Form **990**

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. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| <u>A</u> | For the | 2020 calend | dar year, or tax year beginning , 2020, and ending | 3 | | , 20 |
|--------------------------------|-----------------|---------------------------------|---|--------------------------------------|--------------|--|
| В | Check if | applicable: | C Name of organization East Parker County Chamber of Com | merce | D Empl | oyer identification number |
| | Address | change | Doing business as | | 75-2 | 666491 |
| | Name ch | ange | Number and street (or P.O. box if mail is not delivered to street address) | om/suite | E Telep | hone number |
| | Initial ret | urn | 100 Chuck Wagon Trail | | (817 |)441-7844 |
| | Final retu | rn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Amende | d return | Willow Park, TX 76087 | | G Gross | receipts \$ 329,393. |
| | Applicati | on pending | F Name and address of principal officer: | H(a) Is this a gr | | or subordinates? Yes X No |
| | • • | | Same as Above, 100 Chuck Wagon Trail, Willow Park, TX 760 | | | |
| ī | Tax-exer | npt status: | 501(c)(3) X 501(c) (6) √ (insert no.) 4947(a)(1) or 527 | | | st. See instructions |
| J | Website | .▶ http: | //www.eastparkerchamber.com/ | H(c) Group e | kemption | number > |
| | | | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format | | | of legal domicile: TX |
| | art I | Summa | | | | |
| | 1 | | cribe the organization's mission or most significant activities: the fast Pari | or County Chambar one | inhoe nrome | otes and advocates for business growth |
| ø | _ | | hances our members and community. | rer contret commer ent | renest broak | see and advocates for presuces drowed |
| Governance | | CITAL CIT | named our members and community, | | | * |
| Ë | 2 | Check this | box ▶ ☐ if the organization discontinued its operations or disposed | of more than | 25% of | ite not accete |
| Š | | | voting members of the governing body (Part VI, line 1a) | | 3 | 11 |
| ಶ | | | independent voting members of the governing body (Part VI, line 1b) | | 4 | 10 |
| es | | | per of individuals employed in calendar year 2020 (Part V, line 2a) | | 5 | 4 |
| ΞĒ | | | per of volunteers (estimate if necessary) | | 6 | |
| Activities & | | | | | 7a | 180 |
| • | t . | | ated business revenue from Part VIII, column (C), line 12 | | 7b | 0. |
| | | ivet unitelat | ed busiless taxable income norm of one source, rait i, line 11 | Prior Year | | Current Year |
| | 8 | Contributio | ons and grants (Part VIII, line 1h) | FIIOI TEZI | | |
| Revenue | 1 | | 047 | 3,000. | | |
| Ver | 1 | - | ervice revenue (Part VIII, line 2g) | | 847. | 325,478. |
| æ | 11 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>+</u> | 201. | 915. |
| | 1 | | ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 21.6 | 0.40 | 200 200 |
| | | | | 316, | 048. | 329,393. |
| | 1 | | I similar amounts paid (Part IX, column (A), lines 1–3) | | | |
| | 15 | | aid to or for members (Part IX, column (A), line 4) | 100 | | 1.65 0.65 |
| Expenses | 1 | | her compensation, employee benefits (Part IX, column (A), lines 5-10) | 182, | 983. | 165,055. |
| ë | 1 | | al fundraising fees (Part IX, column (A), line 11e) | | | |
| Ä | 1 | | aising expenses (Part IX, column (D), line 25) | 100 | 5.45 | 155 006 |
| | 1 | | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 545. | 155,096. |
| | 1 | | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) . | | 528. | 320,151. |
| _ 0 | 19 | Revenue le | ess expenses. Subtract line 18 from line 12 | | 480. | 9,242. |
| Net Assets or Fund Balances | 200 | Total | F | Beginning of Curr | | End of Year |
| sse Bala | 20 | | ss (Part X, line 16) | | 066. | 532,586. |
| ind/ | 21 | | ties (Part X, line 26) | | 595. | 254,873. |
| 24 | 22 art II | | or fund balances. Subtract line 21 from line 20 | 268, | 471. | 277,713. |
| | | | re Block | | | |
| tru | e, correct | nes or perjury, and complete | . I declare that I have examined this return, including accompanying schedules and state e. Declaration of preparer (other than officer) is based on all information of which preparer | ments, and to the has any knowled | best of r | my knowledge and beliet, it is |
| | | T. | , | ··, · | J | |
| Sig | 'n | Cianati | ure of officer | 5-1- | | · |
| He | - | 1. | | Date | | |
| пе | er e | Lisa | a Flowers, President & CEO r print name and title | | | |
| | | | | <u> </u> | | |
| Pa | id | | preparer's name Preparer's signature Da | اداردا | Check [| |
| Pro | epare | | | | self-emp | , 1101054114 |
| Us | e Onl | y Firm's nam | | | | 75-2261362 |
| | | Firm's add | fress ➤ 6901 River Park Circle, Fort Worth, TX 761 | 16 Phone | no. (8 | 17) 732-2171 |
| ivia | y the IH | o aiscuss 1 | his return with the preparer shown above? See instructions | | <u> </u> | . ⊠Yes □No |

