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Form 990-EZ

Department of the Treasury Internal Revenue Service

A E 11

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

➤ Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

М Г	or the	2008 calendar year, or tax year beginning 100 F 1 , 2008, and ending 100 A	<i>9</i> /.	_ , 2009	
	Check if a	• -	dentification number		
=	Address on Name cha	label or April 1800 VV		08411	
==	Initial retu	Number and street (or PO box, if mail is not delivered to street address) Room/suite E 16			
=	Terminatio	Specific P. 0. Bo × 596/19	214-	764-2406	
=	Amended Applicatio	roup Exe umber .	p Exemption ber ► N/A		
•	Section	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	method	☐ Cash ☑ Accrual	
		a completed Schedule A (Form 990 or 990-EZ). Other (spec	cify),⊭		
		H Check ►	If the	organization is not	
L	Nebsit			chedule B (Form 990,	
J	Organiz	ation type (check only one) — 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 📗 990-EZ, or	990-PF).		
K	Check Þ	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally ired, but if the organization chooses to file a return, be sure to file a complete return	not more	than \$25,000 A return is	
		5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-	EZ ▶ S	201,366	
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr		for Part I.)	
╗	1	Contributions, gifts, grants, and similar amounts received		95,526	
- 1	_			42,650	
	2	Program service revenue including government fees and contracts		61,570	
Į	3 4	Membership dues and assessments	4	1,620	
i			-		
ł	5a	areas amount from sale of assets other than inventory			
	b	Less. Cost of other basis and sales expenses	5c	- 0	
<u>e</u>	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule	' · ├──	 	
ᇎ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
Revenue	а	Gross revenue (not including \$ of contributions			
۳		reported on line 1)		-	
- 1	b	Less: direct expenses other than fundraising expenses	- -		
ļ	С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	. <u>6c</u>		
l	7a	Gross sales of inventory, less returns and allowances			
	b	Less cost of goods sold		-	
	С	Gross profit or (loss) from sales of inventory (Subtract line 74 from line 7a)	. <u>7c</u>		
I J	8	Other revenue (describe ► RECEIVED) 8	0	
\rightarrow	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	201,366	
ļ	10	Grants and similar amounts paid (attach schedule)	. 10		
ĺ	11	Benefits paid to or for members	. 11		
es	12	Salaries, other compensation, and employee benefits	. 12	ļ	
sesuec	13	Professional fees and other payments to independent contractors OGDEN, UT.	13		
	14	Occupancy, rent, utilities, and maintenance	. 14	<u> </u>	
찣	15	Printing publications postage and shipping	15	<u> </u>	
(5)	16	Other expenses (describe > S66 ATTACHED SCHOOLUF #)) <u>16</u>	701,089	
0	17	Total expenses. Add lines 10 through 16	▶ 17	201,089	
Si	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	277	
Se.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi	th		
N.		end-of-year figure reported on prior year's return)	19	112,198	
Net Nase is 2010	20	Other changes in net assets or fund balances (attach explanation)	20		
`Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	112,475	
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 99	0 instea	d of Form 990-EZ.	
Pa 22 23		(See the instructions for Part II.) (A) Beginning		(B) End of year	
22	Cash	, savings, and investments	017	22 /39,830	
23		065	23 17,350		
24	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			24 7,635	
25	Tota	160,5		25 /64,815	
	Tot-	liabilities (describe ► Accounty PAYABUE) 48,3		26 52,340	
26 27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)		27 112,475	
		Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat No 10642		Form 990-EZ (2008)	
		Contraction to the contraction to the contraction of the contraction o			

