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Form 990-EZ

OMB No 1545-1150

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, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

ΑI	For th	e 2010 calendar year, or tax year beginning JUN 1 , 20	<u> 10 </u>		and endi	ng MA	<u>Y 31</u>	, 2	2011	
В	Check if applicab	cable Cable				D Employer identification number				
	-	Address change TEXAS SOCIETY OF CERTIFIED PUBLIC								
	٦ .	Name change WICHITA FALLS					23-7329258			
	Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					om/suite	E Telep	hone i	number	
$\overline{}$	ī	DO DOY 0113					(9	40)	872-1841	
F						F Group	Exen	nption		
	7	**************************************						oer 🕨		
G	Cook ST Accurat Ou ()								X if the organization is not	
-		ebsite: HTTP://WICHITAFALLS.TSCPA.ORG							attach Schedule B	
						527			990-EZ, or 990-PF).	
	Check									
		90 return is not required though Form 990-N (e-postcard) may be required (se								
		te return.	0 111311 001	101107.	Dut II tilo or	gamzanom	31100000		a rotarn, 00 0010 to 1110 a	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$2	200 000 0	more	or if total a	esets (Part				
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E		111011	o, or ir total a	55015 (1 411	, •	\$	57,6 <u>57</u> .	
_	art I	Revenue, Expenses, and Changes in Net Assets of	r Fund	Bal	ances (se	e the instri			1)	
	art i	Check if the organization used Schedule O to respond to any question in this					20110110110		X	
			SFAILI					1	<u></u>	
	1	Contributions, gifts, grants, and similar amounts received					⊢		48,271.	
	2	Program service revenue including government fees and contracts					-	2	9,282.	
	3	Membership dues and assessments	CE	- C	CHEDU	T E O	<u>-</u>	3	104.	
	4	Investment income	SE		Сперо.	LE O	⊢	4	104.	
	1	Gross amount from sale of assets other than inventory		_5a_	-					
	þ	Less: cost or other basis and sales expenses		5b				-		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from I	line 5a)				-	5c		
	6	Gaming and fundraising events								
ē	a	Gross income from gaming (attach Schedule G if greater than			1		1			
ē		\$15,000)		6a	<u> </u>					
Revenue	b	Gross income from fundraising events (not including \$		of co	ntributions					
_		from fundraising events reported on line 1) (attach Schedule G if the sum of s	uch		1					
		gross income and contributions exceeds \$15,000)		6b	ļ			-		
	C	Less: direct expenses from gaming and fundraising events		_6c	1			1		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	b and sub	tract I	line 6c)			6d		
	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 in Schedule 0)				<u> </u>	8			
	.9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	57,657.		
Net Assets Expenses	3 0	Grants and similar amounts paid (list in Schedule 0)	SE	E S	CHEDU	LE O	L	10	1,500.	
	ባነ	Benefits paid to or for members					L	11	39,848.	
	12	Salaries, other compensation, and employee benefits				L	12	6,300.		
	13	Professional-fees-and-other-payments to independent contractors					13			
	12 013 14 15 15 14 15	Occupancy, rent, utilities, and maintenance	·			14	174.			
	15	Printing, publications, postage, and shipping,					<u>[</u>	15		
	(16			SEE SCHEDULE O			L	16	351.	
	17,	Other expenses (describe) Schedule (0) C SEE SCHEDULE O						17	48,173.	
	18	Excess or (deficit)-for-the-year-(Subtract-line-17 from line 9)						18	9,484.	
	195	Net assets or fund balances at beginning of year (from line 27, column (A))	ine 27, column (A))				ſ			
Ass	$S_{\rm C}$	(must agree-with-end-of-year figure-reported on prior year's return)					[19	38,376.	
et	20	Other changes in net assets or fund balances (explain in Schedule 0)						20	0.	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20					<u> ▶</u> [21	47,860.	
LH	A For	Paperwork Reduction Act Notice, see the separate instructions							Form 990-EZ (2010)	

TEXAS SOCIETY OF CERTIFIED PUBLIC

WICHITA FALLS

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Form 990-EZ (2010)

