

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **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 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*

OMB No 1545-1150

2009

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C
DENTON COUNTY BAR ASSOCIATION INC.
512 WEST HICKORY, STE. 202
DENTON, TX 76201

D Employer identification number
20-1495484

E Telephone number
940-320-1500

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.DENTONBAR.COM

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

J Tax-exempt status (check only one) – ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ► $ 111,308.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	56,288.
	3	Membership dues and assessments	3	53,219.
	4	Investment income	4	1,801.
	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 ln 5b from ln 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	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	111,308.
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	9,713.
	13	Professional fees and other payments to independent contractors	13	5,641.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	31,375.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	46,604.
	17	**Total expenses.** Add lines 10 through 16 ►	17	93,333.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,975.
	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	70,568.
	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	88,543.

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	66,118.	22	82,854.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 2)	4,593.	24	5,844.
25	**Total assets**	70,711.	25	88,698.
26	**Total liabilities** (describe ► SEE STATEMENT 3)	143.	26	155.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	70,568.	27	88,543.

SCANNED DEC 28 2010

RECEIVED
248 DEC 06 2010 IRS-OSC
OGDEN, UT

8 9

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SERVICES TO MEMBERS AND THE COMMUNITY

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDED SERVICES TO MEMBERS, SUPPORT TO THE DCAP PROGRAM FOR MEDIATIONS, PROVIDED CLE TO MEMBERS AND RAISED FUNDS FOR NUMEROUS CHARITIES IN THE COMMUNITY.

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs 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	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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?	35a		X
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		X
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?	37b		X
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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	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			
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		
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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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	40e		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► MICHELLE HOUSTON Telephone no ► 940-320-1500

Located at ► 512 W. HICKORY, STE 202 DENTON TX ZIP + 4 ► 76201

			Yes	No
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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	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		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If 'Yes,' was the related organization a section 527 organization?	49b	

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 and deferred compensation	(e) Expense account and other allowances

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

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

► Signature of officer — Date: 11-9-10

► DON R. WHITE — PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Roy P. Anderson, CPA	Date 11/9/10	Check if self-employed ► ☐
Preparer's Identifying Number (See instructions)	P00084139		
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	ANDERSON, SPECTOR & CO., P.C. 222 E. MCKINNEY STE 100 DENTON, TX 76201	EIN ► 75-2186131 Phone no ► (940) 566-0512	

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	$ 97.
CLE EXPENSE	230.
DEPRECIATION	1,549.
DUES & SUBSCRIPTIONS	150.
GIFTS - VOLUNTEER APPRECIATION	1,273.
INSURANCE	1,113.
MEETINGS AND LUNCHEONS	37,783.
MISCELLEANEOUS	455.
OFFICE EXPENSES	440.
REFERENCE MATERIALS	102.
WEBSITE	3,412.
TOTAL	$ 46,604.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	$ 4,262.	$ 3,610.
MACHINERY AND EQUIPMENT	331.	234.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	2,000.
TOTAL	$ 4,593.	$ 5,844.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
PAYROLL TAXES PAYABLE	$ 143.	$ 155.
TOTAL	$ 143.	$ 155.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
J.P. LECOMPTE 512 W. HICKORY, STE 100 DENTON, TX 76201	DIRECTOR 0	$ 0.	$ 0.	$ 0.
CYNTHIA BURKETT 1512 E. MCKINNEY ST., STE 102 DENTON, TX 76209	DIRECTOR 1.00	0.	0.	0.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN RENTZ 1450 E. MCKINNEY STE. 3100 DENTON, TX 76209	DIRECTOR 1.00	$ 0.	$ 0.	$ 0.
TRAVIS BIGGS 512 W. HICKORY STE. 201 DENTON, TX 76201	DIRECTOR 2.00	0.	0.	0.
ANDREW M. LLOYD 109 S. WOODROW LANE, STE 300 DENTON, TX 76205	DIRECTOR 0	0.	0.	0.
DENA A. REECER 400 W. OAK STREET STE. 201 DENTON, TX 76201	PRESIDENT ELECT 1.00	0.	0.	0.
DUANE L. COKER 1413 E. MCKINNEY DENTON, TX 76209	VICE PRESIDENT 1.00	0.	0.	0.
AMIE PEACE 513 W. OAK DENTON, TX 76201	SECRETARY 1.00	0.	0.	0.
JOSEPH ZELLMER 620 W. HICKORY DENTON, TX 76201	DIRECTOR 1.00	0.	0.	0.
DARCY E. LOVELESS 218 N. ELM STREET DENTON, TX 76201	PAST PRESIDENT 1.00	0.	0.	0.
DON R. WHITE 512 W. HICKORY, STE 100 DENTON, TX 76206	PRESIDENT 1.00	0.	0.	0.
PATTY RYAN 509 S. CARROLL, STE A DENTON, TX 76201	DIRECTOR 1.00	0.	0.	0.
THEODORE OGILVIE 620 W. HICKORY DENTON, TX 76201	TREASURER 1.00	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

DENTON COUNTY BAR ASSOCIATION INC. 20-1495484

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
FORM 990/990-PF										
	FURNITURE AND FIXTURES									
1	4 CHAIRS	3/30/06		433			170	S/L	7	62
2	OFFICE DEPOT - OFF FURN	6/28/06		986			352	S/L	7	141
3	OFFICE SIGN/BANNER	7/31/06		1,103			382	S/L	7	158
4	DELL PROJECTOR	2/28/06		1,298			736	S/L	5	260
5	TELEPHONE SYSTEM	6/28/06		3,965			1,983	S/L	5	793
7	OFFICE FURNITURE	5/16/07		130			30	S/L	7	19
8	OFFICE FURNITURE	11/13/09		800				S/L	7	19
	TOTAL FURNITURE AND FIXTURE			8,715		0	3,653			1,452
	MACHINERY AND EQUIPMENT									
6	COMPUTER EQUIPMENT	5/16/07		485			154	S/L	5	97
	TOTAL MACHINERY AND EQUIPME			485		0	154			97
	TOTAL DEPRECIATION			9,200		0	3,807			1,549
	GRAND TOTAL DEPRECIATION			9,200		0	3,807			1,549