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# SCANNED JAN 2 7 2011

Department of the Treasury

## 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)

Sponsoring 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

**Open to Public** Inspection

|            | al Revenue                |                      | <u> </u>            | ► The organization may have to u                            | se a copy of this | <del></del>        |                  |                | ents               |            |                                       |
|------------|---------------------------|----------------------|---------------------|---|-------------------|--------------------|------------------|----------------|--------------------|------------|---------------------------------------|
| A F        | or the                    | 2009 calenda         | ar year,            | or tax year beginning                                       | June 1            | ,                  | 2009, and        | d ending       | M                  | ay 31_     | , 20 <u>10</u>                        |
| В          | heck if ap                | oplicable            | Please              | C Name of organization                                      |                   |                    |                  |                | D Emplo            | yer identi | fication number                       |
|            | Address c                 | hange                | use IRS<br>label or | Dallas Architecture Forum                                   |                   |                    |                  |                |                    | 75-27      | 708411                                |
| =          | Name cha                  | -                    | print or            | Number and street (or P O box, if                           | mail is not deliv | ered to street add | dress) Ro        | om/suite       | E Teleph           | one numb   | er                                    |
| =          | nıtıal retur<br>Ferminate |                      | type<br>See         | PO Box 596119   |                   |                    |                  |                |                    | 214-7      | 64-2406                               |
| 岩          |                           |                      | Specific            | City or town, state or country, and                         | ZIP + 4           |                    | !                |                | E Grour            | Exempt     |                                       |
| =          | Amended<br>Application    | return<br>in pending | Instruc-<br>tions   | Dallas, TX 75359  |                   |                    |                  |                |                    | oer ►      | _                                     |
| ш.         |                           | <u> </u>             |                     | L   |                   | <del></del> .      | <del></del>      | T              |                    |            | n/a                                   |
|            | • Sect                    | tion 501(c)(3)       |                     | rations and 4947(a)(1) nonexe                               |                   | e trusts must a    | attach           | G Accou        | •                  |            | Cash 🗹 Accrual                        |
|            |                           |                      | a con               | npleted Schedule A (Form 990                                | ) or 990-E2).     |                    |                  |                | (specify)          |            |                                       |
|            |                           |                      |                     |   |                   |                    |                  |                |                    |            | nization is <b>not</b>                |
| ı V        | Vebsit                    | e: ► <u>www</u>      | .dallasa            | rchitectureforum.org  |                   |                    |                  | requir         | ed to atta         | ch Sched   | dule B (Form 990,                     |
| JT         | ax-exe                    | empt status (d       | check o             | nly one) — 🗹 501(c) ( 3 ) ◀                                 | (insert no )      | 3 4947(a)(1) or    | 527              | 990-E          | Z, or 990          | -PF).      |                                       |
| K          | Check •                   | lf the               | e organi            | zation is not a section 509(a)(3) s                         | supporting orc    | ianization and it  | s aross re       | ceipts are r   | ormally n          | ot more    | than \$25.000 A                       |
| ı          | orm 99                    |                      | _                   | turn is not required, but if the o                          |                   |                    | •                | •              | -                  |            |                                       |
|            |                           |                      |                     | 9 to determine gross receipts, if                           |                   |                    |                  |                |                    | •          | 197,890                               |
| _          | art I                     |                      |                     | enses, and Changes in                                       |                   |                    |                  |                |                    | tions fo   |                                       |
|            | _                         | _                    |                     |   |                   |                    | <u>ului loca</u> | (000 1110      | I                  |            |                                       |
|            | 1                         |                      | •                   | s, grants, and similar amoui                                |                   |                    |                  |                | · ·                | 1          | 86,587                                |
|            | 2                         | _                    |                     | evenue including governme                                   | nt fees and o     | contracts .        |                  |                | $\cdot \cdot \mid$ | 2          | 28,160                                |
|            | 3                         | Membersh             | ip dues             | and assessments   |                   |                    |                  |                | · ·                | 3          | 83,026                                |
|            | 4                         | Investment           | t incom             | e   |                   |                    |                  |                | · [_               | 4          | 117                                   |
|            | 5a                        | Gross amo            | ount fro            | m sale <u>of assets other than</u>                          | inventory         |                    | 5a               |                |                    |            |                                       |
|            | ь                         | Less: cost           | or othe             | r basıs and salesrexpenses                                  | En                |                    | 5b               |                | ķ                  |            |                                       |
|            | C                         | Gain or (los         | ss) from            | r basis and salesexpenses<br>a sale of assets other than in | wentory (Sul      | otract line 5b     | from line        | 5a) .          |                    | 5c         |                                       |
| e          | 6                         | Special event        | s and act           | ivities (complete applicable parts of                       | Schedule (4) If   | any amount is fro  | m gaming         | , check here l | ▶□Ì                |            |                                       |
| Revenue    | a                         |                      |                     | ot including \$ JAN 18                                      |                   | ontributions       | J                | ,              | _                  |            |                                       |
| ě          | "                         |                      |                     | IM)   |                   | Ontributions       | ادما             |                |                    |            |                                       |
