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Form **990**

Return of Organization Exempt From Income Tax

20**09**

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

Open to Public

Department of the Treasury Internal Revenue Service

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

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<u> </u>	For th	ne 200	9 cale	ndar year, or ta	x year beg	inning			, 20	009, and	dending	_		,	20			
В	Check if a	ck if applicable Address change Use IRS label or Doing Business As										D Employer	identific	ation n	umber			
Γ			use IRS label or	Doing Business A	√s							75-16	1041	4				
r		e change	pnnt or	Number and stre	eet (or PO bo	x if mail is not	delivered	to stree	et address)	Room/suite	E Telephone number						
H	-	•	type	P.O. BOX 9	516232						1	(214) 7	41-7	447				
\vdash		l return	See Specific	City or town, sta		and 7ID ± 4					_!	(214)	71 /					
F	_	ninated	instruc-	1 '	•	ING ZIP + 4						1_				- 005		
L	Ame		tions	DALLAS, T							· · · · · · · · · · · · · · · · · · ·	G Gross rec			695	5,005		
L	Appl pend	ication ling	FNa	ame and address	of principal o	fficer TOM	FORD	1				H(a) Is this a g		n for	Yes	XN		
			SAME	AS ABOVE	,							H(b) Are all af		uded?	Yes	. N		
Ī	Tax-ex	kempt st	atus	X 501(c) (3) d (inserti	no.) 49	47(a)(1)	or	527			If "No," a	ttach a list	(see inst	tructions)			
1				DALLASMARG				<u> </u>	10			H(c) Group ex						
_				X Corporation	Trust	т				1.		ation 1978				TX		
`		-			Trust	Association	1 10	ther 🕨			L Year of forma	ation 1970	vi State	or legal	domicile	, 17		
۲	art I	Sui	mmary	<u>/</u>														
	1	Briefly	descr	ibe the organization	on's mission	or most sign	ificant a	ctivitie	s									
٥	,	MAI	N FUI	NDRAISER IS	TO PRO	VIDE A	CHRIS	STMA	AS PAF	RTY AN	1D TOYS	FOR						
		DISA	ADVA	NTAGED CHII	DREN IN	THE DE	W ARI	ĒĀ.										
Š	<u> </u>																	
ۇ⊆ ئى⊆	2	Chack	this be	ox ▶ if the o	organization	discontinuo	dute one		oc or dier	ocod of r	more than 250							
⊋γ.) _															36		
JQ.		Numb	er or ve	oting members of	the governin	ig body (Part	VI, line	1a) .					. 3			36		
3	4	Numb	er of in	idependent voting	members of	f the governi	ng body	(Part	VI, line 1	^{o)}	<i></i> .		. 4			36		
' <u>:</u>	5	Total	numbe	r of employees (Pa	rt V, line 2a)								5			0		
Activities	6	Total i	numbe	r of volunteers (est	timate if nece	essary)							6			300		
		Total	aross u	inrelated business	revenue fron	n Part VIII. co	olumn (C), line	12				7a					
	l h	Netur	relate	d business taxable	e income from	n Form 990-1	T line 34	1	• •				. 7b					
	 	1101 01	0.0.0	a dadiiidda taxabit	3 111001110 11011		1, 11100	· · · ·	· ·· ·			Prior Year		C	urrent \	Year		
	.	^- 5 5			1/11 1-3 41-X						 	391,				333		
9	8	Contri	Buttom	ECENED	VIII, line in)						· · · · · <u> </u>	391,	200.		430			
9	9	Progra	am sër	vice revenue (Part	<u>VIII, lin</u> e 29).											0		
Povenie	10	Invest	rhent II	ncome (Part VIII, d	colung) (A), li	nes 3, 4, and	l 7d)						873.		2	2,970		
_	11	OH	reven	@VÞalttØul}}d∳ljun	nn 💫 ines	5, 6d, 8c, 9c,	10c, an	d 11e))			-86,	948.		-81	L,688		
	12	Total	revenu	e - add lines 8 thr	ough (mu	st equal Part	VIII, col	umn (A), line 1	2)		313,	131.		351	1,615		
	13					 						324,	290.		294	1,603		
	14	Benetits paid to of tor members (Part X, column (A), line 4)								· · · · ·	•			0				
	145														0			
Fynonese	15																	
Š	[16a										🖵					0		
.5	<u>}</u> t			sıng expenses, Pa		• • •												
-	1 17	Other	expens	ses (Part IX, colum	nn (A), lines 1	11a-11d, 11f-	24f)				L	•	754.		28	3,339		
	18	Total	expens	es Add lines 13-1	17 (must equ	al Part IX, co	lumn (A), line	25)			356,	044.		322	942		
	19			s expenses Subtra								-42,	913.		28	3,673		
5								<u> </u>	<u> </u>	· · · · ·		Beginning of		F	nd of Y			
Net Assets or	20	Total	nanata ((Dort V. Iron 16)							├	387,				5,344		
SS	20			(Part X, line 16)							· · · · -	307,	0,3.			7, 344		
¥.	21			es (Part X, line 26)														
		Net as	ssets o	r fund balances S	Subtract line 2	21 from line 2	20					387,	6/3.		416	5,344		
P	art II	Sig	gnatur	e Block														
		Under	r penalti	es of perjury, I dec	lare that I have	ve examined t	his return	n, ınclı	uding acc	ompanying	g schedules ar	nd statements, a	and to th	e best	of my k	nowledg		
		and b	ei:ef, jt	s true, correct, and	d complete D	Declaration of	preparer	(other	r than off	cer) is ba	ased on all inf	ormation of wh	ich prep	arer ha	s any ki	лowledge		
	Sign			(Ly My	<i>*</i>	TICOSO	1480	^					U_{L}	2.//	0			
	Here		Sanatu	re of officer		, ,,,,,,,,	_					Date	, , , ,	-, ·				
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			ype or	print name and title							T =:	1						
D-		Prepa		A11.11	11 L	, ,,			Date	, ,	Check if self-		reparer's ee instru					
Pai		signa	ture	Mulla	mKI	wille		+	111	Illo	employed	· ▶ [] '°	ee instru	ÖÖ'3′5	8793			
	parer's	Firm's		or yours BKD,	LLP	7/						EIN •	- 4	4-01	6026	0		
Us	e Only	if self-employed), address, and ZIP + 4 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254					Phone no			02.8								
N/-	v the			nis return with the						/1		1		·		1 1		
IVIC	y tile	ii və uis	cuss li	na return with the	preparer sno	wii arove ((S	ee msm	ucuon:	<i>∍)</i>					1 1	Yes	X N		

