATION FOUNDATIO	75-2678418
TOTAL -\$29269	

Form	887	9-E	0
			-

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning , and ending

OMB No. 1545-1878

2016

84,920

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

75-2678418

DUNCANVILLE ISD EDUCATION FOUNDATIO

Name and title of officer

JERRY FRAZIER, TREASURER

Part I I ype of Return and Return Information (whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the applicable line below. Do not complete more than 1 line in Part I.
1a Form 990 check here ► 🔀 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)

	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic retum and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only**

X I authorize JERRY FRAZIER CPA	to enter my PIN 86594 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2016 electronically filed retum. If I h being filed with a state agency(ies) regulating charities as part of ERO to enter my PIN on the retum's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signatulated of the indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disc	ng filed with a state agency(ies) regulating charities as part of
Officer's signature	Date 🕨
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	802832 86594 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on t indicated above. I confirm that I am submitting this return in accordance Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	, ,
ERO's signature	Date > 06-20-2017
	s Form - See Instructions ne IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

EEA

Namela) as shown on return DUNCANVILLE ISD EDUCATION FOUNDATIO OTHER SIMILAR AMOUNTS Description REBATES MEMORIALS COOKBOOK SALE MISC INCOME DESIGNATED GIFTS REVENUE EXCLUDED FROM TAX Description ENDOWMENT INVESTMENT INCOME STEVEN CASEY MEMORIAL INCOME SPRAYBERRY INVESTMENT INCOME SPRAYBERRY INVESTMENT INCOME EVENT STORE EVENT INCOME EVENT INCOME	990 Overflow Statement	2016 Page 1	1
DUNCANVILLE ISD EDUCATION FOUNDATIO 75-267841 OTHER SIMILAR AMOUNTS Description Amount Smoother Similar Amounts Description Amount Similar Amounts Description Amount Similar Amounts Description Amount Similar Amounts Description Amount Similar Amount <	Name(s) as shown on return		L
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Description Amount REBATES \$ 1 MEMORIALS \$ 10 COOKBOOK SALE 14 DESIGNATED GIFTS 2.36 Total: \$ 3.02 REVENUE EXCLUDED FROM TAX Description Amount Second for the se	OTHER SIMILAR AMOUNTS		
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GRANTS TO SCHOOLS \$ 10,38 SPRAYBERRY SCHOLARSHIP 75 Total: \$ 11,13 ADVERTISING AND PROMOTION Amount MEALS \$ 94 PROMOTIONS 4,22	Description	Amount	
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DescriptionAmountMEALS\$ 94PROMOTIONS4,22	Total:	: \$ 11,1	<u>L3</u>
MEALS \$ 94 PROMOTIONS 4,22	ADVERTISING AND PROMOTION		
MEALS \$ 94 PROMOTIONS 4,22	Description	Amount	
PROMOTIONS 4,22			94
Total: <u>\$ 5,17</u>	PROMOTIONS	4,2	
	Total:	: <u>\$ 5,1</u>	<u>17</u>

990 Overflow Statement	2016 Page 2
Name(s) as shown on return	FEIN
DUNCANVILLE ISD EDUCATION FOUNDATIO	75-267841
OFFICE EXPENSES	
Description	Amount
PHONE AND INTERNET	\$ 3,07
POSTAGE	<u>63</u>
BANK FEES SOCIAL & AWARDS DECOR	45 19
OTHER FEES	
DIRECTORS LIABILITY INSURANCE	
Total	
OCCUPANCY	
	A
Description	Amount
OFFICE RENT Total	\$ 6,60 \$ 6,60
IOCAL	• _ 0,00
OFFICE SUPPLIES	
Description	Amount
OFFICE SUPPLIES	\$3,493
Total	: \$3,49
CASH ACCOUNTS	
Description	Amount
OPERATING 1367	\$ 4,91
GRANT 2381	2,05
Total	: \$ 6,97
INVESTMENTS	
Description	Amount
ENDOWMENT INVESTMENT ACCOUNT	\$ 400,81
STEVEN CASEY MEMORIAL FUND	70,50
GEORGE SPRAYBERRY FUND	41,98
Total	: \$ 513,30

FOR TAX YEAR 2016

DUNCANVILLE ISD EDUCATION FOUNDATIO

JERRY FRAZIER CPA 550 N MAIN ST STE 205 Duncanville, TX 75116 (214)906-9383