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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 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

Hays County CrimeStoppers, Inc.

Number & street (or P O box, if mail is not delivered to street addr)

Room/suite

PO Box 61

City or town, state or country, and ZIP + 4

San Marcos TX 78667

D Employer identification number

74-2202781

E Telephone number

(512) 392-9949

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.callcrimestoppers.com

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

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (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

► \$ 34,175

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	34,005
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	170
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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 ☐	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► _____)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	34,175	
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	16,058
	14	Occupancy, rent, utilities, and maintenance	14	4,168
	15	Printing, publications, postage, and shipping	15	181
	16	Other expenses (describe ► See attachment #1)	16	14,524
	17	Total expenses. Add lines 10 through 16	17	34,931
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-756
	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	53,945
	20	Other changes in net assets or fund balances (attach explanation) #2	20	600
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	53,789
	22	Cash, savings, and investments	22	53,515
23	Land and buildings	23	430	
24	Other assets (describe ► _____)	24		
25	Total assets	25	53,945	
26	Total liabilities (describe ► _____)	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	53,945	

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	53,515	52,696
23 Land and buildings	430	1,093
24 Other assets (describe ► _____)		
25 Total assets	53,945	53,789
26 Total liabilities (describe ► _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,945	53,789

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

Form 990-EZ (2009)

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

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

What is the organization's primary exempt purpose? See attachment #3

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, & other relevant information for each program title.

28 See attachment #4

(Grants \$) If this amount includes foreign grants, check here

28a

24,838

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

24,838

Part IV	List of Officers, Directors, Trustees, and Key Employees.	List each one even if not compensated (See the instr. for Part IV.)
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(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 & deferred compensation

(e) Expense account and other allowances

See attachment #5

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
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	
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, section 4912, section 4955		
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	X
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	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	See attachment #6	
	Located at	Telephone no	
		ZIP + 4	
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)?	42b	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 Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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.

- 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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?
- b** If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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.

Signature of officer R.D. Arledge **Date** 5-13-10

Type or print name and title R.D. ARLEDGE - EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature Linda Teneyuque Gonzalez **Date** 5-13-10 **Check if self-employed** ☒ **Preparer's identifying no. (See instr.)** 201065920

Firm's name (or yours if self-employed), address, and ZIP + 4 Linda Teneyuque Gonzalez, CPA **EIN** 20-8254700

116 Fall Creek Drive **Phone no.** 512-587-6337

Kyle, TX 78640

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☐ **No** ☒

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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.")	32,502	35,051	33,533	39,920	34,005	175,011
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	32,502	35,051	33,533	39,920	34,005	175,011
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						175,011

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	32,502	35,051	33,533	39,920	34,005	175,011
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180	265	245	232	170	1,092
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						176,103
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **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** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.38	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3 % support test -- 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► ☒		
b 33 1/3 % support test -- 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► ☐		
17a 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► ☐		
b 10%-facts-and-circumstances test -- 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► ☐		

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 20

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

Hays County CrimeStoppers, Inc.

74-2202781

[illegible]

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

74-2202781

Total	14,524
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PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Hays County CrimeStoppers, Inc.	Employer Identification Number 74-2202781

Primary Purpose

Rewarding individuals for information leading to arrests

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending		
Name of Organization		Employer Identification Number	
Hays County CrimeStoppers, Inc.		74-2202781	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	24,838
Exempt Purpose Achievements			

Purpose to reward individuals who provide information leading to the arrest and indictment of felons

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending			
Name of Organization Hays County CrimeStoppers, Inc.			Employer Identification Number 74-2202781	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Greg Wurzbach PO Box 61 San Marcos, TX 78667	Chairman 3.00	0	0	0
Stuart Hoyt PO Box 61 San Marcos, TX 78667	Vice Chairman 3.00	0	0	0
Ruben Lopez PO Box 61 San Marcos, TX 78667	Secretary 3.00	0	0	0
Chris Baker PO Box 61 San Marcos, TX 78667	Treasurer 3.00	0	0	0
Gary Tucker PO Box 61 San Marcos, TX 78667	Historian 4.00	0	0	0
Gary Aalen PO Box 61 San Marcos, TX 78667	Director/Memb 5.00	0	0	0
Rem Cason PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Kevin Hollemans PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Harry Ingham PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Ronald Oswalt PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Rowe Ray PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Travis Tate PO Box 61 San Marcos, TX 78667	Director/Memb 1.00	0	0	0
Robert D Arledge PO Box 61 San Marcos, TX 78667	Executive Director 20.00	12,000	0	0
Sgt. Mike Wood PO Box 61 San Marcos, TX 78667	Law Enforcement Coor 20.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Hays County CrimeStoppers, Inc.	Employer Identification Number 74-2202781
Part V - Line 42a	

Individual Name _____
or _____
Business Name
Hays County Crime Stoppers, Inc.

Street Address PO Box 61

U S Address
Zip code 78667 City San Marcos State TX

or
Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number (512) 392-9949
Fax Number _____