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

Form **990** (2009)

on	n 990.(2009) /5-161U414 Page	2
Pa	rt III Statement of Program Service Accomplishments	
1、	Briefly describe the organization's mission	_
•	PRIMARY MISSION IS TO DISTRIBUTE TOYS AT CHRISTMAS TO DISADVANTAGED	
	CHILDREN AND TO GIVE SUPPORT AND CONTRIBUTIONS TO VARIOUS	_
	ORGANIZATIONS IN THE DFW AREA.	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes X No)
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4 a	(Code:) (Expenses \$ 228,436 including grants of \$ 228,436) (Revenue \$)	_
	COLLECTION AND DISTRIBUTION OF TOYS TO DISADVANTAGED CHILDREN	
	ATTENDING THE LOVE FOR KIDS CHRISTMAS PARTY. THE TOYS WERE VALUED	_
	AT \$228,436.	_
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4 b	(Code) (Expenses \$18,155 Including grants of \$18,155 (Revenue \$)	
	CASH DONATED TO LOVE FOR KIDS	_
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4 c	(Code) (Expenses \$11,196 Including grants of \$11,196 (Revenue \$)	
	CASH DONATED TO COMPUTER WISH	_
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_	Other and the Colod to Other Tamer Colod to Other T	_
4 d	Other program services (Describe in Schedule O) ATTACHMENT 1	
	(Expenses \$ 36,816 including grants of \$ 36,816) (Revenue \$)	_
4 e	Total program service expenses ► 294, 603.	_
	Form 990 (200	9)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			İ
_	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	L	X
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	<u> </u>	20 A	
	Schedule D, Part VI.			(%)
•	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		*****	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		1.7%	12 5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1 * 1	Mary Control
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		- 544	14 }
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	'		-
•	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? If "Yes," complete Schedule D, Part X			`
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	<u> </u>	Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	L	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		_	000	/2000

Par	Checklist of Required Schedules (continued)			T
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	1
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			٠,
	United States 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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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).			.,
	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 of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	00-		х
	Part N	28c	X	^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	0.0		Х
	conservation contributions? If "Yes," complete Schedule M	30		Λ.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
	Part I	31		Λ.
32		22		Х
22	Schedule N, Part II	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		27		х
20	Part VI	37		^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	X	
	19? Note. All Form 990 filers are required to complete Schedule O	130	Λ.	

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 15 on 15	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Einter -0- if not applicable, b. Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable, b. 1b. 0 c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. Statements, fitted for the calendar year ending with or within the year covered by this return. 2b. If at least one is reported on Inine 2a, did the organization fitted effectal employment tax returns? Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b. If "Yes," has if filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 3a. All any time during the cellinger 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 secount)? 5b. If "Yes," enter the name of the foreign country Endough the properties of the good or servees provided? 5c. Did my cash leaves the property of the donor of the value of the good or servees provided? 7b. If "Yes," indicate the number of Forms 8282 filed during the year. 7c. If the organization and property or which it was required to file Form 8282? 9c. Did the organization of qualified intellectual pr	•			Yes	No
b Enter the number of Forms W-26 included in line 1a Enter-O- if not applicable,	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		٩	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winnings? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year evered by this return. 2b If at least one is reported on on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for the year? If "No," provide an explanation in Schadule 0. 3b If "Yes," has it filed a Form 990-T for the year? If "No," provide an explanation in Schadule 0. 3b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account;? b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes," to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions and water enot tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization file the payor? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization may		US Information Returns. Enter -0- if not applicable		,	
agaming (gambing) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) an Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If Yes,* has if filed a Form 990-T for this year? If 'No,* provide an explanation in Schedule O. 4a At any time during the catendar 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)? b If Yes,* enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 The Side and Financial Accounts 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell are violations that were not tax deductible? 6 Did the organization excell exchange, or otherwise disposal or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes,* did the organization nece a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If Yes,* of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 6 If Yes,* indicate the number of Forms 8282 filed during the year. 7 In the organiza	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			Ì
2a Erier the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. Statements, flied for the calendar year ending with or within the year covered by this return. Statements, flied for the calendar year ending with or within the year covered by this return. Politic I fee sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 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 level as a bank account, securities account, or other financial account in a foreign country to a bank account, securities account, or other financial accounts and financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file for mit 886-T. Deckosure by Tax-Exampt Entity Regarding Prohibited Tax Shelter Transaction? 6 Does the organization any contributions that were not tax deductible? Organizations solicit any contributions that were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year C Did the organization of the form 8282 filed during the year Did the organization of the payor? To be the organization of the payor pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization must be supporting organization in excess of \$75	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			.4]
Statements, filed for the calendar year ending with or within the year covered by this raturm 2 b b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes,* has if filed a Form 990-T for this year? If *No,* provide an explanation in Schedule O		gaming (gambling) winnings to prize winners?	1c		X
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 The organizations of qualified intellectual property, did the organization file Form 8899 as required? 7 The organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advised funds. a Did the organization make a distribution to a donor, donor adviser, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			6b		
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required to file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
d If "Yes," indicate the number of Forms 8282 filed during the year	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
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g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					<u>X</u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a 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 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					X
required?	_	· · · · · · · · · · · · · · · · · · ·	7g		Χ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a 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 a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					v
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a 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 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					X
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a Initiation fees and capital contributions included on Part VIII, line 12		•	-55		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
a Gross income from members or shareholders				l	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
amounts due or received from them)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	-				
· · · · · · · · · · · · · · · · · · ·	12a		12a		
b ii res, enter the amount of tax exempt interest received of adorded during the year 126		If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	Χ	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	*	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Χ
14	Does the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		Χ
b		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20		е		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CLAY MASSEY P.O. BOX 516232 DALLAS, TX 75251		. 	
	214-878-2486			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed
- 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. 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 the organization did not compensate any current officer, director, or trustee (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated Officer hours per compensation compensation amount of Individual trustee Institutional trustee ě employee Highest compensated week from from related other organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations TOM FORD PRESIDENT Х 0 Λ 0. JERRY JUDKINS EVP 0 0. Χ 0 CLAY MASSEY TREASURER X 0 0 0. MARK LORANCE VP OF BALL Х 0 0 0. KYLE SHADDAY VP SILENT AUCTION Χ 0 0 0. TIM ZEMMENS VP SOCIAL X 0 0 0. JON FORESTER VP SOCIAL FUNDRAISING 0 0 Х 0. JOHN KRANZ VP GOLF Х 0 0 0. STEVE SAMBERG VP SPONSORS 0 X 0 0. STEVE CRANE VP OF CHARITY 0 Х 0

