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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

AF	or the	2009 calend	ar year,	or tax year beginning	January 1	, 2009,	and endin	g Dec	embe	r 31	, 20	09
B c	heck if a	applicable	Please	C Name of organization				D Empl	oyer id	entif	ication numbe	er
	ddress	s change use IRS label or Texas Forensic Association								426	09450	
	lame ch									E Telephone number		
	nitial reti	sturn type FDSF Callibra Dal									94-6900	
י 🗆	emninat	ed	See Specific		71D . 4			_				
\square'	mende	d return	Instruc-	City or town, state or country, and	ZIP + 4			F Grou	•	•	on	
\perp	pplicati	on pending	tions.	Corpus Christi, Tx 78412				Nun	nber 🕨	<u> </u>		
	• Sec	tion 501(c)(3)	organiz	tations and 4947(a)(1) nonexem	pt charitable trusts i	nust attach	G Ac	counting M	ethod:	\checkmark	Cash 🗌 Ad	ccrual
			a cor	mpleted Schedule A (Form 990	or 990-EZ).		Ot	her (specify) ▶			
							H C	neck ▶ 🗸	ıf the c	organ	nızation is no	ot
ı V	/ebsi	te: ► http:/	//www.t	xfa.org/						-	tule B (Form 9	
				nly one) — ✓ 501(c) (3) ◀ (ı	nsert no.) 1 4947(a)	(1) or 5		0-EZ, or 99				,
	heck			zation is not a section 509(a)(3) si						0.0.4	han \$35,000	
			_	turn is not required, but if the or		•		-			-	A
_				······						turii.		445.00
				9 to determine gross receipts, if \$					<u>*</u>	- 4-		445.00
Pi	art I			enses, and Changes in I			<u>_</u>		Ctions	S TO	r Part I.)	
	1	Contribution	ons, gif	ts, grants, and similar amoun	ts received				1			0
	2	Program s	ervice i	evenue including governmen	t fees and contracts	s			2		····	0
	3	Membersh	ip dues	s and assessments					3		182	250.00
	4	Investment	t incom	ne					4		1	620.00
	5a	Gross amo	ount fro	m sale of assets other than in	nventory	. 5a		5950.00				
	ь											
	c		ss: cost or other basis and sales expenses								5!	950.00
<u>a</u>	6								5c			
Ę	_											
Revenue	а		,	· —		1	ı					
Œ	_	reported on line 1)										
	b	b Less: direct expenses other than fundraising expenses										
	C,			ss) from special events and a	•	1	ļıne 6a) .		6c			0
	7a	Gross sale	s of inv	entory, less returns and allov	vances	. 7a		6800 00				
	þ	Less: dost				. 7b	<u>L.</u> .	3000.00				
	¢.	Gross prof	it or (lo	ss) from sales of inventory (S	ubtract line 7b from	line 7a) .			7c		38	800.00
	8	Othek/reve	nue (de	State Tournament	Entry Fees)	8		69,	825.00
	gù	U Total reve	hué. A	dd lines P, 2, 3, 4, 5c, 6c, 7c,	and 8				9		98,4	445.00
	10			r amounts paid (attach sched					10			0
	11								11			0
S	12			mpensation, and employee b			• • •	• • •	12			0
Expenses	13			and other payments to indep					13		23 '	275 00
ĕ	14								14	_		00.00
- ₹2	n · ·	•	-	utilities, and maintenance					\vdash			
_	15	Cthan arm		ons, postage, and shipping					15			641.22 533 85
\$	16	Other expe	-	describe State Tourname					16			
-2	17	lotal expe	enses.	Add lines 10 through 16		<u> </u>	<u> </u>	<u> ▶</u>	17			450.07
20	16 17 18 19 20 21	Excess or		for the year (Subtract line 17					18		40,9	994.93
8	19	Net assets		d balances at beginning of								
Æ		end-of-yea	_	e reported on prior year's retu					19		32,4	411.79
茎	20	Other char	nges in	net assets or fund balances ((attach explanation)				20			0
2	21	Net assets		d balances at end of year. Co					21_			406.72
Pa	art II	Balance	e Shee	ets. If Total assets on line 25,	column (B) are \$1,2	250,000 or	more, file	Form 990	ınstea	ad o	f Form 990-	-EZ.
~				(See the instructions for Pa	art II.)		(A)	Beginning of	year		(B) End of year	ar
28 (Kg	C	ash, savings	, and in	vestments			. \Box	44.0	32.74	22	70.	807.41
3	3 Land and buildings							23		0		
24		Other assets (describe > 3 TFA Computers 07(2) 09(1)								24		0
25				· · · · · · · · · · · · · · · · · · ·			- ′	44 0	32.74	_	70	807.41
26				cribe ► Unpaid Fees or Unp			∵,	,0		26		599.31
27				palances (line 27 of column (l		ine 21\	—' -	44.0	32.74			406.72
41	14	or assers of	I WITH L		o, maskagiec willi	1) .	- 1	~~ ,∪	V=. 1 *	41	, ,,,	

