

**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. 1545-1160

**2014**

**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 2014 calendar year, or tax year beginning** Jun 1 , 2014, **and ending** May 31 , 2015

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C Name of organization</b>                  AUSTIN CHAPTER--TEXAS SOCIETY OF CPAS</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite                  3305 NORTHLAND DRIVE 406</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  AUSTIN TX 78731</p>	<p><b>D Employer identification number</b> 23-7329245</p> <p><b>E Telephone number</b> (512) 445-0044</p> <p><b>F Group Exemption Number</b> . . . . . ▶</p>
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**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:** ▶ <http://austin.tscpa.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. . . . . ▶ \$ 166,112.**

**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 . . . . .

	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	695.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	143,965.
	<b>4</b> Investment income . . . . .	<b>4</b>	9,508.
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . . <b>5 a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5 b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5 c</b>		
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6 a</b>		
	<b>b</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>6 b</b>		5,025.
	<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6 c</b>		4,012.
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6 d</b>		1,013.
	<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7 a</b>		
	<b>b</b> Less: cost of goods sold . . . . . <b>7 b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7 c</b>		
	<b>8</b> Other revenue (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 8, Other Revenue <b>8</b>		6,919.
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>		162,100.
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		1,857.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		20,035.
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		733.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses <b>16</b>		133,235.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		155,860.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		6,240.
<b>ASSETS</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>19</b>		212,423.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . See L-20, Stmt . . . . . <b>20</b>		-1.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>		218,662.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form 990-EZ (2014)

**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	243,261.	282,556.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	41,456.	10,502.
25 Total assets	284,717.	293,058.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	72,294.	74,396.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	212,423.	218,662.

**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? PROMOTION OF THE CERTIFIED PUBLIC ACCOUNTING PROFESSION  
 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 <u>3 MEMBERSHIP MEETINGS WITH APPROXIMATELY 65 MEMBERS AND GUESTS PRESENT AT EACH MEETING TO HEAR SPEAKERS ON TOPICS RELEVANT TO THE ACCOUNTING PROFESSION.</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 <u>32 MEMBER COMMITTEE MEETINGS WERE HELD TO DEVELOP PROGRAMS AND PUBLIC SERVICE PROJECTS PROMOTING THE ACCOUNTING PROFESSION. APPROXIMATELY 7 PERSONS ATTENDED EACH MEETING.</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O). (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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

(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
MATTHEW G. MALCOM PRESIDENT	0.50	0.	0.	0.
CHRISTINA MONDRIK, CPA DIR.	0.50	0.	0.	0.
KRISTY HOLMES HETZEL, CPA VICE PRESIDENT	0.50	0.	0.	0.
JENNIFER BROWN VICE PRESIDENT	0.50	0.	0.	0.
KARA HAMANN VICE PRESIDENT	0.50	0.	0.	0.
ANTHONY ROSS, CPA DIRECTOR	0.50	0.	0.	0.
CONNIE CLARK, CPA PRESIDENT-ELECT	0.50	0.	0.	0.
DIANE JOINER EXEC DIR	20.00	0.	0.	0.
CHRISTOPHER OKAFOR, CPA DIR/CHAIR OVERSIGHT COUNCIL	0.50	0.	0.	0.
CLAYTON RIPLEY, CPA DIR/ VICE-CHAIR OVERSIGHT COUNCIL	0.50	0.	0.	0.
CAROL BOYD, CPA DIRECTOR	0.25	0.	0.	0.
KATY AVENSON, CPA DIRECTOR	0.25	0.	0.	0.
OLIVIA RILEY, CPA SECRETARY/TREASURER	0.50	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of TEXAS SOCIETY OF CPAs Telephone no. (972) 687-8500
Located at 14651 DALLAS PARKWAY, SUITE 700 DALLAS TX ZIP + 4 75254

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

**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

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

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a    
 b If 'Yes,' was the related organization a section 527 organization? 49 b

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: DIANE JOINER Date: 02/15/16  
 Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer Use Only**  
 Print/Type preparer's name: BYRON A. PARKER, CPA Preparer's signature: [Signature] Date: 02/04/16 Check  if self-employed PTIN: P00541643  
 Firm's name: BYRON A. PARKER, CPA Firm's EIN: 91-1845430  
 Firm's address: 500 SOUTH CENTER STREET FORNEY TX 75126 Phone no.: (972) 564-0247

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Employer identification number

AUSTIN CHAPTER--TEXAS SOCIETY OF CPAs

23-7329245

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)	
TSCPA ADVERTISING REIMBURSEMENT	3,129.
REFERRAL SERVICE INCOME	3,000.
ONLINE NEWSLETTER	500.
MISCELLANEOUS	290.
<b>Total</b>	<b>6,919.</b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)	
MEETINGS EXPENSES	7,056.
TRAVEL & ENTERTAINMENT	1,844.
MEMBER TRAVEL	7,087.
COMMITTEE EXPENSE	3,749.
EQUIPMENT & SUPPLIES	1,599.
AWARDS & GIFTS	306.
BANK CHARGES	225.
EDUCATIONAL & REGISTRATION	761.
DUES & SUBSCRIPTIONS	285.
ADVERTISING	5,550.
COPIER CHARGES	2,432.
TELEPHONE	3,339.
EQUIPMENT RENTAL	845.
EQUIPMENT REPAIR & MAINTENANCE	0.
PROPERTY TAXES	213.
MISCELLANEOUS EXPENSES	1,084.
MANAGEMENT FEES--TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	94,925.
Depreciation	1,935.
<b>Total</b>	<b>133,235.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> JESSE DOMINGUEZ, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> NANCY FOSS, CPA Title . DIRECTOR	0.25	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

(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
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> KIMBERLY J. CHAPMAN, CPA Title . DIR., SECRETARY/TREASURER ELECT	0.50	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> J. T. GENTER, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> GARY MCINTOSH, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> ROSIE MORRIS, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> AARON DRAPER, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> JOHN PEARCE, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> KAYO KAWAMOTO, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> JAN KEELING, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> JOYCE SMITH, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> DIANA SULLIVAN, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> ED SUMMERS, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> MATT MALCOM, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> MICHELE HEYMAN, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> DONNA WESLING, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> BETTE WILLIAMS, CPA Title . DIRECTOR	0.25	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> PAUL PEDRONCELLI Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> KATY RHODEN, CPA Title . DIRECTOR	0.25	0.	0.	0.
Business . . . <input type="checkbox"/> Person . . . . <input checked="" type="checkbox"/> ALEX YARGER, CPA Title . DIRECTOR	0.25	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part I, Line 20**

Description	Amount
ROUNDING	-1.
<b>Total</b>	<u>-1.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	3,612.	5,021.
INTERCOMPANY ACCOUNTS	30,511.	0.
MISCELLANEOUS PREPAYMENTS	2,784.	2,867.
COMPUTER SOFTWARE, NET OF DEPRECIATION	4,549.	2,614.
<b>Total</b>	<u>41,456.</u>	<u>10,502.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 26**

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	15,900.	
DEFERRED REVENUE	56,394.	
<b>Total</b>	<u>72,294.</u>	