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru		<u>, -::</u>	. [7]			I	<u> </u>			, ces (c	Similat			
(A)	(B)				C)		- ()	(D)	(E)	. 1				
Name and title	Average hours per		Position (check all that					Reportable compensation	Reporta compens			timated ount o		
	week	dire	Ē	Officer	y en	ghes	Former	from the	from rel organiza			other		
		ual to	lona		Key employee	t cor	`	organization	(W-2/1099			oensati om the		
		Individual trustee or director	nstitutional trustee		6	nper		(W-2/1099-MISC)				anızatıd		
		ő	stee			Highest compensated employee						l relate nızatıo		
			· · · ·											
											•			
												-		
										-				
		-												
					-									
1b Total			Ll				<u> </u>	0.		0.			0	
Total number of individuals (including but not reportable compensation from the organization)	limited to th		ıste			e) who	o re	ceived more than	\$100,000 ır	L				
reportable compensation from the organization			,		_							Yes	No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul	er, directo	or or	tru <i>ıvıdı</i>	iste ual	e, k	ey e	mp	loyee, or highest	compens	ated	3		X	
4 For any individual listed on line 1a, is the	sum of	repor	tabl	e c	om	ensa	ition	and other comp	ensation f	rom				
the organization and related organizations individual										sucn	4	-	Ϋ́	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accri	ue co Schedi	omp ule s	ens J foi	atio	n fro ch per	m son	any unrelated o	rganızatıon	for	5		Х	
Section B. Independent Contractors														
1 Complete this table for your five highest of compensation from the organization	compensat	ed in	dep	enc	lent	cont	ract	tors that received	more tha	an \$10	0,000	of		
(A) Name and business addr	ess							(B) Description of ser	vices	C	(C)	ation		
ONE													0.	
										-				
						•							_	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nted		thos 0	e li	sted above) who	received					

_	t VII	_ 		75-1610414							
			_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	35,200. 262,832 132,301 228,436		, ,						
	h h	Total. Add lines 1a-1f	▶	430,333							
Program Service Revenue	2a b c d	Busin	ness Code	0							
Progra	f g	All other program service revenue		0							
	3 4 5	Investment income (including dividends, interest, another similar amounts). ATTACHMENT 2. Income from investment of tax-exempt bond proceed Royalties	d ▶ is ▶	2,970 0 0			2,970				
	6a b	Gross Rents	Personal	<i>\$</i> * \ * %	* ,	*	v., *				
	d d	Rental income or (loss)	▶	0	-						
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	i) Other		,	٠	ž				
Other Revenue	d 8a b	of contributions reported on line 1c) See Part IV, line 18	234,427 332,168	0							
Õ	9a	Net income or (loss) from fundraising events . ATC Gross income from gaming activities See Part IV, line 19	25,775	-97,741	-97,741		,				
	b c	Less direct expenses b Net income or (loss) from gaming activities ATC	11,222 CH. 5. ►	14,553	14,553.						
	10a	Gross sales of inventory, less returns and allowances									
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Busin	▶	0		 	- !				
	11a b	MISCELLANEOUS REVENUE		1,500	1,500						
	d d	All other revenue									
	e 12	Total. Add lines 11a-11d		1,500 351,615	-81,688	<u> </u>	2,970				
											

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
Grants and other assistance to governments and										
organizations in the U.S. See Part IV, line 21	294,603.	294,603.								
2 Grants and other assistance to individuals in										
the U.S. See Part IV, line 22	0.									
3 Grants and other assistance to governments,										
organizations, and individuals outside the										
U.S. See Part IV, lines 15 and 16	0.									
4 Benefits paid to or for members	0.		"							
5 Compensation of current officers, directors,										
trustees, and key employees	0.									
6 Compensation not included above, to disqualified										
persons (as defined under section 4958(f)(1)) and										
persons described in section 4958(c)(3)(B)	0.									
7 Other salaries and wages	0.									
				·						
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	1								
Г	0.									
9 Other employee benefits	0.									
0 Payroll taxes										
1 Fees for services (non-employees)	0.									
a Management	1,770.		1,770.							
b Legal	0.		1,770.							
c Accounting	0.									
d Lobbying	0.									
e Professional fundraising services See Part IV, line 17										
f Investment management fees	0.									
g Other	0.									
2 Advertising and promotion	0.									
3 Office expenses	3,605.		3,605.							
4 Information technology	1,838.		1,838.							
5 Royalties	0.									
6 Occupancy	0.									
7 Travel	0.									
8 Payments of travel or entertainment expenses										
for any federal, state, or local public officials	0.									
9 Conferences, conventions, and meetings	500.		500.							
10 Interest	0.									
1 Payments to affiliates	0.									
2 Depreciation, depletion, and amortization	486.		486.							
3 Insurance	6,508.		6,508.							
4 Other expenses Itemize expenses not										
covered above (Expenses grouped together										
and labeled miscellaneous may not exceed										
5% of total expenses shown on line 25 below)										
a BANKING FEES	946.		946.							
b PUBLIC RELATIONS	9,400.		9,400.							
CTODACE	1,761.	-	1,761.							
MICCELLANEOUC	1,525.		1,525.							
<u>"</u>	1,323.		1,323.							
e										
f All other expenses	200 210	004 603								
5 Total functional expenses Add lines 1 through 24f	322,942.	294,603.	28,339.							
26 Joint Costs. Check here ▶ If following										
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs										
from a combined educational campaign and			}							
fundraising solicitation										

