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Fc. 990-EZ

Department of the Treasury Internal Revenue Service

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
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

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning 7/01	, 2009, and en	ding 6/30		, 2010
В	Check if applicable C			D Employer i	dentification number
	Address change Please THE CHARTER 100 OF DALLAS			16-17	27212
	Name change label or 4302 MARGATE DR.			E Telephone	number
	Initial return type. DALLAS, TX 75220			214-5	33-3518
\vdash	Iermination Specific		ľ		
-	tions.			F Group E Number	xemption -
_	Application pending	witchia America	G Accounting i		Cash Accrual
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt cha must attach a completed Schedule A (Form 990 or 990 	intubic trasts	Other (speci] 04011 [] 11001441
_			H Check ► X	If the or	ganization is not
I	Website: ► N/A		required to a 990-EZ, or 9	attach Sche	dule B (Form 990,
J		4947(a)(1) or 527		<u> </u>	
K	Check Inf the organization is not a section 509(a)(3) supporting \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization is not required, but if the organization is not required.	organization and its (gross receipts ai	re normally	not more than
_				to file a coi	inplete return
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$50 instead of Form 990-EZ	00,000 or more, file Fo	irm 990	► \$	55,817.
P	art I Revenue, Expenses, and Changes in Net Asset	s or Fund Balanc	es (See the	nstruction	
	1 Contributions, gifts, grants, and similar amounts received			1	
	2 Program service revenue including government fees and contra	acts.		2	8,610.
	3 Membership dues and assessments.			3	47,100.
	4 Investment income			4	107.
	5a Gross amount from sale of assets other than inventory	5a	·	i	
	b Less cost or other basis and sales expenses	_5b			
R E V	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5c			<u>5c</u>	
¥	6 Special events and activities (complete applicable parts of Schedule G) If any an		ck here.		
E N U		ributions			
Ě	reported on line 1)	6a			
	b Less direct expenses other than fundraising expenses	6b		6c	
	c Net income or (loss) from special events and activities (Subtract line 6b from lin 7a Gross sales of inventory, less returns and allowances	7a		80	
	b Less cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b f			7c	
	8 Other revenue (describe ►	,) 8	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			_ ▶ 9	55,817.
_	10 Grants and similar amounts paid (attach schedule)			10	
	11 Benefits paid to or for members	RECEIV	FD	11	
E X P	12 Salaries, other compensation, and employee benefits	NLOL1V		12	
P E N	13 Professional fees and other payments to independent contractor	ors		13	14,151.
N S E	14 Occupancy, rent, utilities, and maintenance	8 JUL 2.8 2	RS-05(14	<u> </u>
E S	15 Printing, publications, postage, and shipping	[]	<u>`</u>	15	4,903.
	16 Other expenses (describe ► SEE STATEMENT 1	OGDEN	117) 16	40,033.
	17 Total expenses. Add lines 10 through 16	UGULIV		▶ 17	59,087.
,	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,270.
N S	19 Net assets or fund balances at beginning of year (from line 27, figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	column (A)) (must aç	gree with end-of	-year 19	56,712.
NETT	20 Other changes in net assets or fund balances (attach explanati	ion)		20	30,712.
Ś	21 Net assets or fund balances at end of year Combine lines 18 t			▶ 21	53,442.
P	art II Balance Sheets. If Total assets on line 25, column (B)		re, file Form 990		
نت	(See the instructions for Part II)		(A) Beginning		(B) End of year
22				112. 22	119,142.
23				23	
24	4 Other assets (describe ►)			24	
25	· ·			112. 25	119,142.
26	· · · · · · · · · · · · · · · · · · ·	_)		400. 26	65,700.
27	7 Net assets or fund balances (line 27 of column (B) must agree with	th line 21)	56,	712. 27	53,442.

Form **990-EZ** (2009)

