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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>TEXAS LOCKSMITH ASSOCIATION</b>	<b>74-1554287</b>
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/> Terminated	<b>PO BOX 15242</b>	<b>915-373-0442</b>
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Application pending	<b>AUSTIN TX 78761</b>	

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **WWW.TEXASLOCKSMITHS.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( **6** ) (insert no)  4947(a)(1) or  527

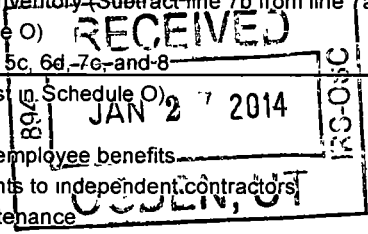
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **118,176**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	
	<b>2</b> Program service revenue including government fees and contracts	
	<b>3</b> Membership dues and assessments	<b>13,647</b>
	<b>4</b> Investment income	<b>1,898</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	
	<b>5b</b> Less cost or other basis and sales expenses	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	<b>6</b> Gaming and fundraising events	
	<b>6a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	
	<b>6b</b> Gross income from fundraising events (not including _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
<b>6c</b> Less direct expenses from gaming and fundraising events		
<b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
<b>7a</b> Gross sales of inventory, less returns and allowances		
<b>7b</b> Less cost of goods sold		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
<b>8</b> Other revenue (describe in Schedule O)	<b>102,631</b>	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>118,176</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	
	<b>11</b> Benefits paid to or for members	
	<b>12</b> Salaries, other compensation, and employee benefits	
	<b>13</b> Professional fees and other payments to independent contractors	<b>30,598</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	
	<b>15</b> Printing, publications, postage, and shipping	
	<b>16</b> Other expenses (describe in Schedule O)	<b>101,068</b>
	<b>17</b> Total expenses. Add lines 10 through 16	<b>131,666</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>-13,490</b>
	<b>19</b> 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)	<b>149,268</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>-342</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>135,436</b>



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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	138,438	22	127,678
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	10,835	24	7,763
25 Total assets	149,273	25	135,441
26 Total liabilities (describe in Schedule O)	5	26	5
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,268	27	135,436

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
EDUCATION ON ETHICS AND NEW TECHNIQUES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE ORGANIZATION HAS AS ITS PURPOSE THE EDUCATION OF TEXAS LOCKSMITHS ON NEW INDUSTRY TECHNIQUES AND THE ETHICAL BUSINESS PRACTICES OF LOCKSMITH.  
 (Grants\$ ) If this amount includes foreign grants, check here  28a

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

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

31 Other program services (describe in Schedule O)  
 (Grants\$ ) If this amount includes foreign grants, check here  31a

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

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

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JIM HOLZBERLEIN MEMBERSHIP DIRECTOR	0.00	0	0	0
DON HISER 1ST VICE PRESIDENT	0.00	0	0	0
STEVEN SHARP PRESIDENT	0.00	0	0	0
LAUREN HOLLON EDITOR	0.00	0	0	0
MARK E DAWSON SECRETARY	0.00	0	0	0
STACY HETCHLER 2ND VICE PRESIDENT	0.00	0	0	0
KIMBERLY J BROOKSHIRE TREASURER	0.00	0	0	0
RUBEN SANCHEZ SERGEANT-AT-ARMS	0.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b>	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's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b>	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		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u>		
<b>b</b>	Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b>	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>X</b>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>▶</b> <u>38b</u>		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>▶</b> <u>39a</u>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>▶</b> <u>39b</u>		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____, section 4955 <b>▶</b> _____		
<b>b</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 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-EZ? If "Yes," complete Schedule L, Part I		
<b>c</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 <b>▶</b> _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b>	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		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b> <u>NONE</u>		
<b>42a</b>	The organization's books are in care of <b>▶</b> <u>BILLY GARRETT</u> Telephone no <b>▶</b> <u>915-373-0442</u> 155 ROBERTS AVENUE Located at <b>▶</b> <u>BRIDGE CITY</u> TX ZIP + 4 <b>▶</b> <u>77611</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>▶</b> _____		<b>X</b>
<b>43</b>	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 <b>▶</b> <u>43</u> <input type="checkbox"/>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<b>X</b>

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	49a	
<b>b</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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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.