Part III Statement of Program Service Accor		ructions for Part	III.)	[Expenses
What is the organization's primary exempt purpose?		(Required for 501(c)(3) and (4) organizations			
Describe what was achieved in carrying out the organic	ise manner,	and	4947(a)(1) trusts,		
describe the services provided, the number of persons be				opti	onal for others)
28 PRESENTER OF LECTURE SERVES, PANE	, DISCUSSIONS AND S	YMPOSIA REU	ATING TO		
ARCHITECTURE AND THE BUILT ENVIRONMENT	, AND EDUCATIONAL K	6CEPTIONS AND	TOURS		
RELATED TO ARCHITECTURE.					167,241
(Grants \$) If this amount inc				28a	161,011
29					
(Grants \$) If this amount inc	ludes foreign grants, check	horo	▶ □	29a	
30					
30					
••••••					
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ 🗓	30a	<u> </u>
31 Other program services (attach schedule)					
(Grants \$) If this amount inc				31a	
32 Total program service expenses (add lines 28a t				32	167,241
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average	en if not compensate (c) Compensation	d. (See the ins		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	plans &	account and other allowances
CINDY SCHWARTZ	PR65iD6NT	enter -o,	deterred compen	isation	
4037 DRUID LANE, DAVAS, TX 75205	5 HOURS	0	0		0
<u> </u>	TREASUREN				
DIANE CHEATHAM. P.O BOX 191166, DAYAS, TX 75219	5 HOURS	0	0		0
Eurico Francisco 1717 Pacific ave, Dauas, TX 75201	SECRETARY		0		
1717 PACIFIC AVE, DAUAS, 1× 7520/	5 Hoves	0			0
			<u> </u>		<u></u> .
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)		· ·	
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		/
	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	34		\checkmark
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<u> </u>	
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		\checkmark
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		_/
	Section 501(c)(7) organizations. Enter:		. [i
	Initiation fees and capital contributions included on line 9	<u> </u>	.	
	Gross receipts, included on line 9, for public use of club facilities	<u> </u>	.	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		/
	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 line 40c reimbursed by the organization ▶			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
42a	List the states with which a copy of this return is filed. ► 76×AS The books are in care of ► NATHAN H. EVALY, 6xecutive Director. Telephone no. ► (2/4) Located at ► P.O. Box 596119, DAWAS TX ZIP + 4 ► 753			6 _
	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)?	42b	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	[<u></u>
43	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	· · ·		▶ □
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	 	
	Form 990-EZ			
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>/</u>

Par	<u> VI</u>	and complete the tables for lines 50 a)(3) organiza	ations mu	st answer quest	lions 4	5–49	
46	Did th	e organization engage in direct or indirect i		tivities on be	half of or i	n opposition to		Yes	No
		dates for public office? If "Yes," complete S					46		1
47	Did th	e organization engage in lobbying activities	? If "Yes," complete	Schedule C,	Part II .		47		
		organization operating a school as describ-			-	ete Schedule E .	48		/
		e organization make any transfers to an ex	·	related organ	ization?		49a		<u> </u>
		s," was the related organization(s) a section	•				49b		
		lete this table for the five highest compensa- received more than \$100,000 of compensat					y emplo	oyees)	who
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position		mpensation	(d) Contributions to employee benefit plans & deferred compensation	acco	xpenso ount an allowan	d
		NONE	-						
Total	numb	er of other employees paid over \$100,000							
		lete this table for the five highest compensa- ensation from the organization. If there is no		itractors who	each rece	eived more than \$	100,000	Οĭ	
		(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Con	pensat	ion
-		NOWE							
					<u>-</u>				
							-		
Total	numb	er of other independent contractors each re			la a de da a a a a d				.1
		Under penalties of perjury I declare that I have examined belief, it is true, correct, and domplete beclarate	ned this return, including a	officer) is based	nedules and d on all inforn	statements, and to the nation of which prepar	er has an	y know y know	ledge ledge
Sign Here	j	Signature of officer NATHAN H. EUDAW, EXECUTIVE Type or print name and title	IF DIRECTOR/		1	Date			
——— Paid Propo	rop.	Preparer's signature Andrew Jordan		lfillo	Check if self-employed	Preparer's Identifying		iee instru	ictions)
Prepa Use O		Firm's name (or yours of self-employed), address, and ZIP + 4	KWAY, STE. 2100,	DAWAS,TX	7/2/10	IN ► 13 147	27315 980-	6	
May t	he IR	discuss this return with the preparer show	vn above? See instru	ctions			√ Ye	s 🗌	No

