

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)

OMB No 1545-1150

**2014**

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).

Open to Public Inspection

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending

<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 BUDA AREA CHAMBER OF COMMERCE		<b>D</b> Employer identification number 74-2997465
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (512) 295-9999
	P.O. BOX 904		<b>F</b> Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code BUDA TX 78610		

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [WWW.BUDACHAMBER.COM](http://WWW.BUDACHAMBER.COM)

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

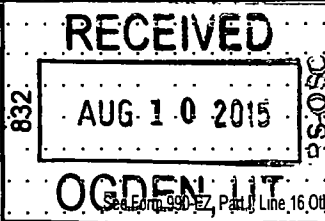
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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. . . . . ▶ \$ 155,629.

**Part II 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 . . . . .

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1,910.
2	Program service revenue including government fees and contracts . . . . .	2	20,208.
3	Membership dues and assessments . . . . .	3	68,318.
4	Investment income . . . . .	4	
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
5b	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		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
6b	Gross income from fundraising events (not including \$ 0 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	63,290.
6c	Less direct expenses from gaming and fundraising events . . . . .	6c	39,958.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	23,332.
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
7b	Less cost of goods sold . . . . .	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 8, Other Revenue	8	1,903.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	115,671.
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	27,381.
13	Professional fees and other payments to independent contractors . . . . .	13	30,389.
14	Occupancy, rent, utilities, and maintenance . . . . .	14	22,008.
15	Printing, publications, postage, and shipping . . . . .	15	276.
16	Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses	16	29,012.
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	109,066.
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	6,605.
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	39,203.
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . . See L-20 Stmt . . . . .	20	-119.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	45,689.



ENVELOPE POSTMARK DATE AUG 01 2015  
 SCANNED AUG 1 2015

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

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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	39,591.	22 45,886.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	39,591.	25 45,886.
26 Total liabilities (describe in Schedule O)	388.	26 197.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,203.	27 45,689.

**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? See Organization's Primary Exempt Purpose  
 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 THE BUDA AREA CHAMBER OF COMMERCE PROVIDES FOR REGULAR MONTHLY MEETINGS AND AFTER HOUR SOCIALS TO PROMOTE THE BUSINESS EFFORTS OF ITS MEMBERS AND THE COMMUNITY (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	149,022.
29 _____ (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	149,022.

**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
J. R. GONZALES MANAGING DIRECTOR	40.00	23,180.	0.	0.
MONICA MARTINEZ OPERATIONS ADMINISTRATOR	40.00	23,928.	0.	0.
BRETT KIESTER CHAIRMAN	2.00	0.	0.	0.
MICHELE GONZALEZ VICE CHAIR	2.00	0.	0.	0.
DEBORAH PACHECO TREASURER	2.00	0.	0.	0.
BRIAN LABORDE SECRETARY	2.00	0.	0.	0.
LILLIE ANA ALCALA DIRECTOR	2.00	0.	0.	0.
JEFFREY CLARK, D.C. DIRECTOR	2.00	0.	0.	0.
MARC GOEBLER DIRECTOR	2.00	0.	0.	0.
LISA LEFCO-GRAY DIRECTOR	2.00	0.	0.	0.
SHIRLEY MALONE DIRECTOR	2.00	0.	0.	0.
LINDA THORNBURG DIRECTOR	2.00	0.	0.	0.
MADLYN URESTI DIRECTOR	2.00	0.	0.	0.
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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?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c 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?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 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?
40 c 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.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e 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

42 a The organization's books are in care of BUDA AREA CHAMBER OF COMMERCE Telephone no (512) 295-9999
Located at 203 RAILROAD ST BUDA TX ZIP + 4 78610

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)?
42 b
42 c

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

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

	Yes	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 . . . . .	46	X

**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 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 . . . . .	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

<b>Sign Here</b>	Signature of officer <i>Brett Kiester</i>	Date 07/10/15	
	Type or print name and title BRETT KIESTER CHAIRMAN		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name EVELYN EDWARDS, CPA	Preparer's signature <i>Evelyn Edwards, CPA</i>	Date 7/30/15
	Firm's name ▶ Evelyn Edwards, CPA PLLC	Check <input type="checkbox"/> if self-employed PTIN P00417079	
	Firm's address ▶ 497 Hampton St Buda TX 78610	Firm's EIN ▶ 27-0730812 Phone no (512) 917-2674	

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



**Part III Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		AWARDS BANQUET (event type)	FAJITA FIESTA (event type)	OTHER (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts . . . . .	32,542.	21,833.	8,915.	63,290.
	2	Less: Contributions . . . . .	0.			0.
	3	Gross income (line 1 minus line 2). . . . .	32,542.	21,833.	8,915.	63,290.
DIRECT EXPENSES	4	Cash prizes . . . . .		3,121.		3,121.
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	3,990.	8,886.		12,876.
	7	Food and beverages . . . . .	5,950.	831.	1,934.	8,715.
	8	Entertainment . . . . .	1,300.	2,165.		3,465.
	9	Other direct expenses . . . . .	1,291.	8,713.	1,777.	11,781.
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				39,958.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				23,332.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		REVENUE	1	Gross revenue . . . . .	
DIRECT EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain \_\_\_\_\_

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10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

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11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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

BUDA AREA CHAMBER OF COMMERCE

74-2997465