Part	X Balance Sheet		_	Page I
,		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	386,398.	2	415,283
	Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key	- -		
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
Assets	7 Notes and loans receivable, net		7	7
ASS	B Inventories for sale or use		8	· · ·
-	Prepaid expenses and deferred charges		9	
1	Da Land, buildings, and equipment cost or 10a 13,276.			
	other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation	1,275.	10c	1,061.
1		<u></u>	11	·
1	· · · · · · · · · · · · · · · · · · ·		12	
1			13	
1.			14	
1	and and an arrangement of the second of the		15	
1		387,673.		416,344.
1		, , , , , , , , , , , , , , , , , , ,	17	
1:			18	_
1			19	
2			20	
			21	
Liabilities 5 2				
اقا	employees, highest compensated employees, and disqualified			
Ë	persons Complete Part II of Schedule L		22	
2			23	
2			24	
2			25	
2		· · · · · · · · · · · · · · · · · · ·	26	
	Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
8 2		387,673.	27	416,344.
Fund Balances	B Temporarily restricted net assets	307,073.	28	310,344.
B 2			28	
Š	Organizations that do not follow SFAS 117, check here ▶		29	
5	and complete lines 30 through 34.			
\$ 3			30	
8 3			31	
Net Assets			32	
≥ 3:		387,673.	33	416,344.
3.		387,673.	34	416,344.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
		Ţ	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			l
	Schedule O.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1 1		!
	issued on a consolidated basis, separate basis, or both.			ļ
	Separate basis Consolidated basis Both consolidated and separate basis			ļ
3а	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	3 b		
		Form 9	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DALLAS	MARGARI	TA SOCIETY,	, INC.						75-16	10414
Part I	Reason fo	or Public Char	ity Status (All organ	ızations m	ust comp	lete this	part.) Se	e instru	ctions	
he orga	inization is no	ot a private found	dation because it is (F	or lines 1	through 11,	, check or	nly one bo	x)		
1	A church, c	onvention of chu	irches, or association	of churche:	s described	l ın sectio	n 170(b)(1)(A)(i).		
2			on 170(b)(1)(A)(ii). (At				` ',			
3			hospital service organ			ction 170)(b)(1)(A)	(iii).		
4			zation operated in co						170(b)(1)	(Δ)(iii). Enter the
ш		ame, city, and sta		,		, p. n. a.			(2)(.)	() 1/(111/). Entor the
5		-	or the benefit of a col	llege or un	IVersity Ow	med or o	nerated I		ernmental	unit described in
• —		(b)(1)(A)(iv). (C		nogo or un	iversity ow	inca or o	perateur	y a gov	emmentar	unit described in
6			vernment or governme	antal unit de	accribed in	coation 1	70/h)/4\/	A\/\		
7 X									f	ماطينه المحمدة
' '			ally receives a substan (1)(A)(vi). (Complete F		its suppor	t iroin a i	governme	entai unit	or from t	ne general public
		, ,		•	mandata Dan	4 11 3				
8			d in section 170(b)(1)(•				
9			Illy receives (1) more							
			ited to its exempt fun							
			ment income and uni				-		511 tax)	from businesses
. 🗀	_	-	n after June 30, 1975					•		
°			and operated exclusive	-		-				
1		_	and operated exclusi	•						•
			ublicly supported orga							
			at describes the type o				•	lines 11e	through	11h
	a Typ	_	Type II d		e III - Fund		-			pe III - Other
e			ertify that the organiz							
			ion managers and oth	er than on	e or more	publicly :	supported	d organiz	ations de	scribed in section
		r section 509(a)(· •							
f	If the organ	nization received	d a written determina	tion from t	the IRS that	atıtıs a	Type I, 1	ype II, o	r Type III	supporting
	organization	n, check this box								
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ıft or contri	bution fro	om any of	the		
	following pe	ersons?								
	(i) A pers	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h person	s describ	ped in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(ı)
	(ii) A famil	y member of a p	person described in (i) a	bove?						11g(II)
	(iii) A 35%	controlled entity	of a person described	in (ı) or (ıı)	above?					11g(III)
h	Provide the	following inform	ation about the suppo	rted organi	zation(s)					<u> </u>
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount of
orga	anization		(described on lines 1-9		sted in your	the organ	nization in	organiza	tion in col	support
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the	
			, "	Yes	No	Yes	No	Yes	No	
						-			 	
		 -							 	
					ı	1				
						 			 	
									 	
						İ				
-4-1										
otal		I	1			I	I	l	1 1	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

, Scho	, dulę A (Form 990 or 990-EZ) 2009			75.	-1610414		D 2
_	Support Schedule for Org (Complete only if you check	ganizations De	escribed in Se line 5, 7, or 8	ections 170(k		nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	164,050	139,950	174,805	391,206	468,177	1,338,188
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						
4	Total. Add lines 1 through 3	164,050	139,950	174,805	391,206	468,177	1,338,188
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			<i>/</i> ₩	A	* v	
	shown on line 11, column (f)			_ 		**	
6_	Public support. Subtract line 5 from line 4	,,					1,338,188
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	164,050	139,950	174,805	391,206	468,177	1,338,188
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	779	1,960	4,916	8,873	1,870	18,398
11	Total support. Add lines 7 through 10						1,356,586
12	Gross receipts from related activities, etc. (s				· · · · · · · · · ·	12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<i></i>				
Sec	tion C. Computation of Public Sup				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (lin						98.64%
15	Public support percentage from 2008						85.04%
	331/3% support test - 2009. If the o this box and stop here. The organization	on qualifies as a	publicly support	ed organization	·		▶ [X]
b	331/3% support test - 2008. If the o	-					
	check this box and stop here. The orga	anızatıon qualıfıe	s as a publicly s	upported organ	nization		▶ 📖