23-7329258

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Form 990-EZ (2010)

Part II | Balance Sheets. (see the instructions for Part II.) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 49,261. 38,242. Cash, savings, and investments 22 23 Land and buildings 263. Other assets (describe in Schedule O) SEE SCHEDULE O 1,605. 24 24 39,847. 25 49,524. 25 Total assets 1,471.26SEE SCHEDULE O 1,664. Total liabilities (describe in Schedule O) 26 38,376. 27 47,860. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? PROVIDE SERVICES TO MEMBERS organizations and section 4947(a)(1) trusts; optional Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe for others.) the services provided, the number of persons benefited, and other relevant information for each program title 28 PROVIDE SEMINARS, PUBLICATIONS, AND NETWORKING OPPORTUNITIES TO MEMBERS 28a 39,848. (Grants \$) If this amount includes foreign grants, check here 29) If this amount includes foreign grants, check here 29a (Grants \$ 30) If this amount includes foreign grants, check here (Grants \$ 30a 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 39,848. 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) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average hours (c) Compensation (d) Contributions (e) Expense per week devoted to (If not paid, enter account and (a) Name and address benefit plans & position -0-) other allowances deferred PRESIDENT KATHY KABELL 0. BOX 8112, WICHITA FALLS TX 76307 0 0 1.00 CHAD STROUD PRESIDENT ELECT 0. 76307 0. 0 BOX 8112, WICHITA FALLS, 1.00 VICE PRESIDENT JEFF MORTON 76307 0. BOX 8112, WICHITA FALLS TX 1.00 0. 0 SECRETARY TIM NORDEN 76307 0. BOX 8112, WICHITA FALLS, 1.00 0. 0 TREASURER MARK ANDERSON BOX 8112, WICHITA FALLS 76307 1.00 0 0 0. EXECUTIVE DIRECTOR KELLY PARR BOX 8112, WICHITA FALLS, 76307 6,300. 0 0. TX 10.00 032172

