Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

0040

2019

OMB No. 1545-0047

<u>~</u>@19

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	or the	2019 calenda	ar year, or tax year beginning , 2019, and ending		, 20			
В	Check if ap	oplicable:	ployer id	entification number				
	Address c	change CAT WRITERS' ASSOCIATION, INC. 75-			5031			
Ц	Name cha	ange	ephone n	umber				
=	Initial retur		03)86	58-1022				
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gro	oup Exe	mption			
=		n pending	SHERMAN, TX 75091	ımber 🕨	•			
_			X Cash	▶ X	if the organization is not			
	Vebsite	-			ach Schedule B			
JΤ	ax-exen	npt status (che			0-EZ, or 990-PF).			
			▼ Corporation		<u> </u>			
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	 S				
(Pa	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	52,788.			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru					
			the organization used Schedule O to respond to any question in this Part I		•			
_	1		ons, gifts, grants, and similar amounts received		21,600.			
	2		ervice revenue including government fees and contracts	2	,,,,,,			
	3	•	ip dues and assessments	3	7,990.			
	4	Investment	•	4	.,			
	5a	Gross amo	unt from sale of assets other than inventory 5a	_				
	b		or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c						
	6	Gaming and fundraising events:						
	а	Gross income from gaming (attach Schedule G if greater than						
ne	_							
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions					
3eV			aising events reported on line 1) (attach Schedule G if the					
-			h gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c	_				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c) .		6d				
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold					
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c				
	8		nue (describe in Schedule O)	8	23,198.			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,788.			
_	10		I similar amounts paid (list in Schedule O)	10	32,,00.			
	11		aid to or for members	11	19,709.			
Ś	12		ther compensation, and employee benefits	12	2277021			
Expenses	13		al fees and other payments to independent contractors	13	574.			
per	14		/, rent, utilities, and maintenance	14	532.			
Ä	15		ublications, postage, and shipping	15	478.			
	16		enses (describe in Schedule O)	16	19,083.			
	17		enses. Add lines 10 through 16	17	40,376.			
	18	Excess or I	deficit) for the year (subtract line 17 from line 9)	18	12,412.			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with					
\ss			r figure reported on prior year's return)	19	47,312.			
Net Assets	20	-	iges in net assets or fund balances (explain in Schedule O)	20	1,,512.			
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	59,724.			
			The state of the s		, =			

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Par	· ·	,	arramantian in this l	Dowl II		_
	Check if the organization used Schedule	O to respond to a		Paπ II		 (B) End of year
22	Cash, savings, and investments			47,312.		59,724
23	Land and buildings		_	4/,312.	23	59,724
24	Other assets (describe in Schedule O)				24	
25	Total assets		-	47,312.	25	59,724
26	Total liabilities (describe in Schedule O)		<u> </u>	1,,312.	26	337,21
27	Net assets or fund balances (line 27 of column		_	47,312.	27	59,724
Part		<u> </u>		Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IÍI 🔝 . 🗌	.	Expenses
What	is the organization's primary exempt purpose?	See Part III	Stmt			uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise many ons benefited, and other relevant information for ea	nanner, describe the			,	nizations; optional for
28	NONE					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗆	28a	
29						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	29a	
30						
	(Grants \$) If this amount				30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	31a	
	Total program service expenses (add lines 28a				32	
Part						,
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Hame and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
DEB	ORAH BARNES		(· · · · · · · · · · · · · · · · · · ·			
	SIDENT	46.00	0.	0		0.
	LA GREGG	10.00	0.	0	•	
	E PRESIDENT	2.00	0.	0		0.
	DY CHRISTENSEN					<u> </u>
SEC	RETARY	12.00	0.	0		0.
ROB	BI HESS					
TRE.	ASURER	2.00	0.	0		0.
JAN	ISS GARZA					
DIR	ECTOR	1.50	0.	0		0 .
ALA	NA GRELYAK					
	ECTOR	1.50	0.	0		0.
	BIE GLOVATSKY		_			
	ECTOR	1.00	0.	0	•	0 .
	N WHITE	. 1 00				
DTK.	ECTOR	1.00	0.	0	•	0.
1/17 -	CI KLADNIK	.]				_
		1 00		·		
IMM	EDIATE PAST PRESIDENT	1.00	0.	0	•	0.
IMM AMY	D SHOJAI					
IMM AMY		1.00	0.	0		
IMM AMY	D SHOJAI					0.
IMM	D SHOJAI					

