

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 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 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: BUDA AREA CHAMBER OF COMMERCE. Number and street (or P O box, if mail is not delivered to street address) Room/suite: P O BOX 904. City or town, state or country, and ZIP + 4: BUDA, TX 786100904

D Employer identification number: 74-2997465. E Telephone number: (512) 295-9999. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.BUDACHAMBER.COM. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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, line 25, column (B) below) 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

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) and Expenses section (lines 10-17) are detailed. Net Assets section (lines 18-21) shows a deficit of -13,295 and ending assets of 59,290.

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	72,353	22	59,190
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	232	24	100
25 Total assets	72,585	25	59,290
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,585	27	59,290

Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?
THE BUDA AREA CHAMBER OF COMMERCE WAS FORMED TO ENGAGE IN PROJECTS THAT HAVE A POSITIVE ECONOMIC IMPACT AND ENHANCE THE QUALITY OF LIFE IN THE GREATER BUDA AREA

Describe what was achieved in carrying out the organization's exempt purposes. 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 BUDA AREA CHAMBER OF COMMERCE PROVIDES FOR REGULAR MONTHLY MEETINGS AND AFTER HOURS SOCIALS TO PROMOTE THE BUSINESS EFFORTS OF ITS MEMBERS AND THE COMMUNITY (Grants \$ 1,225) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41,400
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (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 Total program service expenses (add lines 28a through 31a)	32	41,400

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the 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
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		No
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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	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 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>BUDA AREA CHAMBER</u> Telephone no <u>(512) 295-9999</u> 203 RAILROAD ST SUITE 1-C Located at <u>BUDA, TX</u> ZIP + 4 <u>78610</u>		
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)? 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.	42b	No
42c	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	42c	No
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	43	
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
44d	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	

	Yes	No
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45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

	Yes	No
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47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(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.

Sign Here	***** Signature of officer	2011-05-18 Date
	DICK SCHNEIDER PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> SAM C COOPER CPA	Date 2011-05-20	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SAM C COOPER CPA PC 251 N FM 1626 BLDG 1 STE D BUDA, TX 786102714	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (512) 295-8180	

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


Additional Data

Software ID:
Software Version:
EIN: 74-2997465
Name: BUDA AREA CHAMBER OF COMMERCE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CAPPS TERRY 111 SALLE BUDA, TX 78610	DIRECTOR 3 00	0		
DEVRIES WENDY 187 KIRKHAM KYLE, TX 78640	DIRECTOR 3 00	0		
GERDES HANK 203 RAILROAD ST SUITE 1-A BUDA, TX 78610	V-PRESIDENT 5 00	0		
GOERBLER MARC 190 S FM 1626 BUDA, TX 78610	BOARD CHAIRM 10 00	0		
GREEN CLAUDE P O BOX 637 BUDA, TX 78610	DIRECTOR 3 00	0		
HARLOW RICHARD 2121 WINDY HILL RD KYLE, TX 78640	DIRECTOR 3 00	0		
JACKSON MIKE 1645 MAIN STREET BUDA, TX 78610	DIRECTOR 3 00	0		
KETTEMAN WARREN P O BOX 1650 BUDA, TX 78610	EX OFFICIO 3 00	0		
MEYER MARK 251 FM 967 SUITE B BUDA, TX 78610	DIRECTOR 3 00	0		
NEILSEN SANDRA P O BOX 17001 SAN ANTONIO, TX 78217	DIRECTOR 3 00	0		
PERKINS DENNIS 288 WITTE KYLE, TX 78640	DIRECTOR 3 00	0		
RAINS LEE P O BOX 27 BUDA, TX 78610	TREASURER 5 00	0		
RANGEL CHERYL 148 AVENIDA TEJAS KYLE, TX 78640	DIRECTOR 3 00	0		
SAUCEDA LISA P O BOX 489 BUDA, TX 78610	DIRECTOR 3 00	0		
KAY PAM 200 VERDIN BUDA, TX 78610	DIRECTOR 3 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WEBBER DANNY  1645 MAIN ST BUDA, TX 78610	DIRECTOR 3 00	0		

SCHEDULE O
(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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BUDA AREA CHAMBER OF COMMERCE

Employer identification number

74-2997465

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	T SHIRT SALES COST OF GOODS SOLD 132 EXPENSES ADVERTISING AND PROMOTION 300 OFFICE 1,498 ANNUAL/MONTHLY MEETINGS 16,646 BANK CHARGES 40 CREDIT CARD FEES 914 DUES/SUBSCRIPTIONS 448 INSURANCE 2,416 INTERNET SERVICES 1,963 MEMBER PLAQUES 86 MISCELLANEOUS 1,607 OFFICE LABOR 14,659 POSTAGE/DELIVERY 542 TELEPHONE 1,638 TRAVEL 728 WEBSITE DEVELOPMENT 1,482 TOTAL 45,099

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 232 100 COMPUTE EQUIPMENT 3,058 0 LESS ACCUMULATED DEPRECIATION 3,058 0 OFFICE FURNITURE & EQUIPMENT 2,229 0 LESS ACCUMULATED DEPRECIATION 2,229 0 OFFICE FURNITURE & EQUIPMENT 986 0 LESS ACCUMULATED DEPRECIATION 986 0 TOTAL 232 100

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE BUDA AREA CHAMBER OF COMMERCE WAS FORMED TO ENGAGE IN PROJECTS THAT HAVE A POSITIVE ECONOMIC IMPACT AND ENHANCE THE QUALITY OF LIFE IN THE GREATER BUDA AREA

TY 2010 Compensation Explanation

Name: BUDA AREA CHAMBER OF COMMERCE

EIN: 74-2997465

Person Name	Explanation
CAPPS TERRY	
DEVRIES WENDY	
GERDES HANK	
GOERBLER MARC	
GREEN CLAUDE	
HARLOW RICHARD	
JACKSON MIKE	
KETTEMAN WARREN	
MEYER MARK	
NEILSEN SANDRA	
PERKINS DENNIS	
RAINS LEE	
RANGEL CHERYL	
SAUCEDA LISA	
KAY PAM	
WEBBER DANNY	