	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization
b	10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	supported organization
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10%

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009			75	5-1610414		Page 3
Pa	Support Schedule for Organ (Complete only if you checke					"	
Sec	tion A. Public Support	-					
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						,,,
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
c	organization without charge						
7.	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		 				· · · · · · · · · · · · · · · · · · ·
	received from other than disqualified persons that exceed the greater of			1			
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	 -		-			
8	Public support (Subtract line 7c from	* *				***	
	line 6)			}			
Sec	tion B. Total Support				<u> </u>		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						1
	sources						
b	Unrelated business taxable income (less						ļ
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on · · · · · · · · · ·						
12	· ·						
	loss from the sale of capital assets						}
13	(Explain in Part IV)	-		1			
13	· ·						
14	and 12)	the organization	n'e firet second	third fourth or	fifth tay year a	s a section 501/	(0)(3)
, ,	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp			<u> </u>	· · · · · · · · · · · · · · · · · · ·		••••
15	Public support percentage for 2009 (line 8,			mn (f))		15	<u> </u>
16	Public support percentage from 2008 Scheo					16	
	tion D. Computation of Investmen					10	
17	Investment income percentage for 2009 (lin			13, column (f))		17	%
18	Investment income percentage from 2008 S					18	
	33 1/3% support tests - 2009. If the org						
	17 is not more than 33 1/3%, check the						
b	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3% check						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	e of the organization			Employer identification number
DAI	LLAS MARGARITA SOCIETY, INC.			75-1610414
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For		milar Funds or A	Accounts. Complete if
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	dvisors in writing that the	assets held in don	or advised
	funds are the organization's property, subject to the	•		1 1 1
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the b			
	purpose conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that	t apply)	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation of	an historically important land area
	Protection of natural habitat	<u></u>	Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservatio	n contribution in the	he form of a conservation
	easement on the last day of the tax year		_	
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified			2c
d	Number of conservation easements included in (c	5 · · · · · · · · · · · · · · · · · · ·		2d
3	Number of conservation easements modified, tran	sferred, released, extingu	ished, or terminat	ed by the organization during
	the tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing c	onservation easei	ments during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conse	rvation easement	s during the year
	> \$			
8	Does each conservation easement reported on lin			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			
9	In Part XIV, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		nization's financia	I statements that describes
	the organization's accounting for conservation eas			Circilon Associa
Pa	organizations Maintaining Collections Complete if the organization answered	of Art, Historical Treas	sures, or Other (Similar Assets.
				
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	ld for public exhibition, ed	ducation, or resea	arch in furtherance of public service.
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these items.	for public exhibition, edums	ication, or resear	ch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of a			
	following amounts required to be reported under S			
а	Revenues included in Form 990, Part VIII, line 1 .	-		▶\$
b	Assets included in Form 990, Part X			

Pai	d Organizations Maintaini	ng Colle	ctions c	of Art, H	istorica	Treasure	s, or	Other Similar	Assets (d	ontinued)
3	Using the organization's acquisition	ı. accessio	on, and o	other rec	ords, che	eck any of the	he fo	llowing that are a	a significan	t use of its	i
•	collection items (check all that app		,								
а	Public exhibition	• • • • • • • • • • • • • • • • • • • •		d		Loan or ex	chan	ge programs			
b	Scholarly research			e	H	Other		igo programo			
C	Preservation for future ge	nerations		·		-		_			
4	Provide a description of the organization		lloctions	and ave	dain how	they further	r tha	organization's ex	empt pur	2050 ID	
-	Part XIV	Zalion's CC	mechons	and exp	naiii iiow	they fulther	uie	organization's ex	rembt bart)03E III	
_	During the year, did the organization	an collect o	r r00011/	o donatio	ne of ort	historical t	rosci	uros or other sim	ular		
5	assets to be sold to raise funds rati								_	¬ _V	
Da										Yes	No
r al	Escrow and Custodial A IV, line 9, or reported an						ıanı			u, Pait	
1 a	Is the organization an agent, truste	e, custodi	an or oth	ner intern	nediary f	or contributi	ons (or other assets n	ot		
	included on Form 990, Part X?				-				_	Yes	No
b	If "Yes," explain the arrangement in										
	, - ,					3			Amount		
С	Beginning balance						10				
ď	Additions during the year										
е	Distributions during the year						-			···	
f	Ending balance						-				
2a	Did the organization include an am						$\overline{}$			Yes	No
	If "Yes," explain the arrangement in			, ,					٠٠٠٠ اــ		
Par			organiz	ation an	swered	"Yes" to Fo	orm (990 Part IV Jun	 e 10		
T GI	2 Indovinion Lands. Con	(a) Curre			rior year	(c) Two ye				(e) Four ye	ars back
1a	Beginning of year balance	(-/		\-/·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,)-		(0,		(-)	1
b	Contributions										
c	Net investment earnings, gains,									···	
·	and losses										i
d	Grants or scholarships										
e	Other expenditures for facilities .									····	
·	and programs										į
f	Administrative expenses					· · · · · · · · · · · · · · · · · · ·					
g	End of year balance										
2	Provide the estimated percentage	of the year	r and ha	lanca hal	d oc						
a	Board designated or quasi-endown	-	r enu ba	%	u as						
b	- ,	Ment ▶		′°							
	Permanent endowment ▶ Term endowment ▶	<u>~</u> %									
	Are there endowment funds not in		sacian of	the erec	noston	that are hal	d on	d administrated fo	r tha		
Ju		ille posse	3551011 01	the orga	anization	mai are nei	u aiii	u administered to	i iiie	Ϋ́	s No
	organization by (i) unrelated organizations									3a(i)	35 NO
	**									3a(ii)	
h	(ii) related organizations									3b	
4	Describe in Part XIV the intended u			\ -						30	
4	t VI Investments - Land, Buil						r+ V	lino 10			
Pai		uings, ai		•	1				Τ.		
	Description of investment			or other ba estment)	sis (I	basis (other)		(c) Accumulated depreciation	(0	l) Book value	
1 a	Land	[
b	Buildings	[
С	Leasehold improvements	[
d	Equipment	[
<u>e</u>	Other				0.	13,2		12,215			,061.
Tota	II. Add lines 1a through 1e. (Column	(d) must	equal Fo	rm 990, I	Part X, co	lumn (B), lin	ie 10	(c)) ▶		1	,061.
									C-L-4	ula D /Earm	0001 0000