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
00	Did the consideration and the second in the		Yes	No
33	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	33		×
34	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	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
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	35b		
С	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	35c		×
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?	37b		×
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? .	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	_		
b 40a	Gross receipts, included on line 9, for public use of club facilities	_		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	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? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	10.0		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► AMY SHOJAI Telephone no. ► (903)	3)86	8-10	22
	Located at ► 1750 WEST MOORE ST, SHERMAN TX ZIP + 4 ► 7509	92		
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)?	42b	Yes	No ×
	If "Yes," enter the name of the foreign country ▶	12.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . 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 and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	174		
	completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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	45b		×

Form 990-EZ (2019) Page **4**

								Yes	No
46		ne organization engage, directly or in							
	_	ndidates for public office? If "Yes," c	-	Part I			. 40	6	×
Part		Section 501(c)(3) Organizations		otiono 17 10h on	d EO and ac	malata th	a tablaa	for lin	
		All section 501(c)(3) organizations 50 and 51.	s must answer que	Stions 47–490 ar	ia 52, aria coi	ribiete tri	e tables	i i or iiri	ies
		Check if the organization used Sch	nedule () to respond	to any question i	n this Part VI				
		Check if the organization used oci	icadic O to respond	to any question i	ir tilis i ait vi			Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in effect of	during the	tax		1.10
		If "Yes," complete Schedule C, Parl					. 47	7	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule E		. 48	3	
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	nization?		. 49	а	
b		es," was the related organization a se	0						
50		olete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of comper	sation from the or			e, enter	"None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions to benefit plans, a compen	to employee and deferred	(e) Estima	ated amo ompensa	
			4.00.000						
		number of other employees paid over							
51		olete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization from the organization.			ent contractors	who each	n receive	ed more	e than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c) Compens	ation	
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52		the organization complete Schedu	•		ganizations m	ust attacl	h a		
					•		. ▶ □ Ye	es 🗌	No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					nowledge a	ınd belief	, it is
., u c , col	ireoi, an	L	omber) is based on all lillo	mation of which prepar		ige. 	<u> </u>		
Sign		Signature of officer			Date	•	J		
Here		DEBORAH BARNES, PRESI	DENT						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _] if PTIN		
Prep	arer	MAHMOUD SHOJAI, EA	MAHMOUD SHOJA	•	04/30/2020	self-emplo	yed P00		32
Use (Firm's name ► Shojai & Johns				's EIN ▶47			
		Firm's address • 6136 FRISCO SQUA			TX 75034 Pho		03)814		
ıvıav tr	ie iks	discuss this return with the preparer	Shown above? See I	nstructions			▼ ▼ Y ₆	25	NΩ

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Description	Amount
AWARDS PROVIDED BY VARIOUS ORGANIZATIONS	11,000.
MISC	3,595.
ADS	450.
CONTEST FEES	4,365.
CONFERENCE TICKETS	3,788.
Total	23 198

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Continuation Statement

Description	Amount
AWARDS PAID TO THE MEMBERS	16,000.
MISC EXPENSES	362.
BANK FEES	70.
MUSES AND PLAQUES	1,430.
REFUNDS	221.
DEPOSIT	1,000.
Total	19,083.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

Organization's Primary Exempt Purpose				
TO EDUCATE WRITERS TO IMPROVE INFORMATION				
ABOUT COMMUNICATION REGARDING CATS				
(SEMINARS). APPROXIMATELY 200 MEMBERS.				

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	75-2536031
CAT WRITERS' ASSOCIATION, INC.	75-2530031
Pt I, Line 8:	
Description: AWADDS DROWDED BY WARTOUS ORGANIZATIONS \$11 000	
Description: AWARDS PROVIDED BY VARIOUS ORGANIZATIONS \$11,000	
Description: MISC \$3,595	
Denovieties	
Description: ADS \$450	
Description: CONTEST FEES \$4,365	
Description: COMPEDENCE TICKETS \$2,700	
Description: CONFERENCE TICKETS \$3,788	
Pt I, Line 16:	
Description: AWARDS PAID TO THE MEMBERS \$16,000	
DESCRIPCION ANALOS FAID TO THE MEMBERS VIO,000	
Description: MISC EXPENSES \$362	
Description: BANK FEES \$70	
Description: MUSES AND PLAQUES \$1,430	
Description: REFUNDS \$221	
Description: DEPOSIT \$1,000	