Solved the organization engage in any activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0 4 Were any significant changes made to the organizing or governing documents? If Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 31 If the organization had income from business activities, such as those reported on times 2, 6a, and 7 at among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T. 32 Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$51(c)(6) organization subject to section \$603(6) notice, reporting, and proxy tax requirements? 33 Did the organization subject to section \$603(6) notice, reporting, and proxy tax requirements? 34 If Yes, 'paintified highest activities, such a section \$401(c)(6), 501(c)(5), or \$51(c)(6) organization subject to section \$603(6) notice, reporting, and proxy tax requirements? 34 If Yes, 'paintified highest activities, such as the section \$401(c)(6), 501(c)(6), 501(c)(5), or \$50(c)(6), 501(c)(6), 5	33 X 34 X 35a X 35b N/A 36 X 0. 0.	Chart it the organization used Schedule II to respond to any dijection in this Part V					
33 Did the organization engage in any activity not previously reported to the IRS? If Yes,* provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organization or governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization had moome from buseness activities, such as those reported on line 26, activity and the organization had not report the income on Form 990-T. 36 If the organization in the form to section 903(6) controlled the organization of the organization orga	33 X 34 X 35a X 35b N/A 36 X 0 37b X	Check if the organization used deficuate of to respond to any question in this race v					
Schedule 0 Were any significant changes made to the organization of powering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is an amount of the organization is an amount of the organization is an amount of the organization had moore from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-1. To more 90-1. To the organization had moore from business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization is because 0. \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization independs on the organization of the organization	33 X 34 X 35a X 35b N/A 36 X 0. 37b X	D. Lillian and the control of the co					
Were any significant changes made to the organization or organization of some collections of the amended documents if they reflect a change to the organization's name. Otherwese, explain the change on Schedule () See instructions) 34 distribution of the prefet at change to the organization's name. Otherwese, explain the change on Schedule () See instructions) 35 if the organization had income from business activities, such as those reported on ine 5, 68, and 7a (among others), but not reported on Form 990-T. 36 Did the organization had worself debusiness gross is some of (\$1,000 or more or was at a section 501c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 bit **(**)** If the state state subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If **Yes,** complete Schedule** N.74 38 Enter amount of solibical expenditures, direct or indirect, as described in the instructions. 37 bit of the organization borrow from, or make any loans to, any officer, director, truster, or key employee or were any such loans made in a prior year and still outstanding at the end of the xy year covered by this return? 38 bit of the organization borrow from, or make any loans to, any officer, director, truster, or key employee or were any such loans made in a prior year and still outstanding at the end of the xy year covered by this return? 39 bit of the organization borrow from, or make any loans to, any officer, director, truster, or key employee or were any such loans made in a prior year and still outstanding at the end of the xy ear covered by this return? 39 bit officers, complete Schedule I, Part II and enter the total amount involved 39 Section 501(c)(2) organizations. Enter amount of tax miposed on the graph any section 4956 excess benefit transaction during the year under section 491(c)(d) organ	34 X 35a X 35b N/A 36 X 0. 37b X	·					
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11 the organization had microme from business activities, such as those reported on hines 2, 6a, and 7a (among others), but not reported on Form 990-T. explan in Schedule 0 why the organization did not report the motion on Form 990-T. 35 bit floriganization have unrelated business gross income of \$1,000 or more or was in a section 501c(s)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 bit flores, has it fied a tax return on Form 990-T for this year? 36 bit floriganization undergo a laquidation, dissolution, terrimation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 36 bit floriganization of political exponditures, direct or indirect, as described in the instructions. 37 bit of the organization floriganization floriganization floriganization floriganization floriganizations. Interval as a province and still outstanding at the end of the tax year covered by this return? 38 bit of 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 tax year overed by this return? 38 bit of 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 tax year overed by this return? 39 bit of organization organizations floriganizations. Enter amount of tax imposed on the organization during the year under: 39 bit of organization floriganizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 4 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization in a prior year, that has not been reported on any of its prior forms \$990 or 990-E27 if Yes, complete form 8888-T 4 List the stated persons during the teach sect	35a X 35b N/A 36 X 0.	· · · · · · · · · · · · · · · · · · ·					
reported on Form 990-T. a polant m Schedule O why the organization did not report the mecome on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a fax return on Form 990-T for this year? 50 Out the organization undergo as bloudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 78 Enter amount of political expenditures, direct or indirect, as described in the instructions. b Out the organization flor Form 1120-P0L for this year? 80 Did the organization flor Form 1120-P0L for this year? 81 Did the organization flor Form 1120-P0L for this year? 82 Did the organization flor Form 1120-P0L for this year? 83 Did the organization flor Form 1120-P0L for this year? 84 Did the organization flor Form 1120-P0L for this year? 85 Diff the organization flor form 1120-P0L for this year? 86 Diff the organization flor form 1120-P0L form, or make any loriner, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 86 Diff the organization flor form 1120-P0L for this year? 87 Diff the organization flor form 120-P0L for this year? 88 Diff the organization flor form 120-P0L form 120-	35b N/A 36 X 0. 37b X						