| Part | Check if Schedule O contains a response or note to any line in this Part III | _ |
|------|---|--------|
| 1 | Briefly describe the organization's mission: | |
| • | The East Parker County Chamber enriches, promotes and advocates for business growt | - h |
| | that enhances our members and community. | -11 |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? |] No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measure | ed by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations. | thers, |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
| | Lunches - Promote goodwill & networking to the members | |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
| | Membership Directory/Guide - Promote networking among area businesses | |
| | | |
| | | |
| | *************************************** | |
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| | *************************************** | |
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| | | |
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| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
| | Business Expo - Display the goods and services provided by area businesses | |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| | | •• |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ▶ | |

Part IV Checklist of Required Schedules

| | | | Yes | i No |
|-----|--|-----|--|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | × |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | | × |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 5 | | × |
| 7 | "Yes," complete Schedule D, Part I | 6 | | × |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | × |
| _ | complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | × |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | × |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | × |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | × |
| | | | | |

| Part | Checklist of Required Schedules (continued) | | | . ago |
|----------|--|------------|-------------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | * * | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | × | |
| Part | | | | ········ |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
|---|--|--------------------|---|--|--|
| *************************************** | | | ······································ | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a 4 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | tax returns? . | 2b | X | 1 22.200 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | ructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | ? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S | chedule O . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or oth | er authority over. | | | 1 |
| | a financial account in a foreign country (such as a bank account, securities account, or other finan | | 4a | | × |
| b | If "Yes," enter the name of the foreign country ▶ | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte | r transaction? | 5b | | × |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | T |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions' | | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible? | contributions or | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 00 | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for goods | 1500 | | |
| - | and services provided to the payor? | partly for goods | 7a | Lieuwe | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property f | | 1.5 | | <u> </u> |
| • | required to file Form 8282? | OI WINCH IE Was | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | | 7e | Historia de la companya della companya della companya de la companya de la companya della compan | A PARTICIPATION OF |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | aintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | 1 Victorial Reservoir | (teamperator) |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers | on? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | |
| | against amounts due or received from them.) | 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or | | 12a | *************************************** | 5/1:15/2-2-A |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule | e O. | | | and the |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | <u>×</u> |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in | remuneration or | | | |
| | excess parachute payment(s) during the year? | | 15 | (1) | CE0957410 |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | | 10 | | |
| .0 | Is the organization an educational institution subject to the section 4968 excise tax on net inve If "Yes," complete Form 4720, Schedule O. | sument income? | 16 | West State of the | See See And See See See See See See See See See Se |
| | ······································ | | 120000000000000000000000000000000000000 | 100000000000000000000000000000000000000 | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
|---------|---|-------------|--|------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | × |
| 6 | Did the organization have members or stockholders? | 6 | | × |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | CO-UNICATION I | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | × |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | ······································ | |
