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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning , **2009**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization A Texas Turn or Two, Inc		D Employer identification number 13-4251284
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O Lawrence J Genender, 11212 Shelterwood Lane	E Telephone number 214-363-1425	
		City or town, state or country, and ZIP + 4 Dallas, TX 75229-4356		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ **www.swaturners.org**

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

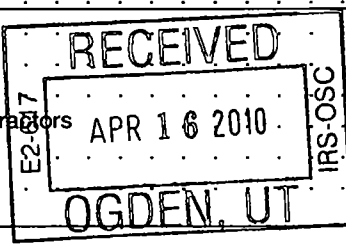
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **78,536**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

SCANNED MAY 10 2010

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	225
2	Program service revenue including government fees and contracts	2	77,678
3	Membership dues and assessments	3	
4	Investment income	4	633
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	78,536
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SCHEDULE ATTACHED)	16	60,761
17	Total expenses. Add lines 10 through 16 ▶	17	60,761
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,775
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,718
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	61,493



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,718	22 61,493
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	43,718	25 61,493
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,718	27 61,493

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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.		
a	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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		<input checked="" type="checkbox"/>
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 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>Bob Matern</u> Telephone no. ▶ <u>214-495-7493</u> Located at ▶ <u>2 Cholge Lane, Lucas, TX</u> ZIP + 4 ▶ <u>75002-7832</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) 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 & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Bob Matern Signature of officer Date 4/12/10

▶ **Bob Matern, Secretary-Treasurer** Type or print name and title

Paid Preparer's Use Only

Preparer's signature: James D. Haynes CPA Date: 2/13/10 Check if self-employed: Preparer's identifying number (See instructions): P00361781

Firm's name (or yours if self-employed), address, and ZIP + 4: James D. Haynes, CPA EIN: N/A

202 Jefferson Ave, DeSoto, TX 75115-4521 Phone no.: 972-223-3171

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.)

Section A. Public Support

Calendar 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.")				100	225	325
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	52,763	66,460	77,118	78,961	77,678	352,980
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	52,763	66,460	77,118	79,061	77,903	353,305
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	52,763	66,460	77,118	79,061	77,903	353,305
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	292		437	1,347	633	2,709
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	292		437	1,347	633	2,709
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 Total support. (Add lines 9, 10c, 11, and 12.)	53,055	66,460	77,555	80,408	78,536	356,014
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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Texas Turn or Two, Inc.
EIN 13-4251284
2009 Form 990-EZ--Supporting Schedules

Page 1

Line 16, Other Expenses

Symposium Expenses	57,598
Directors' Meeting Expenses	3,102
Office Expense	13
Miscellaneous Expenses	48
Total Other Expenses	<u>60,761</u>

A TEXAS TURN OR TWO, INC					
EIN 13-4251284					
2008 FORM 990					
PART IV-LIST OF OFFICERS & DIRECTORS--2009					
(A) NAME & ADDRESS	(B) TITLE	AVG HRS PER WEEK	(C) COMPEN- SATION	(D) CONTR BEN PLANS	(E) EXP ALL, ETC
Ken Terrell 119323 Jo BarDr. Tyler, TX 75703	President	20	0	0	0
Raul Pena 718 Witt Rd Center Point, TX 78010	Vice President	10	0	0	0
Bob Matern 2 Choice Ln Lucas, TX75002	Secretary-Treasurer	15	0	0	0
Steve Gottlieb 14421 Agarta Rd Austin, TX 78734	Past President Chairperson	5	0	0	0
Alamo Woodturners Paul Judkins 15914 Mission Ridge San Antonio, TX 78232	Director	5	0	0	0
Ark-La-Tex Woodturners Assn. Delbert Dowdy 708 Geneva Drive Wake Village, TX 75501	Director	5	0	0	0
Brazos Vzalley Woodturners Janice Levi 204 Private Rd 5822 Grossbeck, TX 76642	Director	5	0	0	0
Borderline Woodturners James Johnson 2235 San Jacinto Dr. Kerrville, TX 78028	Director	5	0	0	0
Central OK Woodturners Wayne Furr 340036th Ave NE Norman, OK 73026	Director	5	0	0	0
Central Texas Woodturners Johnny Tolly 16212 Crystal Hills Dr Austin, TX 78737	Director	5	0	0	0
Coastal Bend Woodturners Jan Rehler PO Box 2888 Corpus Chnsti, TX 78403	Director	5	0	0	0
Comanche Trail Woodturners George Hancock #1 Metz Court Midland, TX 79705	Director	5	0	0	0
Concho Valley Woodturners Bruce Van Cleve 3705 Bnargrove Ln. San Angelo, TX 76904	Director	5	0	0	0

A TEXAS TURN OR TWO, INC					
EIN 13-4251284					
2008 FORM 990					
PART IV-LIST OF OFFICERS & DIRECTORS--2009					
(A) NAME & ADDRESS	(B) TITLE	AVG HRS PER WEEK	(C) COMPEN- SATION	(D) CONTR BEN PLANS	(E) EXP ALL, ETC
Dallas Area Woodturners					
Tod Raines	Director	5	0	0	0
728 Pulitzer					
Allen, TX 75002					
East Texas Woodturners Assn					
Ed Heuslein	Director	5	0	0	0
6855 CR 1112D2					
Kilgore, TX 75662					
Golden Triangle Woodturners					
Pete Tkacs	Director	5	0	0	0
8533 Stallion Ct.					
Denton, TX 76208					
Gulf Coast Woodturners Assn					
Tom Enloe	Director	5	0	0	0
2011 Coe Rd					
Pinehurst, TX 77362					
Hill Country Turners					
R Keith longnecker	Director	5	0	0	0
1306 Lytle St.					
Kerrville, TX 78028					
Hunt County Woodturners					
Dan Henry	Director	5	0	0	0
4698 FM 36S					
Caddo Mills, TX 75135					
Northeastern OK Woodturners					
Almeta Robertson	Director	5	0	0	0
PO Box 3598					
Bernice CPO, OK 74331					
Panhandle Area Woodturners					
Charle Elsea	Director	5	0	0	0
12051 Burlington Rd					
Amarillo, TX 79118					
Rio Grande Woodturners					
Jerry Whitaker	Director	5	0	0	0
912 McKee Dr					
Edinburg, TX 78539					
South Plains Woodturners					
Larry Rogers	Director	5	0	0	0
5419 27th St.					
Lubbock, TX 79407	Director				
South Texas Woodturners					
James Anderson	Director	5	0	0	0
105 Cannon Rd					
Victoria, TX 77904					
Wichita Falls Woodturners					
Robert Lawrence	Director	5	0	0	0
PO Box 206					
Byers, TX 76357					

A TEXAS TURN OR TWO, INC.					
EIN 13-4251284					
2008 FORM 990					
PART IV-LIST OF OFFICERS & DIRECTORS-2009					
(A) NAME & ADDRESS	(B) TITLE	AVG HRS PER WEEK	(C) COMPEN- SATION	(D) CONTR BEN PLANS	(E) EXP ALL, ETC
Woodturners of North Texas					
Stormy Boudreaux	Director	5	0	0	0
700 Camelot Ct					
Willow Park, TX 76087					