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$01(c)(5), or \$01(c)(6) organization subject to section \$033(e) notice, reporting, and prioxy tax requirements? b If "Set," has if filed a fax return on Form 990-T for this year? b If whe organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N felter amount of political expenditures, direct or indirect, as described in the instructions. b If the organization the Form 1120-POL for this year? a Did the organization the Form 1120-POL for this year? a Did the organization the Form 1120-POL for this year? b If "Yes," complete Schedule I., Part II and enter the total amount involved b If "Yes," complete Schedule I., Part II and enter the total amount involved b If "Yes," complete Schedule I., Part II and enter the total amount involved b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities a section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) 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. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE Telephone no. ▶ (940) 636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(1) (940) 1636-040(35b N/A 36 X 0. 37b X						
501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 51 if Yes,* has it filed a tax return on Form 990-T for this year? 52 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 53 Enter amount of political expenditures, direct or indirect, as described in the instructions. 50 Did the organization file Form 1120-POL for this year? 51 Did the organization form form, 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 tax year covered by this return? 51 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 tax year covered by this return? 52 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 tax year covered by this return? 53 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 tax year covered by this return? 54 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 tax year covered by this return of the tax year under: section 501(c)(3) organizations. Enter amount of tax myosed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 55 Exclose 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 400 line 400 line 400 line 400 line 400 l	35b N/A 36 X 0. 37b X						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35b N/A 36 X 0. 37b X						
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," organization of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○ . 36 37b 37a ○ . 37b 37c 37b 37c 37c 37b 37c 37c	36 X 0 37b X						
36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37a 37a 37b	0. 36 X 37b X	· · · · · · · · · · · · · · · · · · ·					
The Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	0. 37b X						
b Did the organization file Form 1120-POL for this year? 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 tax year covered by this return? b If Yes,* complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 1 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A Section 501(c)(3) organizations. Did the organization and year, that has not been reported on any of its prior Forms 990 or 990-E27 II Yes,* complete Schedule L, Part I 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 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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filed. ► NONE Telephone no. ► (940) 636-040 Located at ► PO BOX 8112, WICHITA FALLS, TX ZIP+4 ► 76307-8: 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: ► Section 497(3) this processing charitable trusts filing form 990-EZ in lieu of Form 1041-Check here and e	de						
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 tax year covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 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 ► N/A 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 ► N/A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 886-T List the states with which a copy of this return is filed. ► NONE Telephone no. ► (940) 636-040(2IP+4 ► 76307-8. At any time during the calendar year, did the organization have an interest in or a signature or other funancial account in a foreign country. ► See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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. ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter							
b if 'Yes,' complete Schedule L, Part I and enter the total amount involved 38b N/A 39choto 501(c)(7) organizations. Enter: a 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 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 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I 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 b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the year under sections 4912, 4955, and 4958 b N/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 1. List the states with which a copy of this return is filed. ▶ NONE Telephone no. ▶ (940) 636 – 040 (940) 640 – 040 (940) 640 – 040 (940) 640 – 040 (940) 640 – 040 (940) 640 – 040 (940							
b if "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 1 Gross receipts, included on line 9, for public use of club facilities 2 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 2 section 4911 39 N/A 30 N/A 40b	[304 A						
39 Section 501(c)(7) organizations. Enter: a Intitation 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 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 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 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 List the states with which a copy of this return is filed. ▶ NONE 40a The organization's books are in care of ▶ KELLY PARR Telephone no. ▶ (940) 636-0400 and the tax that the states with which a copy of this return is filed. ▶ NONE 40a Telephone no. ▶ (940) 636-0400 and the organization as a bank account, or other authority over a financial account in a foreign country; such as a bank account, securities account, or other 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. ▶ 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. ▶ See the instructions for exceptions and filing	/A	[] =					
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	Yes No						
	163 140	. But the organization maintain any donor advised funds during the year? If "Ves." Form 000 must be completed instead of					
Form 990-EZ 44a	44a X	Form 990-EZ					
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	Ττα						
of Form 990-EZ	44b X						
c Did the organization receive any payments for indoor tanning services during the year?		· · · · · · · · · · · · · · · · · · ·					
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	170 22						
In Schedule O	444						
III CONDUIC C	Form 990-EZ (2010)	III CONOCUIO C					