SCHEDULG # 1

Dallas Architecture Forum					
Expense Allocation		Program Services	Mngt & General ⊸	Fundraising	
	Jun '08 - May 09	Scrvides	Ocheral v		
Expense					
6525 · Symposia Expenses	1,623.14	1623.14			
6900 · Occupancy Expense	2,460.01	2460.01			
6650 · Marketing and Development Exp	2,802 00			2802	
6000 · Administrative Services	68,226.25	53216.47	8187.15	. 6822.63	
6050 · AIA/CES Expense	650.00	650			
6120 - Bank Charges	3,465 10			3465.1	
6150 · Brochures & Publications					
6151 · Postage & Mailing Svc	-331.49	-331.49			
6152 · Printing & Reproduction	29.00	29			
Total 6150 · Brochures & Publications	-302.49				
6200 · Insurance					
6205 · Health Insurance	8,547.72	6667.22	1025.73	854.77	
6202 · General Liability Insurance	350.00		350		
Total 6200 · Insurance	8,897.72				
6300 · Lecture Expense					
6301 · Dinners	4,132.10				
6302 · Gifts Given	0.00				
6303 · Honoraria	14,500 00				
6304 · Postage & Mailing Svc	5,001.15			•	
6305 · Printing & Reproduction	11,545.20				
6307 · Receptions	5,085.80				
6308 · Space Rental	5,500.00				
6309 · Travel, Hotel & Expenses	17,227 50				
Total 6300 · Lecture Expense	62,991.75	62991.75			
6510 · Office Supplies/Equipment	2,765 27	1382.63	691.32	691.32	
6520 · Panel Discussions	3,939.39	3939.39			
6530 · Postage, Mailing & Delivery	386 00			386	
6540 - Printing and Reproduction	445 19			445.19	

6550 · Professional Fees				
- 6551 · Accounting	910 00			
6552 · Legal Fees	85 25			
6550 · Professional Fees - Other	55.00			
Total 6550 · Professional Fees	1,050 25		1050.25	
6600 · Public Relations				
6602 · Clipping Service/Other Expenses	5,644.00	4714.51		929.49
6604 · Website & Online Svcs	11,160 23	9370.23		1790
Total 6600 · Public Relations	16,804.23			
6700 · Special Membership Events				
6704 · Design Symposium	13,448 31	13448.31		
6701 · Postage & Mailing Svc	2,859 82	1429.5		1430.32
6702 · Printing & Reproduction	2,505 93	1252.97		1252.96
6703 · Supplies & Fees	4,648.03	4148.03		500
6700 - Special Membership Events - Other	40 00	40		
Total 6700 · Special Membership Events	23,502.09			
6800 · Telephone	485 47		485.47	
6850 · Travel & Ent				
6851 · Meetings	337.51			337.51
6852 · Air/Car Rental	16.00		16	
6853 · Entertainment	0 00			
6854 · Meals	544.00	209	335	
6850 · Travel & Ent - Other	0 00			
Total 6850 · Travel & Ent	897 51			
Total Expense SCH6DV16#1	201,088 88	167240.67	12140.92	21707.29

Form **8868**

(Rev Aprıl 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

-	e filing for an Automatic 3-Month Extension, complete only Part I and check this bo e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (
	uplete Part II unless you have already been granted an automatic 3-month extension on a			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee			
A corporati Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	nd comple	te . ▶ □
	prporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an ex	tension of
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howely if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file.	ver, you ca s 990-BL, 6 id signed pa	nnot file F 6069, or 88 age 2 (Part l	orm 8868 70, group II) of Form
Type or	Name of Exempt Organization	Employer i	dentificatio	n number
print	Dallas Architecture Forum	75	27084	411
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 596119			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. Dallas, TX 75359			
Check type	e of return to be filed (file a separate application for each return):			
☐ Form 99			Form 4720)
Form 99			Form 5227	7
☑ Form 99			Form 6069	
Form 99	=		Form 8870	
Telephone If the org If this is for the who	s are in the care of Nathan H. Eudaly, Executive Director No. (214) 764-2406 FAX No. (214) 764-2406 anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). It group, check this box If it is for part of the group, check this box	-2406 box	If th	. ► □ is is ach
		000 T)		- 6 1
until _ for the	uest an automatic 3-month (6 months for a corporation required to file For January 15, 20, 10, to file the exempt organization return for the organization organization's return for:	rm 990-1) named abo	extension ve. The ex	of time tension is
	calendar year 20or	May 31		. 00
▶ ☑	tax year beginning June 1 , 20 08 , and ending	viay 3 i	, 20	09
2 If this	tax year is for less than 12 months, check reason: Initial return Final return [☐ Change	ın accounti	ng period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tarny nonrefundable credits. See instructions.	ζ, 3a	\$	0
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated taents made. Include any prior year overpayment allowed as a credit.	x	\$	0
c Balan	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer	1,	Ť	
	n). See instructions.		\$	0
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84		1	
	t instructions.			

Cat No 27916D