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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 the 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
Texas Probation Association

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8310 Capital of Texas Highway North | **490**

City or town, state or country, and ZIP + 4
Austin, Texas 78731

D Employer identification number
74 2482226

E Telephone number
512-479-0300

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.txprobation.com**

J **Tax-exempt status** (check only one) — ☑ 501(c) (**6**) ◀ (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 ▶ $ **156296**

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	126959
	3	Membership dues and assessments			3	27190
	4	Investment income			4	52
	5a	Gross amount from sale of assets other than inventory	5a	2095		
	b	Less: cost or other basis and sales expenses	5b	1849		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	246
	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	154447
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	71080
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	16230
	16	Other expenses (describe ▶ **Conferences and Related Expenses**)			16	68490
	17	**Total expenses.** Add lines 10 through 16 ▶			17	155800
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	
	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	49151
	20	Other changes in net assets or fund balances (attach explanation)			20	(1353)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	47798

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	49151	22	47798
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	49151	25	47798
26	**Total liabilities** (describe ▶ _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	49151	27	47798

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

What is the organization's primary exempt purpose? **development of probation profession**

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, and other relevant information for each program title.

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

28	**SEMINARS - TPA sponsors seminars throughout the year, an annual conference and a legislative/management conference to educate members and inform them of emerging trends in the field of probation work.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	**JOURNAL - TPA publishes a quarterly journal containing educational articles of assistance to persons conducting probation work and containing information about the organization's activities.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	**WEBSITE - TPA hosts an internet website to communicate with its members and to provide educational materials and other information in the field of probation work.** **LOBBYIST - TPA employs a lobbyist to understand and communicate regarding probation issues.** (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 instructions for Part IV.)

(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
Aris V. Johnson **310 Turk Street, Longview, Texas 75601**	**President/1 hour**	**-0-**	**-0-**	**-0-**
Toby Ross **102 S. Main Street, Cleburne, Texas 76031**	**Vice President/1 hour**	**-0-**	**-0-**	**-0-**
Lucy Reyes **P.O. Box 908, Lufkin, Texas 75902**	**Treasurer/1 hour**	**-0-**	**-0-**	**-0-**
Dee Ann Collins **102 S. Main Street, Cleburne, Texas 76031**	**Parliamentarian/1 hour**	**-0-**	**-0-**	**-0-**
Cathy Schweitzer **P.O. Box 6910, Huntsville, Texas 77342**	**Secretary/1 hour**	**-0-**	**-0-**	**-0-**
Jed Davenport **P.O. Box 926, Sonora, Texas 76950**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Pat Finnegan **2600 South First Street, Temple, Texas 76504**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Tobin Lefler **318 N. Bell Street, San Angelo, Texas 76903**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Julia Ramirez **1200 Congress, 8th Floor, Houston, Texas 77002**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Caroline Rickaway **P.O. Box 1300, Angleton, Texas 77516**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Angie Castillo Saenz **854 East Harrison, Brownsville, Texas 78521**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Javed Syed **1901 Trojan Drive, Corpus Christi, Texas 78416**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Paul Zuniga **97 Foster Field Drive, Victoria, Texas 77904**	**Director/1 hour**	**-0-**	**-0-**	**-0-**
Ed Cockrell **5326 Hwy 69 South, Beaumont, Texas 77705**	**Director/1 hour**	**-0-**	**-0-**	**-0-**

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	33		✓
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 **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		✓
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 0.00			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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		✓
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		
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		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Lucy Reyes, Treasurer Telephone no. ▶ 936-634-3976			
	Located at ▶ P.O. Box 908, Lufkin, Texas ZIP + 4 ▶ 75902-0908			
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		✓
	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		✓
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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 & 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

▶ Maria Lucy Reyes — Signature of officer — Date: May 11, 2010

▶ Lucy Reyes, Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Keith E Gamel, Naman, Howell, Smith & Lee, PLLC 8310 Capital of Texas Highway N, Ste 490, Austin, TX 78731		EIN ▶ 74 2004800 Phone no ▶ 512-479-0300	

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