| Œ          | _                         | reported or          |                     |   | الما              |                    | 6a               |                |                    |            |                                       |
|            | b                         |                      |                     | nses other than fundraising t                               |                   |                    | 6b               |                |                    |            |                                       |
|            | _C                        |                      |                     | ss) from special events and                                 |                   | ibtract line 6b    | 1 1              | e 6a)          | ·                  | 6c         |                                       |
|            | 7a                        |                      |                     | entory, less returns and allo                               | wances .          |                    | 7a               |                |                    |            |                                       |
|            | b                         | Less cost            | of good             | ds sold   |                   |                    | 7b               |                |                    |            |                                       |
|            | C                         | Gross prof           | it or (lo:          | ss) from sales of inventory (                               | Subtract line     | 7b from line 7     | 7a)              |                | . L                | 7c         |                                       |
|            | 8                         | Other reve           | nue (de             | scribe -  |                   |                    |                  |                |                    | 8          |                                       |
|            | 9                         | <b>Total reve</b>    | nue. Ad             | dd lines 1, 2, 3, 4, 5c, 6c, 7c                             | , and 8 .         |                    |                  |                | . ▶                | 9          | 197,890                               |
|            | 10                        |                      |                     | r amounts paid (attach sche                                 |                   |                    |                  |                |                    | 10         |                                       |
|            | 11                        |                      |                     |   |                   |                    |                  |                |                    | 11         |                                       |
| Ś          | 12                        | •                    |                     | mpensation, and employee                                    |                   |                    |                  |                | -                  | 12         | · · · · · · · · · · · · · · · · · · · |
| Expenses   | 13                        |                      |                     | and other payments to inde                                  |                   |                    |                  |                | F-                 | 13         |                                       |
| ē          | 14                        |                      |                     | • •   | •                 |                    |                  |                | <b>⊢</b>           |            |                                       |
| ×          | _ ا                       |                      |                     | utilities, and maintenance                                  |                   |                    |                  |                |                    | 14         |                                       |
|            | 15                        |                      |                     | ons, postage, and shipping                                  |                   |                    |                  |                |                    | 15         |                                       |
|            | 16                        | •                    | •                   | describe See Attached S                                     |                   |                    |                  |                |                    | 16         | 180,855                               |
|            | 17                        |                      |                     | Add lines 10 through 16 .                                   |                   |                    | <u> </u>         |                |                    | 17         | 180,855                               |
| S.         | 18                        |                      |                     | for the year (Subtract line 1                               |                   |                    |                  |                |                    | 18         | 17,035                                |
| Net Assets | 19                        | Net assets           | or fun              | d balances at beginning of                                  | year (from I      | ine 27, colum      | nn (A)) (n       | nust agree     | with               |            |                                       |
| Ą          |                           | end-of-yea           | ır fıgure           | reported on prior year's ret                                | urn) .            |                    |                  |                | . [                | 19         | 112,475                               |
| i,         | 20                        | Other chan           | nges in             | net assets or fund balances                                 | (attach expl      | anation)           |                  |                |                    | 20         |                                       |
| ž          | 21                        |                      | -                   | balances at end of year. Co                                 |                   |                    |                  |                |                    | 21         | 129,510                               |
| Þ          | art II                    |                      |                     | ts. If Total assets on line 25                              |                   |                    |                  |                |                    |            |                                       |
|            | 21 G H                    | Dalatice             | , onee              | (See the instructions for F                                 |                   | αιο φι,200,0       | 00 01 1110       |                | inning of y        |            |                                       |
|            | _                         |                      | _                   | •   | •                 |                    |                  | (A) Beg        |                    |            | (B) End of year                       |
| 22         |                           | _                    |                     | vestments   |                   |                    |                  | ļ              |                    | 830 22     | 164,087                               |
| 23         |                           |                      |                     |   |                   |                    |                  |                | 17,                | 350 23     | 17,350                                |
| 24         | Otl                       | her assets (d        | describ             | e Accounts Receivable                                       |                   |                    |                  |                | 7,                 | 635 24     | -930                                  |
| 25         |                           |                      |                     |   |                   |                    |                  |                | 164,               | 815 25     | 180,507                               |
| 26         |                           |                      |                     | ribe Accounts Payable                                       |                   |                    | 1                |                |                    | 340 26     | 50,997                                |
| 27         |                           |                      |                     | alances (line 27 of column (                                | B) must agr       | ee with line 21    | 1) .             |                |                    | 475 27     | 129,510                               |

