

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- 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): P O BOX 904. City or town, state or province, country, and ZIP or foreign postal code: BUDA, TX 786100904

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

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

H Check [X] 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) [X] 501(c)(6) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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. \$ 112,458

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 68,980, 23,118, 2, 18,041, 110,141, 58,476, 19,833, 30,504, 108,813, 1,328, 37,875, 39,203.

**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
<b>22</b> Cash, savings, and investments . . . . .	38,363	<b>22</b> 39,591
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,294	<b>24</b>
<b>25 Total assets</b> . . . . .	39,657	<b>25</b> 39,591
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	1,782	<b>26</b> 388
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	37,875	<b>27</b> 39,203

**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

<b>28</b> 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"/>	<b>28a</b>	107,715
<b>29</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	107,715

**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 (2013) Part V Other Information. Includes questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table with Yes/No columns for questions 33-45b.

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

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

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"

Table with 5 columns: (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"

Table with 3 columns: (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) nonexempt charitable trusts must attach a completed Schedule A

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 the taxpayer) is based on preparer's knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

CINDY SWINK PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RUTH WENZEL

Preparer's signature

Firm's name RUTH R WENZEL CPA PLLC

Firm's address 251 N FM 1626 BLDG 1 STE D

BUDA, TX 786102714

May the IRS discuss this return with the preparer shown above? See instructions

**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**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
JR GONZALES EXECUTIVE D	4 0 0 0	0		
KIESTER BRETT CHAIRMAN	2 0 0	0		
GARDENER TRAVIS DIRECTOR	2 0 0	0		
ACALA LILIE ANN DIRECTOR	2 0 0	0		
LABORDE BRIAN DIRECTOR	2 0 0	0		
GONZALES MICHELLE DIRECTOR	2 0 0	0		
CLARK JEFF DIRECTOR	2 0 0	0		
SYLVIA GALLO DIRECTOR	2 0 0	0		
TOM HAGAN DIRECTOR	2 0 0	0		
REED SHOEMAKER DIRECTOR	2 0 0	0		
STEWART DWIGHT DIRECTOR	2 0 0	0		
LINDA THORNBURG DIRECTOR	2 0 0	0		
MADELYN URESTI DIRECTOR	2 0 0	0		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BUDA AREA CHAMBER OF COMMERCE

Employer identification number 74-2997465

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing



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 operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</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 contract 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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**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.

▶ 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

**2013**

**Open to Public  
Inspection**

Name of the organization  
BUDA AREA CHAMBER OF COMMERCE

Employer identification number

74-2997465

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	T SHIRT SALES COST OF GOODS SOLD 1,098 EXPENSES OFFICE SUPPLIES 2,519 ANNUAL/MONTHLY MEETINGS 14,710 AMBASSADOR EXPENSES 77 CHAMBER POLOS 92 CONFERENCES 800 CONTRIBUTIONS 1,050 CREDIT CARD FEES 1,281 DUES/SUBSCRIPTIONS 175 INSURANCE 1,966 MARKETING 1,324 MEMBERSHIP PLAQUES 376 MISCELLANEOUS 375 PAYROLL PROCESSING FEES 120 PO BOX RENTAL 46 POSTAGE/DELIVERY 122 PRINTING REPRODUCTION 223 PROFESSIONAL FEES 1,420 SOFTWARE 1,491 TRAVEL 379 WEBSITE DEVELOPMENT 860 TOTAL 30,504
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 0
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 1,098 0 COMPUTE EQUIPMENT 196 0 TOTAL 1,294 0
FORM 990-EZ, PART II, LINE 26	1,782 388
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 2013 Compensation Explanation

**Name:** BUDA AREA CHAMBER OF COMMERCE

**EIN:** 74-2997465

Person Name	Explanation
JR GONZALES	
KIESTER BRETT	
GARDENER TRAVIS	
ACALA LILIE ANN	
LABORDE BRIAN	
GONZALES MICHELLE	
CLARK JEFF	
SYLVIA GALLO	
TOM HAGAN	
REED SHOEMAKER	
STEWART DWIGHT	
LINDA THORNBURG	
MADELYN URESTI	