

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)

**2018**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>??</b> Dallas PPA	<b>D</b> Employer identification number <b>??</b> 752929432
	Number and street (or P.O. box, if mail is not delivered to street address) <b>??</b> Room/suite 1503 Irion Court	<b>E</b> Telephone number 214-552-0058
	City or town, state or province, country, and ZIP or foreign postal code Southlake, TX 76092	<b>F</b> Group Exemption Number ▶ <b>??</b>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.dallasppa.com](http://www.dallasppa.com)

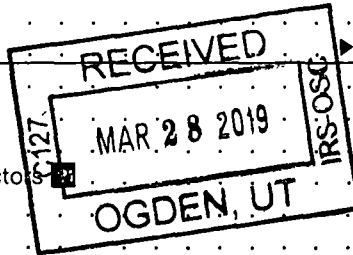
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( 6 ) ◀ (insert no)  4947(a)(1) or  527

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	570
	2	Program service revenue including government fees and contracts	2	46246
	3	Membership dues and assessments	3	20801
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 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 O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67617	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	4879
	12	Salaries, other compensation, and employee benefits <b>??</b>	12	
	13	Professional fees and other payments to independent contractors <b>??</b>	13	56898
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	712
	16	Other expenses (describe in Schedule O) <b>??</b>	16	
17	<b>Total expenses.</b> Add lines 10 through 16	17	62489	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5128
	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	42559
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	48035



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**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 . . . . .	42559	47687
23 Land and buildings . . . . .		
24 Other assets (describe in Schedule O) . . . . .		
25 <b>Total assets</b> . . . . .	42559	47687
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	42559	47687

**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? Keep Local Photographers up to date in the industry

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.

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

28 Monthly meeting with speaker on current topics about the professional photography industry Usually about 100 people attend each month		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Little Red School House A yearly seminar sponsored by the Dallas PPA that pays a national speaker to come discuss and educate on the latest trends in photography Usually about 75 attend		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Quarterly hands on meeting at one the the Dallas PPA member studio Observe what other photographers in the area are doing to promote photography to their clients		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (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

(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
Rolf Kasper 4817 Bear Run Dr Plano TX 75093 President	2	0	0	0
Rob Hull 716 Villawood Lane Coppell TX 75019 Past-President	2	0	0	0
Rob Hull 716 Villawook Lane Coppell TX 75019 Treasurer	2	0	0	0
JT Blender 3857 N O'Connor Road Irving TX 75062 Communications	2	0	0	0
Fujiko Yamamoto 1036 Kenilworth Street Allen TX 75013 Membership	2	0	0	0
Shawna Hinkel 4523 W University Blvd Dallas TX 75209 Skills	2	0	0	0
Brooke Kasper 817 Bear Run Dr Plano TX 75093 Education	2	0	0	0
Jean Wall Golden Mew Dr Carrollton TX 75010 Seminars	2	0	0	0
Rebecca Blacker 149 Dickens Dr Coppell TX 75019 Records	2	0	0	0
Charles Ames 4900 Airport Parkway #142 Addison, TX 75006 Board Counsel	2	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

Form with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, business income, 501(c)(7) organizations, 501(c)(3) organizations, and controlled entities.

46 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 . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**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 . . . . .

47 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 . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization? . . . . .

49b		<input type="checkbox"/>
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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 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

**Sign Here**  Signature of officer: Barry M. McCoy Date: February 12, 2019  
 Type or print name and title: Barry M McCoy Registered Agent Dallas PPA

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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