Part VII	Investments - Other Securities. See	<u>Form 990, Part X, line</u>	e 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	ion et value
Financial d	erivatives			
	ld equity interests			
Other				
		-		
		_		.
~ 		-		
	~~	_		
Total (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII		L.	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
		, ,	Cost or end-of-year mark	et value
			·	
				
Total (Calum	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,	1	<u>I</u>	
I GIT IA		a) Description		(b) Book value
	······································	··		
		w-, ,,		
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part (a) Description of hability	(b) Amount		
Federal inc		(b) Amount		
recerainic	come taxes	- 		
		-		
		-		
	•	_	•	
-				
				
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 75-1610414 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 4 5 5 6 6 7 7 Other (Describe in Part XIV) R 8 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

See separate Instructions

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization	_				Employer identification	
ALLAS MARGARITA SOCIETY, IN	C				75-161041	4
Fundraising Activities. Com Form 990-EZ filers are not	plete if the orga	nization a	nswered part.	"Yes" to Form 9	990, Part IV, line	17.
Indicate whether the organization rais				activities Check	all that apply	
a Mail solicitations	е	Solic	itation of r	non-government g	grants	
b Internet and email solicitations	f	[]		government grant		
c Phone solicitations	g			ising events		
d In-person solicitations	3			9		
Did the organization have a written or key employees listed in Form 990						Yes No
b If "Yes," list the ten highest paid individue to be compensated at least \$5,000 b	iduals or entities (y the organization	(fundraiser	s) pursuar	nt to agreements	under which the fun	draiser is
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal				it funds or has l	been notified it is	exempt from
		-	·			 -
·						
						
·						
·						
-						
						-
						

Pa	irt l	Fundraising Events. Comple more than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fo st events with gross red	rm 990, Part IV, line ceipts greater than	e 18, or reported \$5,000.
			(a) Event #1 MARGARITA BALL (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1		433,184.	39,020.	25,055.	497,259
ď		Less ⁻ Charitable contributions	262,832.			262,832
	3	Gross income (line 1 minus line 2)	170,352.	39,020.	25,055.	234,427
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	254,885.	19,592.	57,691.	332,168
	11	Net income summary Combine line	3, column (d), and line 1	0	>	-97,741
	art (Gaming. Complete if the org than \$15,000 on Form 990-	ganization answered " EZ, line 6a	Yes" to Form 990, Par	t IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2	2 through 5 in column (d)		()
	8	Net gaming income summary Comb	ine line 1, column d, and	d line 7		
	a Is	inter the state(s) in which the organizate the organization licensed to operate of "No," explain	tion operates gaming ac gaming activities in each	tivities: of these states?	- 	Yes No 9a
	-					
		Vere any of the organization's gaming "Yes," explain		ended or terminated during		10a
	-					
11 12	ls	loes the organization operate gaming as the organization a grantor, beneficiar	y or trustee of a trust or			11

Sched	ulę G (Form 990 or 990-EZ) 2009 75-1	610414		F	Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in		i		
а	The organization's facility	13a %	}		
b	An outside facility	13b %			
14	Enter the name and address of the person who prepares the organization's gar	ning/special events books			
	and records.				
	Name ▶				
	Address ►	1			
15a	Does the organization have a contract with a third party from whom the organization				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$				
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ►				
16	Gaming manager information			į	
	Name •				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
 a	Is the organization required under state law to make charitable distributions from	the gaming proceeds to	ļ		
	retain the state gaming license?	• • •	17a		
b	Enter the amount of distributions required under state law to be distributed to o				
	or spent in the organization's own exempt activities during the tax year > \$				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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2009 Open to Public Inspection

Name of the organization						Employer identification number	on number
DALLAS MARGARITA SOCIETY, INC						75-1610414	
Part General Information on Grants and Assistance	s and Assistar	ce					
1 Does the organization maintain records to substantiate the	to substantiate		amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, the grantees'	eligibility for the grants		[
the selection criteria used to award the grants or assistance?	grants or assista	ınce?	•				X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for m	onitoring the u	se of grant funds in th	ne United States			
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	to Governme any recipient	nts and Orga that received	nizations in the Urd more than \$5,000	ited States. Com 0. Check this box i	plete if the organiz f no one recipient r	and Organizations in the United States. Complete if the organization answered "Yes" to it received more than \$5,000. Check this box if no one recipient received more than \$5,000.	s" to \$5,000. Use
1 (a) Name and address of organization (b) EIN (c)	990) II AUUIIIO		Space is liferated (a) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	(h) Purpose of grant
OI BOVERINGE		il applicable		assistance		non-cash assistance	or assistance
LOVE FOR KIDS 626 MOCKINGBIRD LANE SHITE 230	75-1647732		18.155	228.436	> <u>></u>	CHRISTMAS TOYS	DISTRIBUTE TOYS TO
				1			
	1						
2 Enter total number of section 501(c)(3) and government organizations	and governmer	t organizations					
3 Enter total number of other organizations	S Act Notice, see	the Instruction	ns for Form 990.			Schee	. ► Schedule I (Form 990) 2009

JSA

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Schedule I (Schedule I (Form 990) 2009			75-1610414		Page	Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.		ie United States	s. Complete if the	e organization answered	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. onal space is needed.	 •
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
					-		
Part IV	Supplemental Information. Complete this part		provide the inf	ormation required	In Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information	
		 	 	· · · · · · · · · · · · · · · · · · ·			<u> </u>
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! ! ! !		1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	 	 		
						Schedule I (Form 990) 2009	2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS MARGARITA SOCIETY, INC.

