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Form 990-EZ

Department of the Treasure

MAY

@ \$75

Short Form Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internst Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

nal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2007 calendar year, or tax year beginning , 2007, and ending ,2007 DEC B Check if applicable: C Name of organization D Employer identification number label or GREATER DALLAS VETERANS FOUNDATION 75:2870793 Name change print or Number and street (or P.O. box, if mail is not delivered to street address! Room/suite E Telephone number Initial return 4400 WILLIAMSBURG (214) 349-6584 Termination Specifi City or town, state or country, and ZIP + 4 Amended return F Group Exemption struo DALLAS, TX 75220 Application pending Number . . > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► if the organization Website: ▶ is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one)— \$\overline{\mathbb{Z}}\$ 501(c) (3) \(\lambda \) [insert no.) \$\overline{\mathbb{Q}}\$ 4947(a)(1) or \$\overline{\mathbb{Q}}\$ 527 K Check 🗲 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.) Contributions, gifts, grants, and similar amounts received. 2 ٥ Program service revenue including government fees and contracts 3 O 3 Membership dues and assessments 4 8 Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Ö c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) Special events and activities (attach schedule). If any amount is from gaming, check here _ of contributions Gross revenue (not including \$ ___ reported on line 1) ٥ 6b O Less: direct expenses other than fundraising expenses . . . 6<u>c</u> ٥ Net Income or (loss) from special events and activities. Subtract line 6b from line 6a 0 Gross sales of inventory, less returns and allowances . . . 0 7c O Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a O 8 8 Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 80 506 9 O 10 0 Grants and similar amounts paid (attach schedule) \$ 10 SS 11 ٥ Benefits paid to or for members 11 ŭ HS. 12 Q 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractor 13 14 Δ 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe - COMBUCTED VETERANS 16 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year. Subtract line 17 from line 9 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 55.369 19 end-of-year figure reported on prior year's return). 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 369 Balance Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (A) Beginning of year (See page 60 of the instructions.) 55,369 58.100 Cash, savings, and investments 22 23 0 a 23 Land and buildings O 24 O Other assets (describe > . 55 369 25 190 25 Total assets a 26 ۵ 26 Total liabilities (describe ▶ 55.369 58,100 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 106421

Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)						Expen	ses.		
	What is the organization's primary exempt purpose? RECOGNIE ARMED FUNCES VETS					(Required for 501(c)(3)			
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						and (4) organizations and 4947(a)(1) trusts;		
describe the services provided, the number of persons benefited, or other relevant information for each program title.							(I) IN Others	usts; L)	
28	VETERALIS DAY PARANE - 1411	OLVINE PARTICIPA	ITIAL) AF A	(3)16					
	VETERANS DAY PARADE - INVOLVING PARTICIPATION OF ACTIVE, RESERVE AND GUARD ELEMENTS OF THE ARMED FORCES								
-	WELLEY WE DENNING CRAMENTAL ALLES VISITED FORES				1 1	.77	7,7	75	
ī	(Grants \$) If this amount incli	udes foreign grants, check	here	▶ □	28a		-		
29 .	9								
-									
7	Grants \$) If this amount includes foreign grants, check here ▶ □							0	
30 .	0								
-							•		
7	(Grants \$) If this amount incl	udes foreign grants, check	hora		30a			0	
			1100	·	300				
		udes foreign grants, check	hom	. ▶ □	31a			0	
	Total program service expenses. Add lines 28a th				32	7-	7	75	
	rt IV List of Officers, Directors, Trustees, and Key			d See page 6					
га	List of Officers, Directors, Trustees, and Key	(B) Title and average	(C) Compensation	(D) Contributio			xpens		
	(A) Name and address	hours per week	(If not paid,	employee benefit deferred comper	plans &	acco other a	unt an	nd	
_	2000	devoted to position	enter -0-1	deserted compen	iSauuii	Oures &	III)Wal	<u>Les</u>	
	OHN HAYES 75252	CHAIRMAN 6	0	0	- 1		٥		
	07 GLENBROOK LN DALLAS TX								
	ARL C. BULLOCK 75094	TREASURER 5	0	0	- 1		Ó		
1221 CREST WICK DR MURPHY, IX									
TRUDY PIPEL 75023 SECRETARY 4 0				٥	1		۵		
<u>65</u>	OF VERD DR FLAUG. TX		<u> </u>						
6	Other Information Alete the statemen	t marity most in Conom	I Instruction \/\	L		 -	Voc	No	
Pa	rt V Other Information (Note the statemen					 	162	NO	
33	Did the organization make a change in its activities	es or methods of conducting	ng activities? If "Y	es," attach a	3			レ	
	detailed statement of each change					33		├	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes					1 - 1		1	
						34		 -	
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not						1 1	i	ł	
	reported on Form 990-T, attach a statement explaining y	your reason for not reporting t	he income on Form	990-T.		1 1			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and							سا		
	proxy tax requirements?					35a			
b	If "Yes," has it filed a tax return on Form 990-T for	or this year?				35b		<u> </u>	
36	Was there a liquidation, dissolution, termination, of	or substantial contraction d	luring the year? If	"Yes," attac	h a	1 (
	statement					36		<u> </u>	
37a	Enter amount of political expenditures, direct or ind	lirect, as described in the in	structions. ► 37	a (<u> </u>	4 ([
	b Did the organization file Form 1120-POL for this year?					37b		レ	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we					1 1			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return? .					38a		<u></u>	
h	If "Yes," attach the schedule specified in the line			1		1 7		ł	
-	involved		38	b	۵	_]]			
39	501(c)(7) organizations. Enter:							1	
а	Initiation fees and capital contributions included o	on line 9		a	0				
b	Gross receipts, included on line 9, for public use	of club facilities			0]]			

Pac	ıe	:

Par	t V	Other Information (Note the statement requirement in G	eneral Instruc	tion V.) (Con	inued)			
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶						- NO -
b		(3) and (4) organizations. Did the organization engage in any section 4 or did it become aware of an excess benefit transaction from a prior				40b	Yes	No 노
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
	d Enter amount of tax on tine 40c reimbursed by the organization ▶							
е	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?							
41	List th	ne states with which a copy of this return is filed. ▶			•			
42a	42a The books are in care of ► WICK HARPER Telephone no. ► (2/4) Located at ► 84/5 OLD Moss RD DALLAS, TX ZIP + 4 ► 7.57.						-65 161	0
	b 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)?						Yes	No
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?							
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 143							▶ □
		Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than	companying sche officer) is based o	dules and statem n all information o	ents, and to the	best of m er has an	y knov y knov	vledge vledge.
Plea	ase	11 le 14		الما	MAY	701	Λ	
Sign	n	Signature of officer		5.4	- 1-(A)	201		
Her	e	I Suprature of Office	TD	<i></i>				
		Signature of officer VICK HARPER 2009 TREASUMER Type or print name and title.						
		Type or print name and tide.	Date	Check if	Preparer's SSN	~ PTN (S	oo Gon	Inst XI
Paid	arer's	Preparer's signature	Date	self- emptoyed ▶ □				
		Firm's name (or yours		EIN	>			
Use	Onsy	if self-employed), address, and ZIP + 4		Phone n	0. ▶ ()			
					F	om 99	D-EZ	(2007)