| 40. | District and other transfer to the state of | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>×</u> _ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | asasan | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | Carlo Annie | an and a | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13 | 12a | | <u>×</u> |
| b | | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | × |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | $\neg \neg \uparrow$ | × |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Section | on C. Disclosure | 1 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | ····· |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | (Sect | ion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain on Schedule O) | • | | 1-7 |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f intere | est pr | olicv |
| | and financial statements available to the public during the tax year. | | p- | ,, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re- | cords I | > | |
| | Lisa Flowers, 100 Chuckwagon Trail, Willow Park, TX 76087 (817)441-7844 | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office individua | unles | Pos neck ss pe | rson | e than is both Highest compensated | n an teel | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|---|-----------------------|-------|----------------------|----------|------------------------------------|--|---|--|--|
| (1) Shawn Callaway | 5.00 | | | | | | | | | |
| Chairman | | × | | × | ļ | | <u> </u> _ | 0. | 0. | 0. |
| (2) Kelli Stumbo | 5.00 | × | | × | | | | | | _ |
| Chair-Elect (3) Tory Adams | 5.00 | <u> </u> | | <u> </u> | | | | 0. | 0. | 0. |
| Finance Chair | 3.00 | × | | × | | | | 0. | 0. | _ |
| (4) Christi James | 5.00 | | - | - | \vdash | | | ٧. | υ. | 0. |
| Secretary | + | × | | × | | | | 0. | 0. | 0. |
| (5) Andrew Decker | 5.00 | | | | <u> </u> | | | | · · | <u>~</u> |
| Director | | × | | | | | | O. | 0. | 0. |
| (6) Lynn Mills | 5.00 | | | | | | | | | |
| Director | | × | | <u> </u> | | | | 0. | 0. | 0. |
| (7) Debra Smith | 5.00 | | | | | | | | | |
| Director | | × | L | | | | | 0. | 0. | 0. |
| (8) Anita White | 5.00 | | | | | | | | | |
| Director | | × | | | ļ | | | 0. | 0. | 0. |
| (9) Julieta Wilks | 5.00 | | | | | | | | | |
| Director | | × | | | | | <u> </u> | 0. | 0. | 0. |
| (10) Tonya Hodges | 5.00 | × | | | | | | | | _ |
| Director | ļ | | | ļ <u>-</u> | | | - | 0. | 0. | 0. |
| (11) Gloria Barron Director | 5.00 | × | | | | | | _ | _ | |
| (12) Lisa Flowers | 40.00 | | | - | | | | 0. | 0. | 0. |
| President/CEO | 130.00 | × | | × | | | | 74,087. | 0. | 0. |
| (13) | 1 | | | <u> </u> | | | | , | 0. | <u>٠</u> ٠٠ |
| | † | | | | | | | | | |
| (14) | | | | | | | | | | |
| | T | | | | | | | | | |

| Fal | Section A. Officers, Directors, | i rustees, | Key | Em. | blo | yee | s, ar | nd F | lighest Compe | ensated | Emplo | yees (continued |
|--------|--|--|-----------------------------------|-----------------------|--------------|---------------------|------------------------------|---------------|--|--------------------------------|------------------------------------|---|
| | (A) Name and title | (B) Average hours per week (list any | Average box, unless officer an | | | | is both | h an tee) | (D) Reportable compensation from the organization | Repo compe from organ | e) rtable nsation related | (F) Estimated amount of other compensation from the |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | 99-MISC) | organization and related organizations |
| (15) | | | | | | | | | | | | |
| (16) | | | | | - | - | | | | | : | |
| (17) | *************************************** | | | | - | | | _ | | | | |
| (18) | | | | | | | | ļ | | | | |
| | | | | | | | | | | - '- ' | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | ···. | | |
| (22) | | ****** | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (25) | | | | | | | | | | | | |
| 1b | Subtotal | | . , | | | L | | <u> </u> | 74,087. | | 0. | 0. |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Section | | | | | | > | 74,087. | | | |
| 2 | Total number of individuals (including but | not limited | to th | ose | list | ed | above | e) w | | e than \$ | 0.0 | of |
| | reportable compensation from the organi | | | | | | | · · · · · | | | · | Yes No |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | officer, dire Schedule J | ctor, for su | tru: ich i | stee indi | e, k <i>vidu</i> | ey ei ial | mplo | oyee, or highes | t comp | ensated | 3 × |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of repartment sum of repar | oortak an \$1 | ole o 50,6 | com 000 | per ? <i>II</i> | nsatio "Yes | n ar s," (| nd other comper complete Sched | nsation f lule J fo | rom the or such | 4 × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | r accrue co | mper omple | nsat ete S | ion Sch | fror edu | n any ile J f | unr or si | related organizat uch person . | ion or in | | 5 × |
| | on B. Independent Contractors | | | | | | | | | | | |
| | Complete this table for your five high compensation from the organization. Repo | est compensort compens | ensate sation | for | nde the | per | ident endai | coi yea | ntractors that re ar ending with or | eceived within th | more tl ie organi | nan \$100,000 of zation's tax year. |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | ices | C | (C) compensation |
| | | | | | ··- ·· · | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contracto | rs (includin | a hii | t na | nt li | imit | ed to | the | nea listed show | a) who | | |
| | received more than \$100,000 of compensation | ation from the | he org | gani | zati | on I | ou (Ο ▶ | 1116 | ose nsteu adove | e) WIIO | | |