IRS e-file Signature Authorization for an Exempt Organization

	•	_	
For calendar year 2019, or fiscal y	year beginning	, 2019, and ending	, 20

▶ Do not send to the IRS. Keep for your records

Internal Revenue Service	► Go to www.irs.gov/Form8879E	O for the latest informatio	n.	Z019
Name of exempt organization			Employer identification	on number
CAT WRITERS' ASSOCIATION	, INC.		75-2536031	
Name and title of officer				
DEBORAH BARNES, PRESIDEN				
	Return Information (Whole Do	• /		
Check the box for the return for whicheck the box on line 1a, 2a, 3a, 4a leave line 1b, 2b, 3b, 4b, or 5b, which the applicable line below. Do not contain the applicable line below.	n, or 5a, below, and the amount or chever is applicable, blank (do not amplete more than one line in Part	n that line for the return be enter -0-). But, if you en I.	peing filed with this tered -0- on the ret	form was blank, then turn, then enter -0- on
	Total revenue, if any (Form 990,		·	1b
2a Form 990-EZ check here ► 3a Form 1120-POL check here ►	b Total revenue, if any (Form 9b Total tax (Form 1120-PO)			2b 52,788 3b
4a Form 990-PF check here ►	b Total tax (Form 1120-PO)b Tax based on investment incomment			4b
5a Form 8868 check here ▶ □ b			·	5b
Sa Tom Good Grook Holdy	Dalarios Das (r omi osco, imo oc	,,		
Part II Declaration and Sig	nature Authorization of Offic	er		
organization's 2019 electronic return are true, correct, and complete. I fur organization's electronic return. I co to send the organization's return to the transmission, (b) the reason for a authorize the U.S. Treasury and its c financial institution account indicate return, and the financial institution to Agent at 1-888-353-4537 no later th involved in the processing of the ele resolve issues related to the paymer electronic return and, if applicable, t Officer's PIN: check one box only Shojai & Joh on the organization's tax year?	ther declare that the amount in Pansent to allow my intermediate sethe IRS and to receive from the IR any delay in processing the return designated Financial Agent to initial in the tax preparation software for debit the entry to this account. The parameter of taxes to receive the organization's consent to elect	art I above is the amount rivice provider, transmitters (a) an acknowledgeme or refund, and (c) the date an electronic funds we for payment of the organic or evoke a payment, I mayment (settlement) date. We confidential information tification number (PIN) as tronic funds withdrawal.	shown on the copyer, or electronic retuent of receipt or real ate of any refund. If withdrawal (direct delization's federal tax ust contact the U.S. I also authorize them necessary to ansis my signature for the contact of the conta	y of the urn originator (ERO) son for rejection of applicable, I ebit) entry to the sees owed on this 6. Treasury Financial e financial institutions wer inquiries and the organization's as my signature ut
being filed with a state agency ERO to enter my PIN on the re	(ies) regulating charities as part of turn's disclosure consent screen. n, I will enter my PIN as my signat	the IRS Fed/State progr	am, I also authorize	e the aforementioned
	eturn that a copy of the return is be			
the IRS Fed/State program, I w	vill enter my PIN on the return's di	sclosure consent screen.	•	
Officer's signature ▶		Date ► (04/28/2020	
Part III Certification and Au				
ERO's EFIN/PIN. Enter your six-dig number (EFIN) followed by your five-		[3 3 0 8 1 0 er all zeros
I certify that the above numeric entrindicated above. I confirm that I am Information for Authorized IRS e-file	submitting this return in accordan			
ERO's signature ▶		Date ►	04/30/2020	
Do No	ERO Must Retain This For ot Submit This Form to the IR			

Additional information from your 2019 Federal Exempt Tax Return

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 1 Itemization Statement

Description	Amount
SPONSORSHIPS	21,600.
Total	21,600.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 22, Column (A) Itemization Statement

Description	Amount
CHECKING ACCOUNT	45,941.
PAY PAL	1,371.
Total	47,312.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 22, Column (B)

Itemization Statement

Description	Amount
CHECKING ACCOUNT	54,149.
PAY PAL	5,427.
MISC	148.
Total	59,724.

Form 8879-E0

IRS e-file Signature Authorization for an Exempt Org

ganization		L
, 2019, and ending	g , 20	

For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization **Employer identification number** CAT WRITERS' ASSOCIATION, INC. 75-2536031 Name and title of officer DEBORAH BARNES, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ► X 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . 4b 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only to enter my PIN as my signature ▼ lauthorize Shojai & Johnson Enterprises, LLC Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. bbirah to Daral Date ▶ 04/28/2020 Officer's signature ▶ Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 3 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ► 04/30/2020 ERO's signature ▶ ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So