Form 990-EZ (2010)

FOLI	990-67 (5	(010) WICHITA FALL	<u> </u>				<u> 23-732</u>	<u>9258</u>	<u> </u>	Paye 4		
	•								Yes	No		
45	s any rela	related organization a controlled entity of the organization within the meaning of section 512(b)(13)?								X		
а	Did the or	ganization receive any payment from o	r engage in any transaction w	ith a controlled entit	ty within th	e meaning of section	512(b)(13)?					
	If "Yes," Fe	orm 990 and Schedule R may need to b	e completed instead of Form	990-EZ	-	-	, , , ,	45a		Х		
46		ganization engage, directly or indirectly			opposition	n to candidates for bu	iblic office?					
		omplete Schedule C. Part I	, F			,		46		х		
Pa		Section 501(c)(3) organiza	tions and section 49	947(a)(1) none	xempt	charitable trus	sts only.		n 5016			
		organizations and section 4947(a)(1) n										
		Check if the organization used Schedule		•	10 17 100 0	and oz, and complete	1110 100100 101	111103 01	J and O	¨		
		oneck if the organization asea ochedation	o to respond to any question	ii iii tiiis i ait vi					Vac	No		
47	Did the or	application angues in Johnwan activities	2 If "Vac " complete Caba	alula C. Bout II				47	103	140		
47		Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								 		
48				•	iule E			48 49a	+			
	Did the organization make any transfers to an exempt non-charitable related organization?								+	-		
		as the related organization a section 52	-	. (-11 11 11				49b	Т.			
50		this table for the organization's five hig			s, airectors	s, trustees and key en	npioyees) who	each re	eceived	more		
	than \$100	0,000 of compensation from the organi	zation. If there is none, enter "					 -				
				(b) Title and avera		(c) Compensation	(d) Contributi to employe		(e) Exp			
		(a) Name and address of each employ than \$100,000	_	per week devoted to position			benefit plans	2 9	account and other allowance			
			<u>N/A</u>	position			deferred compensation		- Cuite allow			
				1								
f	Total num	ber of other employees paid over \$100	,000	•				•		_		
		this table for the organization's five hig		ent contractors who	each receiv	ved more than \$100.0	000 of compe	nsation	from th	e		
			N/A				•					
									c) Compensation			
				• •		, , , , ,		1-7				
							<u> </u>					
	-											
										-		
d	Total num	ber of other independent contractors e	ach receiving over \$100 000				l					
		ganization complete Schedule A? Note:	• , ,	zations and 4047(a)	/1\ nonovo	mnt						
		trusts must attach a completed Schedi		cations and 4547 (a)	(I) Hollexe	шрс		\Box	Г			
	Ur	ider penalties of perjury, I declare that I have e	xamined this return, including acco	ompanying schedules a	nd statemen	ts, and to the best of my	knowledge and	belief, it i	es L s true,	No		
	correct, and complete Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge											
Sigi	Signature of officer							<u> </u>	<u> </u>			
Her	e											
		KATHY KABELL, PR Type or print name and title	FOIDEML									
		Drint/Type preparer's name	Dranarar's signatura		Date	Check] if PTIN					
Paid	d	Print/Type preparer's name	Preparer's signature		Date		,					
						self- employ	reu					
	parer	Fumia nama										
use	Only	Firm's name		 .			Firm's EIN					
		Firm's address -				Phone no.						
		L										
May t	the IRS dis	cuss this return with the preparer show	n above? See instructions					ı İv	es	No		

Form 990-EZ (2010)

TEXAS SOCIETY OF CERTIFIED PUBLIC

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TEXAS SOCIETY OF CERTIFIED PUBLIC WICHTTA FALLS

Employer identification number 23-7329258

WICHITA FALLS	23-7329258
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	104.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: ACCOUNTING SCHOLARSHIPS	
GRANTEE NAME: MIDWESTERN STATE UNIVERSITY	
GRANTEE ADDRESS: 3410 TAFT BLVD WICHITA FALLS, TX 76308	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 11/30/10	· · · · · · · · · · · · · · · · · · ·
AMOUNT GIVEN:	1,500.
	
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	174.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK SERVICE CHARGES	245.
POSTAGE	
OFFICE SUPPLIES	42.
TOTAL TO FORM 990-EZ, LINE 16	351.

SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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2010 Open to Public Inspection

TEXAS SOCIETY OF CERTIFIED PUBLIC Name of the organization **Employer identification number** WICHITA FALLS 23-7329258 DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS RECEIVABLE 668. 0. PREPAID EXPENSES 500. 0. OTHER DEPRECIABLE ASSETS 437. 263. TOTAL TO FORM 990-EZ, LINE 24 1,605. 263. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: END OF YEAR DESCRIPTION BEG. OF YEAR A/P, CURRENT LIABILITIES 1,471. 1,664. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.