Employer identification number

75-1610414

Par	Types of Property			T		_		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) f deter ⁄enues	•	3
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock				<u> </u>		-	
11	Securities-Partnership, LLC,							
4.0	or trust interests	-						
12	Securities-Miscellaneous				•			
13	Qualified conservation							
	contribution-Historic							
	structures							
14	Qualified conservation							
4.5	contribution-Other							
15	Real estate-Residential	-						
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21 22	Taxidermy							
23	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts	X	5706	199,710.	FMV			
25	Other ►(NEW TOYS) Other ►(NEW TOYS)	X	386	28,726.	FMV			
26	Other > (20,720.	1211			
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by				20			
	which the organization completed F	01111 6263,	Part IV, Donee Acknowledg	gement	[23]		Yes	No
20 0	During the year, did the organizar	tion receive	hy contribution any prop	orty reported in Part I lin	o 1 29 that		163	
30 a	it must hold for at least three year			-				
	used for exempt purposes for the e				•	30a		Х
h	If "Yes," describe the arrangement i	-	penou			304		
	Does the organization have a		tones nation that require	so the review of any r	on standard			
31	-	•		<u> </u>		31		Х
20-	contributions?					31		
3∠a	Does the organization hire or use			•		222		Х
	contributions?		• • • • • • • • • • • • • • • • • • • •			32a		
	If "Yes," describe in Part II		aluma (a) fan - turt	٠				
33	If the organization did not report re	evenues in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.						<u>L</u> _	

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Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS MARGARITA SOCIETY, INC.

Employer identification number 75-1610414

ATTACHMENT 1

	ATTACH	MENTI	
FORM 990, PART III, LINE 4D - OTHER			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
WPI FIREFIGHTERS FUND	5,000.	5,000.	
PARKLAND BURN CENTER	1,623.	1,623.	
PROMISE HOUSE	750.	750.	
CHILDREN'S CANCER FUND	750.	750.	
DALLAS POLICE SANTA COPS	2,000.	2,000.	
BIG TEXAS TOY RUN	1,000.	1,000.	
URBAN INTER-TRIBAL CENTER	1,000.	1,000.	
CHILDREN FIRST	1,000.	1,000.	
KWANZAA FEST	1,000.	1,000.	
NEW BEGINNINGS CENTER	1,000.	1,000.	
HOFFEN FOUNDATION	1,000.	1,000.	
GENESIS WOMEN'S CENTER	1,000.	1,000.	
DALLAS BICYCLE RODEO	3,889.	3,889.	
DALLAS COUNTY SHERIFFS	617.	617.	
KIDS & COPS DALLAS	1,000.	1,000.	
OPERATION CARE	693.	693.	
DALLAS POLICE DEPT	494.	494.	
TRANSITIONAL RESOUCE CENTER	1,000.	1,000.	
GUNS AND HOSES FOUNDATION	1,000.	1,000.	
GALAXY COUNSELING CENTER	1,000.	1,000.	
AGAPE HOUSE	1,000.	1,000.	
AIDS SERVICES OF DALLAS	750.	750.	
BOYS AND GIRLS CLUBS	1,000.	1,000.	

Page 2

Name of the organization DALLAS MARGARITA SOCIETY, INC. Employer identification number 75-1610414

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION		GRANTS	EXPENSES	REVENUE
CAMP JOHN MARC		1,000	1,000	
DALLAS CAN ACADEMY		2,500	2,500	
THE FAMILY PLACE		1,000	1,000	
LIFE LOVE FOUNDATION		1,000	1,000	
MARK CUBAN FOUNDATION		500	500.	
WOODALL FOUNDATION		500	500	
WIPE OUT KID'S CANCER		750	750	
	TOTALS	36,816	36,816	

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 2			
FORM 990, PART VIII - INVESTMENT INCOME		(0)				
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED		
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV	REVENUE		
INTEREST INCOME	2,97	0		2,970		
TOTALS	2,97	0		2,970		

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS	ATTACHMENT 3
DESCRIPTION	AMOUNT
MARGARITA BALL	262,832.
TOTAL	262,832.

Name of the organization									
DALLAS	MARGARITA	SOCIETY,	INC.						
		_							

Employer identification number 75-1610414

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
MARGARITA BALL	170,352.	254,885.	-84,533.
GOLF TOURNAMENT	39,020.	19,592.	19,428.
OTHER EVENTS	25,055.	57,691.	-32,636.
TOTALS	234,427.	332,168.	-97,741.

ATTACHMENT 5

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
MARGARITA BALL CASINO	25,775	11,222	14,553
TOTALS	25,775	11,222	14,553

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

75-1610414

Identifying number

Attachment Sequence No 67 ► Attach to your tax return.

Department of the Treasury Internal Revenue Service

► See separate instructions.

Name(s) shown on return

DALLAS MARGARITA SOCIETY, INC.