Form **990-EZ** (2009)

| Form | 990-EZ (2009)  |                             |                     |                  |         | Page 4                             |
|------|--|-----------------------------|---------------------|------------------|---------|------------------------------------|
| Par  | Statement of Program Service Accom                   | plishments (See the instr   | uctions for Part II | l.)              | 1       | Expenses                           |
| Wha  | it is the organization's primary exempt purpose?     | Education                   |                     |                  | (Req    | uired for section                  |
|      | cribe what was achieved in carrying out the org      | anization's exempt purpor   | ses. In a clear ar  | nd concise       |         | c)(3) and 501(c)(4)                |
|      | ner, describe the services provided, the number of   |                             |                     |                  |         | nizations and section              |
|      | n program title.                                     | reported borrowed, and      |                     |                  |         | (a)(1) trusts, optional<br>thers ) |
|      | <del></del>  |                             | ad Ab.a. blla       |                  | 10, 0   | I                                  |
| 28   | Presenter of lecture series, panel discussions and s |                             | ure and the built   |                  | ł       |                                    |
|      | environment and educational receptions and tours r   | elated to architecture      |                     |                  |         |                                    |
|      |  |                             |                     |                  |         |                                    |
|      | (Grants \$ ) If this amount                          | includes foreign grants, ch | eck here            | <u>. ▶ ⊔</u>     | 28a     | 149,780                            |
| 29   | •••••  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         | •                                  |
|      |  |                             |                     |                  |         |                                    |
|      | (Grants \$ ) If this amount                          | includes foreign grants, ch | eck here            | . ▶ 🗆            | 29a     |                                    |
| 30   |  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         |                                    |
|      | (Grants \$ ) If this amount                          | includes foreign grants, ch |                     |                  | 30a     |                                    |
| 31   | Other program services (attach schedule)             |                             |                     |                  | 1000    |                                    |
| 0.   | (Grants \$ ) If this amount                          |                             |                     |                  | 31a     |                                    |
| 32   | Total program service expenses (add lines 28a        | through 31a)                | eck liele           | •                | 32      | 149,780                            |
|      | t IV List of Officers, Directors, Trustees, and Key  |                             |                     |                  |         |                                    |
| rai  | List of Officers, Directors, Trustees, and Rej       | (b) Title and average       | (c) Compensation    | (d) Contributio  |         | (e) Expense                        |
|      | (a) Name and address                                 | hours per week              | (If not paid,       | employee benefit | plans & | account and                        |
|      |  | devoted to position         | enter -0)           | deferred compe   | nsation | other allowances                   |
|      | nk Aldridge  | President / 5 hours         |                     |                  |         |                                    |
| 3100 | 0 McKinnon #905, Dallas, TX 75201                    | <u></u>                     | 0                   |                  | 0       | 0                                  |
| Diar | ne Cheatham  | Treasurer / 5 hours         |                     |                  |         |                                    |
| PO   | Box 191166, Dallas, TX 75219                         | 11000010110110              | 0                   |                  | 0       | 0                                  |
| Euri | co Fancisco  | Secretary / 5 hours         |                     |                  |         |                                    |
| 1717 | 7 Pacıfic Avenue, Dallas, TX 75201                   | Secretary / 5 flours        | 0                   |                  | 0       | ) o                                |
|      |  |                             |                     |                  |         |                                    |
|      | ***************************************              | 1                           |                     |                  |         |                                    |
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|      | ••••••   | -                           |                     |                  |         |                                    |
|      | <u> </u>   |                             |                     |                  |         |                                    |
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|      | ***************************************              | ļ                           |                     |                  |         |                                    |
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|      |  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         |                                    |
|      |  |                             | İ                   |                  |         | L                                  |
|      |  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         |                                    |
|      |  |                             |                     |                  |         | ·· —                               |
|      |  | 1                           |                     |                  |         | I                                  |