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

Form **990-EZ** (2009)

Cat No 106421

Part	III Statement of Program Service Accom	plishments (See the instru	uctions for Part III	l.)		Expenses			
What	is the organization's primary exempt purpose?	Educational-Speech and De	bate High School S	tudents		ired for section			
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) izations and section			
	manner, describe the services provided, the number of persons benefited, and other relevant information for								
each	program title.				for ot	a)(1) trusts, optional hers.)			
28	TFA Scholarships Awarded at the State Tournament								
		includes foreign grants, che	eck here	. ▶ 🗆	28a	3,250.00			
29	TFA State Tournament 190 Texas high school teams	competed for 3 days							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	57,450.07			
30									
		includes foreign grants, chi		. ▶ ⊔	30a				
31	Other program services (attach schedule)								
		includes foreign grants, che			31a				
	Total program service expenses (add lines 28a	<u> </u>			32	60,700.07			
Par	V List of Officers, Directors, Trustees, and Ke	(b) Title and average		(d) Contributio					
	(a) Name and address	hours per week	(c) Compensation (If not paid,	employee benefit	plans &				
10	1489	devoted to position	enter -0)	deferred comper	nsation	other allowances			
	n Wilbanks	President			•				
	Independence Plano, Tx 75075		0		0	0			
	ort Shepard	Vice President	0		•	0			
Raul	Old Denton Rd. Carrollton, TX 75007	 	<u> </u>		0	<u> </u>			
	1 Leslie Rd. Helotes, Tx 78023	Secretary	0		0	0			
	1 Gardiner					<u> </u>			
	Gollihar Rd Corpus Christi, Tx 78412	Treasurer	0		0	0			
3223	Golimai Ru Corpus Ciiristi, 1x 70412								
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		<u> </u>							

Part	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.			
а	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			
b	Did the organization file Form 1120-POL for this year?	37ь		✓
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			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 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	:	✓
С	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			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ David Gardiner Telephone no. ▶			
	Located at ► 5225 Gollihar Rd Corpus Christi, Tx ZIP + 4 ►	784	412	
ь	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		Yes	No
	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.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		1	▶ □
→	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
	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	<u> </u>	✓

Form 990	-EZ (2009)				Page 4
Part V	501(c)(3) organizations and section 494 and complete the tables for lines 50 and	I7(a)(1) nonexempt char id 51.	table trusts mus	st answer questic	ll section ns 46–49b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s				Yes No 46 ✓
	Did the organization engage in lobbying activities				47 🗸
	is the organization a school as described in section				48 🗸
49a	Did the organization make any transfers to an ex	empt non-charitable relate	d organization? .		49a ✓
	if "Yes," was the related organization a section 5				49b ✓
	Complete this table for the organization's five his employees) who each received more than \$100,				
	(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 ▶	0	_	
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "N	lone."	pe of service	(c) Compensation
NONE					
d	Total number of other independent contractors of	each receiving over \$100,0	00 •	0	
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompar	nying schedules and st	atements, and to the be	st of my knowledge any knowledge
Sign	Dan Landray	,	<u> </u>	May 12,28	
Here	Signature of officer David Gardiner Treasurer			Date	
	Type or print name and title				
Paid	Preparer's	Date	Check if	D	
D	signature	Date	self- employed ▶ □	Preparer's identifying nu	mber (See instructions)
Prepare Use On	signature Firm's name (or yours if self-employed),	Date	self- employed ►E] N ►	mber (See instructions)
Use On	signature Firm's name (or		self- employed ►E		mber (See instructions) Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Tex	as F	orensic Ass	ociation				_		74	2	<u> 260945</u> 0	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatıd	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 through	ah 11, ch	eck only	one box)		
1			•	rches, or association	-	-		•		•		
2	\sqcap			on 170(b)(1)(A)(ii). (Att						~~		
3	\Box						ın sectio	n 170(b)	(1)(A)(iii)			
4		 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6				ernment or governme	ntal unit	describe	d in sect	ion 170(t	o)(1)(A)(v)).		
7		•	-	receives a substantia	•	its suppo	ort from a	governm	iental uni	t or from	the general	public
8				In section 170(b)(1)		complete	Part II.)					
9	✓	An organizat	ion that normally activities relate	receives (1) more that ed to its exempt funct ent income and unre	an 33⅓ % tions—su	of its su bject to o	pport froi certain ex	ceptions	, and (2)	no more	than 331/3 %	of its
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)			
10 11		An organization	tion organized a one or more pul	nd operated exclusive and operated exclusive olicly supported organ	ely for th	ne benefi describe	t of, to p d in secti	perform to on 509(a)	he functi (1) or sec	ons of, o ction 509((a)(2). See s e	
				it describes the type						_		
	_	a 🗌 Type		• •			ctionally	_			l Type III–O	
е	Ш			ify that the organizat								
				n managers and other	r than one	e or more	publicly	supporte	d organiz	ations de	escribed in s	ection
		509(a)(1) or	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III support	ıng
		organization	, check this box									. 🗆
g		-		the organization acce	epted any	gift or c	ontribution	on from a	ny of the	;		
		following pe	rsons?									,
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	jether wit	h person	s describ	oed in (ii)		No
		and (iii) b	elow, the gover	ning body of the supp	oorted or	ganızatıo	n? .				11g(i)	↓
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(iı)	ــــــ
		(iii) A 35% c	ontrolled entity	of a person described	l ın (ı) or	(II) above	? .				11g(iii)	<u> </u>
h		Provide the	following inform	ation about the suppo	orted orga	anızatıonı	(s).					
		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) la	organization sted in your document?	the organ	ou notify nization in of your	organizat	is the tion in col zed in the	(vii) Amour support	
				(see instructions))		r		oort?	Ū	S?		
					Yes	No	Yes	No	Yes	No		
							1					
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						<u> </u>				 		
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Total