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

Form	990-EZ (2009) THE CHARTER 100				-172	27212 Page 2
Par	t III Statement of Program Sei	rvice Accomplishments	(See the instruction	ons.)]	Expenses
What i	s the organization's primary exempt purpose? SO	CIAL ORGANIZATION			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out thribe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orga	nizations and section
desci	ribe the services provided, the number of ram title	persons benefited, or other	relevant information for	each	494/	(a)(1) trusts, optional thers)
28	an the			-	1.5.	
20			·	-	1	
					1	
					d	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	
29					4	
				<u>-</u>		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	>	29 a	
30	-					
					1	
					1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	 -	30 a	
31	Other program services (attach schedule	<u> </u>	· -	•		
		iis amount includes foreign gr	ants, check here	▶ [31 a	
32	Total program service expenses (add In			-	32	
Par			plovees. List each or	ne even if not cor	npens	ated (See the instrs.)
	,	(b) Title and average hours		(d) Contribution		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ins and	
		to position		deferred compens		
	LY_HOGLUND	VP- MEMBERSHIP	0.		0.	0.
372	9 NORMANDY	1.00				
DAI	LAS, TX 75205					
PEG	GGY CARR	PRESIDENT	0.		0.	0.
482	4 SHADYWOOD LN	2.00				
	LAS, TX 75209					
	RA MARTINEAU	PRESIDENT ELECT	0.		0.	0.
	3 CARUTH COURT	1.00				
	LAS, TX 75225	1.00				
	HART BLACK	VP-PROGRAMS	0.		0.	0.
			0.		Ο.	0.
	3 ISABELLA LANE	1.00				
	LAS, TX 75229			_		
	NNE_COX	VP-PROGRAMS	0.		0.	0.
	00_ARMSTRONG_PARKWAY	1.00				
	LAS, TX 75205					
	E MONNING	VP-ARRANGEMENTS			0.	0.
_360	1 AMHERST	1.00				
DAI	LAS, TX 75225					
LYI	OIA NOVAKOV		0.		0.	0.
384	MAPLEWOOD AVE.	1.00				
	LAS, TX 75205					
_	HY DOYLE	VP-COMMUNIC.	0.		0.	0.
	7 BENEDICT DRIVE	1.00				
	LAS, TX 75214	1				
	ROLE YOUNG	TREASURER	0.		0.	0.
		1.00			Ο.	"
	22 MARGATE DR	1.00				
DAI	LAS, TX 75220		 -			
	- -					
	- -					

7			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
24	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33 34		$\frac{X}{X}$
		34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			J
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25.0		Х
	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		
		55.2		
	year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Out the organization file Form 1120-POL for this year?	37b	-	Х
		3/6		
38 2	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ŧ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A			l
39	Section 501(c)(7) organizations Enter			1
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 0.			
40 a	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			1
ŀ	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	40 b		
C	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			,
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax			
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40 e		<u>X</u>
•	200 die oddeo War willon a oop, of allo fotali le lifea			
42 a	a The organization's books are in care of ► CAROLE S. YOUNG Telephone no ► (214)	902	-927	6
	Located at ► 4302 MARGATE DR DALLAS TX ZIP + 4 ► 75220	_ =	- =	<u> </u>
		٦	Yes	No
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	162	No X
	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 a Foreign Bank and Financial Accounts.		İ	
(At any time during the calendar year, did the organization maintain an office outside of the US?	42 c		X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	- □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		J	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
-4-4	of Form 990-EZ	44		<u>X</u>
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		х
BAA				2009)

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitat	t charitable trusts only. le trusts must answer q	All se uestio	ction ns	
46 Did t	he organization engage in direct or indire	ct political campaign ac	tivities on behalf of o	or in opposition to candidates		Yes	No
	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (46		
	the organization engage in lobbying activit	•			47		
	e organization a school as described in se		•		48		
	he organization make any transfers to an es,' was the related organization a section	·	related organization	,	49a 49b		
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	mployees (other than	o officers, directors, trustees a	ınd key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owance:	 š
		-					
		!					
51 Com	I number of other employees paid over \$1 plete this table for the organization's five pensation if there is	highest compensated in	ndependent contracto	- ors who each received more th	nan \$10	0,000	of
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	n
d Total	I number of other independent contractors	s each receiving over \$	100,000	-			
Sign Here	Under penalties of perjury, I declare that I have examinate, correct, and complete Declaration of preparer (some support of the support of th	inned this return, including according than officer) is based on a	all information of which prep	arer has any knowledge # 7-24-2 Date	9/O		
Paid Pre-	Preparer's signature WENDALL A. VAND	diver IVER	Date 7/20/	Check if self-employed XX N/A	er's Identi structions	ying Nu	mber
parer's	voure if celf	COMPANY					
Use	address and	RKWAY, STE 780		EIN ► N/	_		
Only	ZIP+4 ADDISON, TX /500			Phone no ► 972-46		_	
May the IF	RS discuss this return with the preparer sh	iown above? See instru	ctions	►	X Yes		2009)

2009	FEDERAL STATEMENTS	PAGE 1
`	THE CHARTER 100 OF DALLAS	16-172721
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
INSURANCE PROGRAM EXPENSE	TOTAL	\$ 1,408. 38,625. \$ 40,033.
STATEMENT 2 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
PREPAID DUES PREPAID TRIP DEPOSITS	BEGINNING \$ 35,400 TOTAL \$ 35,400	. \$ 42,300. 23,400.