| Form 99  | 0-EZ (20b9)   |        | Р   | age 3        |
|----------|---|--------|-----|--------------|
| Part     | Other Information (Note the statement requirements in the instructions for Part V.)   |        |     |              |
|          | Dilling and the second of the |        | Yes | <u>No</u>    |
| 33       | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  | 33     |     | <b>✓</b>     |
| 34       | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  | 34     |     | ✓            |
| 35       | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |        |     |              |
| а        | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  | 35a    |     | <b>√</b>     |
| b        | If "Yes," has it filed a tax return on Form 990-T for this year?  | 35b    |     |              |
| 36       | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   | 36     |     | ✓            |
| 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   |        |     |              |
| b<br>38a | Did the organization file <b>Form 1120-POL</b> for this year?   | 37b    |     | <u> </u>     |
|          | any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38a    |     | <u> </u>     |
|          | If "Yes," complete Schedule L, Part II and enter the total amount involved  | -)     |     |              |
| 39<br>a  | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9   |        |     |              |
| b        | Gross receipts, included on line 9, for public use of club facilities   |        |     |              |
| 40a      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   |        |     |              |
|          | section 4911 ▶  | ì      |     |              |
| b        | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit   |        |     |              |
|          | transaction during the year or is it 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  | 40b    |     | ✓            |
| С        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |        |     |              |
| d        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |        |     |              |
| е        | 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    |     | <b>√</b>     |
| 41       | List the states with which a copy of this return is filed. ▶ Texas  |        |     |              |
| 42a      |   | 214-76 |     | 3<br>        |
| <b>b</b> | Located at ► PO Box 596119, Dallas, TX ZIP + 4 ►  | 753    | 359 |              |
| D        | 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  |        | Yes | No           |
|          | account)?   | 42b    |     | <del>\</del> |
|          | 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.   |        |     |              |
| С        | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:   | 42c    |     | <b>√</b>     |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here   |        | . 1 | ▶ □          |
|          | and enter the amount of tax-exempt interest received or accrued during the tax year   |        | _   |              |
|          |   | 1      | V   | N-           |
| 44       | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44     | Yes | No<br>✓      |
| 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     |     | <b>/</b>     |
|          |   |        |     |              |