<b>Sign Here</b>	<i>Kimberly Brookshire</i>	Date	11/22/14
	<b>KIMBERLY BROOKSHIRE</b>	<b>TREASURER</b>	
Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	<i>Leslie Otis</i>	01/15/14		P01074506
	Firm's address ▶	<b>OTIS BOOKKEEPING AND TAX SERVICE</b>		Firm's EIN ▶	<b>27-0037280</b>
				Phone no	<b>915-584-1185</b>

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2013**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**TEXAS LOCKSMITH ASSOCIATION****74-1554287****FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
COVENTION DETAIL: SALES	\$ 59,973
CONTRIBUTION/ LEGISLATIVE FUN	\$ 16,725
LEGISLATIVE ASSESSMENT	\$ 7,818
ROAD SHOW INCOME: ROAD SHOW C	\$ 5,800
CONVENTION DETAIL: BOOTH RENT	\$ 5,750
COVENTION DETAIL: COVENTION S	\$ 4,500
CONTRIBUTIONS/LEGISLATIVE FUN	\$ 1,030
CONVENTION: CLASSES AT CONVEN	\$ 565
CONVENTION DETAIL: REV. BANQU	\$ 325
CONVENTION DETAIL: REGISTRATI	\$ 120
CONTRIBUTION/ADVISOR	\$ 25
<b>TOTAL</b>	<b>\$ 102,631</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
ADVISOR: PRINTING ADVISOR	\$ 8,856
ALOA	\$ 1,390
CONVENTION: CASINO NIGHT	\$ 4,115
CONVENTION: CLASS GIFT CE	\$ 745
CONVENTION: CLASSS INSTRU	\$ 8,967
CONVENTION: CLASS SUPPLIE	\$ 148
CONVENTION: CLASS DOOR PR	\$ 1,462

Name of the organization

Employer identification number

**TEXAS LOCKSMITH ASSOCIATION**

**74-1554287**

CONVENTION: EXHIBIT ROOM	\$	5,970
CONVENTION: HOTEL COSTS F	\$	23,914
CONVENTION: OTHER CONVENT	\$	3,442
CONVENTION PRINTING	\$	1,375
CONVENTION: SALES ITEMS	\$	5,011
INSURANCE: DISHONETY BOND	\$	171
ROAD SHOW EXPENSES	\$	3,231
SCHOLARSHIP GIFTS	\$	2,500
OFFICE SUPPLIES	\$	535
BANK & CREDIT CARD FEE	\$	1,430
BOARD MEETING EXPENSES: H	\$	21,697
BOARD MEETING EXPENSES:LU	\$	241
MISCELLANEOUS	\$	1,097
POSTAGE AND DELIVERY	\$	2,028
ADVERTISING	\$	419
REPAIRS: EQUIPMENT	\$	198
ROAD SHOW EXPENSES: ROAD	\$	35
ROAD SHOW EXPENSES: TRAVE	\$	1,498
ROAD SHOW EXPENSES: MEALS	\$	471
NON-INVESTMENT DEPRECIATION	\$	122
TOTAL	\$	101,068

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENTS	\$ -342

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

Name of the organization

Employer identification number

**TEXAS LOCKSMITH ASSOCIATION**

**74-1554287**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 10,652	\$ 7,702
	\$ 2,283	\$ 2,283
LESS ACCUMULATED DEPRECIATION	\$ 2,100	\$ 2,222
<b>TOTAL</b>	<b>\$ 10,835</b>	<b>\$ 7,763</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
JOHN ARNOLD CREDIT CARD	\$ 5	\$ 5

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment Sequence No **179**

Name(s) shown on return

**TEXAS LOCKSMITH ASSOCIATION**

Identifying number  
**74-1554287**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	122
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	122
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**