Sched	dule A (Form 990 or 990-EZ) 2009				·	_		Page 2
Par	(Complete only if you chec					and 1	70(b)(1)(A)(vi)
	tion A. Public Support							
Ca	lendar 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")		_					
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		ļ			ļ		
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.	<u></u>	1					
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
		(a) 2003	(b) 2000	(6) 2007	(4) 2008	(6)	2009	(i) Total
7	Amounts from line 4		<u> </u>			<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 .		<u> </u>			ļ		
12	Gross receipts from related activities, etc	s (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re						
	tion C. Computation of Public Su					1		
14	Public support percentage for 2009 (line		-	1, column (f))		14		<u> </u>
15	Public support percentage from 2008 Sc					15		<u>%</u>
16a	331/3 % support test—2009. If the organi							
	and stop here. The organization qualifies	•	•					
b	33% % support test—2008. If the organi box and stop here. The organization qua							
170	10%-facts-and-circumstances test—20	•		-				
174	more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Expla	ın ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qua	check this box alifies as a publi	and stop here. cly supported or	Explaii rganizat	n in Part	IV how the .▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	n line 9 of Pa	art I.)		·			
Sec	tion A. Public Support								
Ca	llendar 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")			10,950.00	18,750.00	18,250.00	47,950.00		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the			69,941.00	63,745.00	82,975.00	216,661.00		
	organization's tax-exempt purpose			03,341.00	03,143.00	02,373.00	210,001.00		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			0	0	0	0		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0		
6	Total. Add lines 1 through 5			80,891.00	82,495.00	101,225.00	264,611.00		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			80,891.00	82,495.00	101,225.00	264,661.00		
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			80.891.00	82,495.00	101,225.00	<u>0</u> 264,661.00		
с 8	Add lines 7a and 7b			80,891.00	82,495.00	101,225.00	50.00		
Sec	tion B. Total Support	<u> </u>	L.,	LL.			30.00		
_	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	(-,	(-,	80,891.00	82,495.00	101,225.00	264,661.00		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			421.00	500.00	620.00	1,541.00		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0	o	0		
_	acquired after June 30, 1975 . Add lines 10a and 10b			421.00	500.00	620.00	1,541.00		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			0	0	0	0		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)			81,312.00	82,495.00	101,845.00	266,202.00		
14									
Sec	tion C. Computation of Public Su	pport Perce	ntage						
15	Public support percentage for 2009 (lin					15	99 %		
16	Public support percentage from 2008 S				<u></u> .	16	100 %		
Sec	tion D. Computation of Investmen	nt Income P	ercentage_						
17	Investment income percentage for 2009	-		•	olumn (f)) .	17	.00578 %		
18	Investment income percentage from 20					18	0 %		
19a	17 is not more than 331/2 %, check this b	ox and stop h	ere. The organ	ization qualifies	as a publicly s	supported orga	nization 🕨 🗹		
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	s box and stop	here. The orga	anization qualifies	as a publicly	supported orga	nization 🕨 🗌		
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b,	check this bo	x and see inst	ructions ▶ L		

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide t Provide any oth	the explanations require ier additional informatio	ed by Part II, line 10, n. See instructions.
					
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