| Part   | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and | 47(a)(1) nonexempt char  | exempt charitab<br>etable trusts mus | <b>le trusts only.</b> A<br>t answer questio                              | ll secti<br>ns 46- | on<br>-49b                     |
|--|--|--|--------------------------------------|---|--------------------|--------------------------------|
| 46   | Did the organization engage in direct or indirect  | t political campaign activiti                                  | es on behalf of or                   | in opposition to  | Y                  | es No                          |
|  | candidates for public office? If "Yes," complete \$  | Schedule C, Part I   |                                      |   | 46                 | ✓                              |
| 47   | Did the organization engage in lobbying activities   | s? If "Yes," complete Sche                                     | dule C, Part II                      |   | 47                 | - ✓                            |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |  |  |                                      |   |                    |                                |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  |  |  |                                      |   |                    |                                |
|  | If "Yes," was the related organization a section 5   |  |                                      |   | 49b                |                                |
| 50   |  |  |                                      |   |                    |                                |
|  | employees) who each received more than \$100,0   |  |                                      |   |                    |                                |
|  | (a) Name and address of each employee paid more than \$100,000   | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                     | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | acco               | xpense<br>unt and<br>llowances |
| 48 Is the organization a school as described in section of the organization make any transfers to an organization if "Yes," was the related organization a section of Complete this table for the organization's five employees) who each received more than \$100,000 (a) Name and address of each employee paid more than \$100,000 (b) None  1 Total number of other employees paid over \$100,000 of compensation from the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contract None  1 Total number of other independent contractor of the organization of t |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  | _                                    |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  | •••••  |  |                                      |   |                    |                                |
|  |  | <u> </u><br>0.000 ▶  | <u> </u>                             |   |                    |                                |
|  | (a) Name and address of each independent contractor  | paid more than \$100,000                                       | (b) Typ                              | pe of service   | (c) Comp           | pensation                      |
| None   |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
|  |  |  |                                      |   |                    |                                |
| d  | Total number of other independent contractors e  | each receiving over \$100,0                                    | 00 <b>&gt;</b>                       |   |                    |                                |
|  | Under penalties of penury, I declare that I have examine   | ed this return, including accompar                             | nying schedules and sta              | tements, and to the bes   | st of my k         | nowledge                       |
| Sign   | and belief, it is true, correct, and complete Declaration  | A A  | pased on all information             | of which preparer has   | any know           | rieage<br>                     |
| Here   | Mathe 10. 11   | ine  |                                      |   | <u> </u>           |                                |
|  | Signature of officer   | Ü  |                                      | Date  |                    |                                |
|  | Nathan H Eudaly, Executive Director  |  |                                      |   |                    |                                |
|  | Type or print name and title   | <del></del>  |                                      | I Durant 1 12   | -L 'O              |                                |
| Paid<br>Prepar   | er's   | dan Date   | Check if self-<br>employed ▶ □       | Preparer's identifying num  | •                  | nstructions)                   |
| Use On   | vours if self-employed).   | <del></del>  | EII                                  | <b>√</b> 13   | -427315            | 56                             |
|  | address, and ZiP + 4 / 16610 Dallas Parkway  | #2100, Dallas, TX 75248  | Ph                                   | 01.0 1.0  | 2-980-18           |                                |
| May th   | e IRS discuss this return with the preparer shown  | n above? See instructions                                      |                                      |   | Yes                |                                |
|  |  |  |                                      | Fo  | rm <b>990</b> .    | - <b>EZ</b> (200               |

#### SÇHEDÜLE 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

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 75 2708411 **Dallas Architecture Forum** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I c Type III-Functionally integrated **d** ☐ Type III–Other **b** Type II e D By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . |11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col organization in col (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No Yes

Total

|           | Support Schedule for Org<br>(Complete only if you chec   |                    |                                       |                                    |   | and 170(b)(                  | 1)(A)(VI)<br>       |
|-----------|--|--------------------|---------------------------------------|------------------------------------|---|------------------------------|---------------------|
|           | tion A. Public Support   |                    | ·                                     |                                    |   |                              |                     |
| Ca        | lendar year (or fiscal year beginning in) ▶  | (a) 2005           | <b>(b)</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         | 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   |                    |                                       |                                    |   |                              |                     |
| 5<br>6    | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. |                    |                                       |                                    |   |                              |                     |
| Sec       | tion B. Total Support  |                    |                                       |                                    |   |                              |                     |
|           | lendar year (or fiscal year beginning in) 🕨  | (a) 2005           | <b>(b)</b> 2006                       | (c) 2007                           | (d) 2008                                  | (e) 2009                     | (f) Total           |
| 7         | Amounts from line 4  |                    |                                       |                                    |   |                              |                     |
| 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)   |                    |                                       |                                    |   |                              |                     |
| 11        | Total support. Add lines 7 through 10 .  |                    |                                       |                                    |   |                              |                     |
| 12        | Gross receipts from related activities, etc.   | . (see instruction | ons)                                  |                                    |   | 12                           |                     |
| 13        | First five years. If the Form 990 is for organization, check this box and stop he  | re                 |                                       |                                    | n, or fifth tax y                         |                              | on 501(c)(3)        |
|           | tion C. Computation of Public Su   |                    |                                       | 41 (0)                             |   | 44                           |                     |
| 14        | Public support percentage for 2009 (line   |                    |                                       | i, column (t))                     | • •                                       | 15                           | <u>%</u>            |
| 15<br>16- | Public support percentage from 2008 Sc   |                    |                                       |                                    |   |                              | ****                |
| ioa       | 33\% % support test—2009. If the organiand stop here. The organization qualifies   |                    |                                       |                                    | ine 14 is 33/3                            | % or more, cm                |                     |
| b         | 331/3 % support test - 2008. If the organi   |                    |                                       |                                    | and line 15 is                            | 33⅓ % or more                | e, check this       |
|           | box and stop here. The organization qua  | ilifies as a pub   | licly supported                       | organization .                     |   |                              | ▶ [                 |
| 17a       | 10%-facts-and-circumstances test – 20 more, and if the organization meets the "f organization meets the "facts-and-circum  | acts-and-circu     | mstances" test,                       | check this box                     | and stop here.                            | Explain in Par               | t IV how the        |
| ь<br>18   | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did   | acts-and-circun    | nstances" test, o<br>organization qua | check this box alifies as a public | and <b>stop here.</b><br>cly supported or | Explain in Partiganization . | t IV how the<br>▶ [ |

# Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

|     | (Complete only if you checke   | a the box on          | line 9 of Pa           | π ι.)              |                   |                 |                  |
|-----|--|-----------------------|------------------------|--------------------|-------------------|-----------------|------------------|
|     | tion A. Public Support   |                       |                        |                    |                   | · - · · · ·     |                  |
| Ca  | 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.")   | 152,526               | 177,256                | 185,929            | 157,096           | 169,613         | 842,420          |
| 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 | 2,055                 |                        | 35,300             | 42,650            | 28,160          | 108,165          |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       |                        |                    |                   |                 |                  |
| 4   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | _                     |                        |                    |                   |                 |                  |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                        |                    |                   |                 |                  |
| 6   | Total. Add lines 1 through 5   | 154,581               | 177,256                | 221,229            | 199,746           | 197,773         | 950,585          |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons .   |                       |                        |                    |                   |                 |                  |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                       |                        |                    |                   |                 |                  |
| С   | Add lines 7a and 7b  |                       |                        |                    |                   |                 |                  |
| 8   | Public support (Subtract line 7c from line 6)  |                       |                        |                    |                   |                 | 950,585          |
|     | tion B. Total Support  | / ) aaaa              |                        |                    | 4 9 2222          |                 |                  |
| Ca  | alendar year (or fiscal year beginning in) ▶   | (a) 2005              | <b>(b)</b> 2006        | (c) 2007           | (d) 2008          | (e) 2009        | (f) Total        |
| 9   | Amounts from line 6  | 154,581               | 177,256                | 221,229            | 199,746           | 197,773         | 950,585          |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 1,431                 | 2,776                  | 4,947              | 1,620             | 117             | 10,891           |
| b   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                        |                    |                   |                 |                  |
| C   | Add lines 10a and 10b  | 1,431                 | 2,776                  | 4,947              | 1,620             | 117             | 10,891           |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                       |                        |                    |                   |                 |                  |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                       |                        |                    |                   |                 |                  |
| 13  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   | 156,012               | 180,032                | 226,176            | 201,366           | 197,890         | 961,476          |
| 14  | First five years. If the Form 990 is for toganization, check this box and stop I   | here                  |                        | id, third, fourth  | -                 | ear as a sectio |                  |
|     | tion C. Computation of Public Sup  | •                     |                        |                    |                   |                 | 00.67            |
| 15  | Public support percentage for 2009 (lin  |                       |                        | ,                  |                   | 15              | 98.87 %          |
| 16  | Public support percentage from 2008 S  |                       |                        | <del> </del>       |                   | 16_             | 98.81 %          |
|     | tion D. Computation of Investmen   |                       | <del>_</del>           |                    |                   |                 | 1 12 0/          |
| 17  | Investment income percentage for 2009  | •                     |                        | -                  |                   | 17              | 1.13 %<br>1.18 % |
| 18  | Investment income percentage from 20   |                       |                        |                    |                   |                 |                  |
| 19a | 17 is not more than 331/3 %, check this be   | ox and <b>stop he</b> | re. The organiz        | zation qualifies   | as a publicly s   | supported orga  | nization ► 🗹     |
| b   | 33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this  | box and stop I        | <b>here.</b> The orgar | nization qualifies | s as a publicly s | supported organ | nization 🕨 🔲     |
| 20  | Private foundation. If the organization  | did not check a       | a box on line 1        | 4, 19a, or 19b,    | check this bo     | x and see insti | ructions ▶ 🔲     |