Business or activity to which this form relates

GENERAL DEPRECIATION

Pa	rt I	Election To Expense Ce Note: If you have any list				vou com	nole	te Part I			
1	Maxi	mum amount See the instructio								1	
		cost of section 179 property pla									
3		shold cost of section 179 proper									
4 5	Redu	uction in limitation Subtract line a	3 from line 2 If zero o	or less, enter -(-0- If married filing)- 					4	
6	separa	ately, see instructions				usiness use o					
											-
7		d property Enter the amount from					7				-
8		lelected cost of section 179 prop									
9	Tenta	ative deduction Enter the smaller	r of line 5 or line 8							9	
10	Carry	yover of disallowed deduction fro	om line 13 of your 20	08 Form 4562						10	
11		ness income limitation. Enter the		•				•	,	11	
12	Secti	ion 179 expense deduction Add	lines 9 and 10, but of	do not enter n	nore than lir	ne 11 . <u>.</u>	<u></u>		<u></u>	12	
13		yover of disallowed deduction to				. ▶	13				<u></u>
		not use Part II or Part III below for	 	 				1 - 1 - 1		<u> </u>	
	rt II									(See i	Instructions)
14	•	cial depreciation allowance for		•			•				
		ng the tax year (see instructions)								14	
15	Prop	erty subject to section 168(f)(1) or	election							15	
	rtylli	r depreciation (including ACRS) MACRS Depreciation (D	o not include liste	d property)	(See insti	ructione)	• •	<u> </u>	<u> </u>	16	
Lē	IŤŻIII	MACKO Depreciation (b	o not include liste		•	i uctions j					
17	MAC	RS deductions for assets placed	l in convince in toy you		tion A					17	472
18	If yo	u are electing to group any a	ssets placed in ser	vice during t	he tax ye	ar into on	e o	r more gener			
	assei	t accounts, check here							recia	tion S	vstem
		00011011 2 = 723013	(b) Month and year			(d) Recove	-	ocheral Dep			y stein
		a) Classification of property	placed in service	(business/invi		period		(e) Convention	(f) N	lethod	(g) Depreciation deduction
		ear property	_		070	5 00	<u>_</u>		<u> </u>	0.0.0	1.4
		ear property	_		272.	5.00	U	MQ	20	0DB	14.
		ear property	_				\perp				
	<u>_</u>	ear property	_				_				
		ear property					_				
_		ear property					4		L.,		
		ear property				25 yrs	_			6/L	
h		dential rental				27 5 yrs	-	MM	-	5/L	
	prop	· 				27 5 yrs	+	MM	<u> </u>	6/L	
i		residential real				39 yrs	+	MM		6/L 6/L	
	prop				T V	11-1 44		MM	l .		
200	Class	Section C - Assets P	laced in Service L	uring 2009	lax Year	Using the	e AI	ternative De	ř	iation S/L	System
			-			12 yrs	+		 	5/L	
	12-ye					 	+	MM	-		<u> </u>
		Summary (See instruction	ne)			40 yrs				6/L	<u> </u>
		 							-	24	1
21		d property Enter amount from lin				· · · · ·		Cotor bass		21	-
22		 Add amounts from line 12, lines on the appropriate lines of your re 	•		"	•••				22	486
22		on the appropriate lines of your re assets shown above and placed i	•	•		Structions	<u> </u>	<u> </u>	· · ·	1 4 4	700
		on of the basis attributable to se	•				23				
				<u> </u>	<u> </u>			,			1

Form	4562	(20	09)
		-	_	_

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

		Depreciation and				_			pplicable		r nasse	nger a	utomohi	les)	
24a	Do you have evidence						res X		24b If "\						X No
240			(c)	T use	Gairrieu	Η'	(e)	NO	Γ.			T			
	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Cost	(d) or other ba		isis for dep usiness/inv use onl	estment	(f) Recovery period	Met	g) hod/ ention	Depr	(h) eciation uction	Elected 179	-
25	Special depreciation year and used more the	•	•					-			. 25				
26	Property used more to										1			L	
	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	%						i		T		I	
			9		-										
	······································		9			+									
27	Property used 50% or	less in a qualified hi	L	J						1		1		1	
	1100011, 0000 0070 01	Too III a qualifica ba		6	· · · · · · · · · · · · · · · · · · ·					S/L -		T		1	
			 	6						S/L -		 			
				6		-				S/L -		 			
20	Add amounts in colur	nn (h) linns 25 thro	·		and on line	21 0					28	 		1	
	Add amounts in colur											1	. 29	<u> </u>	
	7 dd dinodrito iir coldi	ini (i), inio 20 Entor			Inform						• • • • •		. 1 23	L	
	nplete this section for ployees, first answer the	•	sole proprieto	or, part	tner, or o	ther "r	nore tha	n 5% c	wner," or		•	-	provided	vehicles	to you
30	Total business/inveduring the year (do	not include comm			a) iicle 1		(b) hicle 2	Ve	(c) ehicle 3		d) icle 4		e) (f) ucle 5 Vehicle 6		
	miles)		I							-					
	Total commuting mile	•	·					·							
32	Total other per	sonal (noncomm	uting)												
	miles driven							ļ				-			
33	Total miles driven lines 30 through 32	-							.						
34	Was the vehicle	available for per	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty ho	urs?	[
35	Was the vehicle	used primarily b	oy a												
	more than 5% ow	ner or related pe	erson?			!									
36	ls another vehicle	available for per	rsonal												
	use?														
		Section C - Que	stions for E	Emplo	yers Wh	o Pro	vide Ve	hicles	for Use b	y Their	Emplo	yees			
	swer these question re than 5% owners o	s to determine if	you meet a	an exc	-					-		-	nployees	who a	are no
37	Do you maintain a										-	muting,	by	Yes	No
38	Do you maintain a v	vritten policy stater	ment that pro	ohibits	personal	use o	of vehicle	es, exc	ept comm	uting, t	y your	employe	ees?		
	See the instructions for		•		•				•	•					
39	Do you treat all use o														
	Do you provide m					obta	n intor	nation	from yo	ur em	oloyees	about	the		
	use of the vehicles, ar		-							-	-]	
41	Do you meet the re	quirements concern	ing qualified	autom	obile de	monstr	ation us	e? (See	instructi	ons)					
	Note: If your answer to														
Pa	rt VI Amortizati	ion													
	(a) Description o	f costs	(b) Date amorti begins		Am	(c ortizabl) le amount		(d) Code se		Amorti perio perce	zation od or	Amortiza	(f) ation for th	nis year
	Amortization of cost	s that begins durin	g your 2009	tax y	ear (see	ınstruc	ctions)				, ,,,,,,	3-			-
42			1					1			ı				
42					 										
_		Abot began before	2000 1-										-		
43	Amortization of costs	•		•	in to ro-							43			