

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BUDA AREA CHAMBER OF COMMERCE	D Employer identification number 74-2997465
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 904	E Telephone number (512) 295-9999
	City or town, state or country, and ZIP + 4 BUDA, TX 786100904	F Group Exemption Number

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.BUDACHAMBER.COM

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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. **\$ 107,052**

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	51,636
	2 Program service revenue including government fees and contracts	2	42,187
	3 Membership dues and assessments	3	
	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	
	c 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	13,229
c Less direct expenses from gaming and fundraising events	6c	4,053	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,176	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	102,999	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	58,477
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	17,774
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	43,044
17 Total expenses. Add lines 10 through 16	17	119,295	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,296
	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	47,936
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	8,017
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,657

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	46,838	22 38,363
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,098	24 1,294
25 Total assets	47,936	25 39,657
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,936	27 39,657

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

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 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 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 \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,826
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	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	40,826

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
See Additional Data Table				

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 990-EZ (2012) Part V Other Information. Includes questions 33 through 45b regarding significant activities, changes to documents, unrelated business income, political expenditures, loans, and controlled entities. Includes a table with Yes/No columns for each question.

	Yes	No
46		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

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
47		
48		
49a		
49b		

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

48 Is the organization a school as 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?

b 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 title of each employee paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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.

Sign Here
 Signature of officer: *****
 Date: 2013-11-04
 Type or print name and title: CINDY SWINK, PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: RUTH R WENZEL CPA
 Preparer's signature: RUTH R WENZEL CPA
 Date: 2013-11-11
 Check if self-employed
 PTIN:
 Firm's name: RUTH R WENZEL CPA PLLC
 Firm's EIN:
 Firm's address: 251 N FM 1626 BLDG 1 STE D, BUDA, TX 786102714
 Phone no: (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 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
SWINK CINDY  EXECUTIVE D	40 00	0		
KIESTER BRETT  DIRECTOR	2 00	0		
BUSH BARBARA  DIRECTOR	2 00	0		
ADAIR PHILLIP  DIRECTOR	2 00	0		
LABORDE BRIAN  DIRECTOR	2 00	0		
GONZALES MICHELLE  DIRECTOR	2 00	0		
CLARK JEFF  DIRECTOR	2 00	0		
SHOEMAKER REED  DIRECTOR	2 00	0		
RADINSKY LAWRENCE  DIRECTOR	2 00	0		
SAUCEDA LISA  DIRECTOR	5 00	0		
STEWART DWIGHT  DIRECTOR	2 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

2012

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	EXPENSES OFFICE SUPPLIES 2,174 PO BOX RENTAL 44 ANNUAL/MONTHLY MEETINGS 26,371 BANK CHARGES 256 CREDIT CARD FEES 947 DUES/SUBSCRIPTIONS 95 INSURANCE 1,112 INTERNET SERVICES 2,110 POSTAGE/DELIVERY 26 TELEPHONE 439 TRAVEL 397 WEBSITE DEVELOPMENT 2,704 MEMBERSHIP PLAQUES 63 BOD MEETING 116 MARKETING 98 CHAMBER GET TOGETHER 118 RIBBON CUTTING 60 TRAIL OF LIGHTS 286 LICENSING 170 SOFTWARE 1,722 AMBASSADOR EXPENSE 27 CONFERENCES 297 PAYROLL PROCESSING FEES 200 CONTRIBUTIONS 3,092 PROFESSIONAL FEES 120 TOTAL 43,044
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 8,017
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 1,098 1,098 COMPUTE EQUIPMENT 0 196 TOTAL 1,098 1,294
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	OTHER LIABILITIES 0 0
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 2012 Compensation Explanation**Name:** BUDA AREA CHAMBER OF COMMERCE**EIN:** 74-2997465

Person Name	Explanation
SWINK CINDY	
KIESTER BRETT	
BUSH BARBARA	
ADAIR PHILLIP	
LABORDE BRIAN	
GONZALES MICHELLE	
CLARK JEFF	
SHOEMAKER REED	
RADINSKY LAWRENCE	
SAUCEDA LISA	
STEWART DWIGHT	