| Schedule A (Fo | orm 990 or 990-EZ) 2009                           |   |   |   | Page 4                                    |
|----------------|---|---|---|---|---|
| Pårt IV        | Supplemental Informa<br>Part II, line 17a or 17b; | tion. Complete this and Part III, line 12 | part to provide the Provide any other   | explanations required additional information. | by Part II, line 10;<br>See instructions. |
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### Form 8868

Department of the Treasu

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| internal nevenue  | Service   |  |   |               |
|---|---|--|---|---------------|
|   | filing for an Automatic 3-Month Extension, complete only Part I and check this bo   |  | >   | · Ø           |
|   | filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (   |  |   |               |
|   | plete Part II unless you have already been granted an automatic 3-month extension on a<br>Automatic 3-Month Extension of Time. Only submit original (no copies nee  |  | ied Form_8868.  |               |
| <u> </u>  |   | •  |   |               |
| A corporation Part I only .                                       | n required to file Form 990-T and requesting an automatic 6-month extension—check   | k this box a                                 | ind complete  | - 🗆           |
|   | porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form noome tax returns.  | 7004 to req                                  | uest an extens  | ion o         |
| one of the relectronically returns, or a                          | Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auterums noted below (6 months for a corporation required to file Form 990-T). Howey 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 arone details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file. | ever, you ca<br>is 990-BL, 6<br>nd signed pa | annot file Form<br>6069, or 8870,<br>age 2 (Part II) of | 8868<br>group |
| Type or   | Name of Exempt Organization   | Employer i                                   | identification nu                                       | ımber         |
| print   | Dallas Architecture Forum   | 75   | 2708411   |               |
| File by the due date for  | Number, street, and room or suite no. If a P.O. box, see instructions   |  |   |               |
| filing your   | P.O. Box 596119   |  |   |               |
| return See<br>instructions  | City, town or post office, state, and ZIP code For a foreign address, see instructions  Dallas, TX 75359  |  | _   |               |
| Check type  | of return to be filed (file a separate application for each return):  |  |   |               |
| ☐ Form 990  | D Form 990-T (corporation)  |  | Form 4720   |               |
| ☐ Form 990  | 0-BL  |  | Form 5227   |               |
| ✓ Form 996  | 0-EZ  |  | Form 6069   |               |
| ☐ Form 990  | 0-PF  |  | Form 8870   |               |
| Telephone If the orga If this is fo for the whole a list with the | No. ► ( 972 ) 647-4463 FAX No. ► ( )  Inization 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), the group, check this box ►  | s box  |   | tıme          |
| until   | January 15 , 20_11 , to file the exempt organization return for the organization  | named abo                                    | ove. The extens   | ion is        |
|   | organization's return for:  |  |   |               |
|   | calendar year 20 or   | May 21                                       | 4   | ^             |
| ▶ 🗹   | tax year beginning June 1, 2009 , and ending!   | May 31                                       | , 20 <u>1</u>   |               |
| 2 if this to  | ax year is for less than 12 months, check reason:   Initial return   Final return [   | ☐ Change                                     | in accounting p   | period        |
|   | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.  | х,   | \$  |               |
|   | application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta  |  |   |               |
|   | nts made. Include any prior year overpayment allowed as a credit.   | 3b   | \$  |               |
|   | e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required  | d.   | 4   |               |
| deposit   | t with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymei  |  | 1   |               |
| System  | ). See instructions.  | 3c   |   |               |
| Caution. If y   | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84   | 53-EO and                                    | Form 8879-EO  | )             |

6700 · Special Membership Events

|  |                  | Program  | Mngt &  | Fundraising |
|--|------------------|----------|---------|-------------|
|  | Jun '09 - May 10 | Services | General |             |
| Expense                                |                  |          |         |             |
| 6525 · Symposia Expenses               | 5,217.53         | 5217     |         |             |
| 6900 · Occupancy Expense               | 4,568.59         | 4568     |         |             |
| 6650 · Marketing and Development Exp   | 2,434.00         |          |         | 2434        |
| 6000 · Administrative Services         | 67,829.00        | 52,907   | 8187    | 6735        |
| 6050 · AIA/CES Expense                 | 800.00           | 800      |         |             |
| 6120 · Bank Charges                    | 3,452.19         |          |         | 3452        |
| 6150 · Brochures & Publications        |                  |          |         |             |
| 6151 · Postage & Mailing Svc           | 0.00             |          |         |             |
| 6152 · Printing & Reproduction         | 0.00             |          |         |             |
| Total 6150 · Brochures & Publications  | 0.00             |          |         |             |
| 6160 · Contributions-Equipment         | 0.00             |          |         |             |
| 6200 · Insurance                       |                  |          |         |             |
| 6205 · Health Insurance                | 11,745.81        | 9162     | 1408    | 1175        |
| 6202 · General Liability Insurance     | 350.00           |          | 350     |             |
| Total 6200 · Insurance                 | 12,095.81        |          |         |             |
| 6300 · Lecture Expense                 |                  |          |         |             |
| 6301 · Dinners                         | 4,268.36         |          |         |             |
| 6302 · Gifts Given                     | 129.36           |          |         |             |
| 6303 · Honoraria                       | 9,850.00         |          |         |             |
| 6304 · Postage & Mailing Svc           | 3,990.06         |          |         |             |
| 6305 · Printing & Reproduction         | 8,936.97         |          |         |             |
| 6307 · Receptions                      | 5,068.38         |          |         |             |
| 6308 · Space Rental                    | 4,908.00         |          |         |             |
| 6309 · Travel, Hotel & Expenses        | 5,988.37         |          |         |             |
| Total 6300 · Lecture Expense           | 43,139.50        | 43140    |         |             |
| 6400 · Miscellaneous                   | 150.00           | 150      |         |             |
| 6510 · Office Supplies/Equipment       | 2,234.22         | 1125     | 625     | 484         |
| 6520 · Panel Discussions               | 3,170.76         | 3171     |         |             |
| 6530 · Postage, Mailing & Delivery     | 535.46           |          | 127     | 408         |
| 6540 · Printing and Reproduction       | 71.89            |          | 72      |             |
| 6550 · Professional Fees               |                  |          |         |             |
| 6551 · Accounting                      | 775.00           |          |         |             |
| 6552 · Legal Fees                      | 0.00             |          |         |             |
| 6550 · Professional Fees - Other       | 551.20           |          |         |             |
| Total 6550 · Professional Fees         | 1,326.20         |          | 1326    |             |
| 6600 · Public Relations                |                  |          |         |             |
| 6602 · Clipping Service/Other Expenses | 5,700.00         | 4845     |         | 855         |
| 6604 · Website & Online Svcs           | 2,397.08         | 2037     |         | 360         |
|  |                  |          |         |             |

| 75-2708411<br>SCHEDULE # 1               |            |        |       |       |
|--|------------|--------|-------|-------|
| • 6704 · Design Symposium                | 16,396.96  | 16397  |       |       |
| 6701 · Postage & Mailing Svc             | 771.60     | 325    |       | 447   |
| 6702 · Printing & Reproduction           | 810.00     |        |       | 810   |
| 6703 · Supplies & Fees                   | 5,976.13   | 5976   |       |       |
| 6700 · Special Membership Events - Other | -40.00     | -40    |       |       |
| Total 6700 · Special Membership Events   | 23,914.69  |        |       |       |
| 6800 · Telephone                         | 543.38     |        | 544   |       |
| 6850 · Travel & Ent                      |            |        |       |       |
| 6851 · Meetings                          | 795.40     |        | 277   | 519   |
| 6852 · Air/Car Rental                    | 115.43     |        | 115   |       |
| 6854 · Meals                             | 363.65     |        | 364   |       |
| Total 6850 · Travel & Ent                | 1,274.48   |        |       |       |
| Total Expense                            | 180,854.78 | 149780 | 13395 | 17679 |

17,034.83

**Dallas Architecture Forum** 

Net Ordinary Income (TOTAL SCHEDULE #1)