| Part VIII Statement of Revenue | | | | | |
|--------------------------------|---|------|---------|----------|--|
| PETERTIER Statement of Devenue | - | | - | | |
| | | | ~* | Dauasia | |
| | | | 111 | RHVHIIIH | |

| | | Check if Schedule | Осо | ntains a re | espor | nse or note to a | ny line in this Pa | art VIII | | 🗆 |
|--|----------------|---------------------------------------|----------|-------------|----------|------------------|----------------------|--|--------------------------------------|--|
| | | | | | · | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts Its | 1a | Federated campaig | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | 1b | | | | | |
| ğ,ç | С | Fundraising events | | | 1c | | | | | |
| ii ii | d | Related organization | | | 1d | | | | | |
| 0, E | е | Government grants | | _ | 1e | 3,000. | | | | |
| ig ig | f | All other contribution | | | | | | | | |
| E E | | and similar amounts no | | | 1f | ļ | | | | |
| 其口 | g | Noncash contribution | | | | | | | | |
| M P | | | | | 1g | · | | | | |
| | h | Total. Add lines 1a- | -IT . | · · · · · | <u> </u> | Business Code | 3,000. | | | |
| ģ | 20 | Membership Due | | A c c c cmc | nta | 813410 | 100 460 | 100 460 | | |
| 5 | 2a b | Special Event | | ASSESINE | 1165 | 813410 | 120,460. 91,969. | 120,460. 91,969. | 0. 0. | 0. |
| Ser | C | Relocation & | | Guide | | 813410 | 58,406. | 58,406. | 0. | 0. |
| Program Service Revenue | d | Meetings & Me | | | | 813410 | 40,853. | 40,853. | 0. | 0. |
| gra Re | e | Miscellaneous | | motions | | 813410 | 13,040. | 13,040. | 0. | 0. |
| ည | f | All other program se | | | | 013110 | 750. | 750. | 0. | 0. |
| _ | g | Total. Add lines 2a- | | | | | 325,478. | | | 5 |
| | 3 | Investment income | | | | | | activities and a section of the first design and section and secti | | ern Magariet Matariet Nachmer Seitster der Steine |
| | | other similar amoun | • | | | ▶ | 915. | 915. | 0. | 0. |
| | 4 | Income from investr | nent c | of tax-exem | npt bo | nd proceeds > | | | | |
| | 5 | Royalties | <u> </u> | | | , | | | | |
| | | _ | | (i) Rea | <u> </u> | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | C | Rental income or (loss) | | .1 | | | | | | |
| | d | Net rental income o | r (ioss | (i) Securit | ioe | (ii) Other | | | | |
| | 7a | Gross amount from | | (i) Securit | 169 | (ii) Otiles | | | | |
| | | sales of assets other than inventory | 7a | | | | | | | |
| a) | h | Less: cost or other basis | | | | | 1 | | | |
| Revenue | ~ | and sales expenses . | 7b | | | | | | | |
| ě | С | Gain or (loss) | 7c | | | | | | | |
| _ | d | Net gain or (loss) | | | | | | | | |
| Other | 8a | Gross income from | m fui | ndraising | | | les Marie | | | |
| 0 | | events (not including | | | | | | | | |
| | | of contributions rep | | | | | | | | |
| | | 1c). See Part IV, line | | | 8a | | | | | |
| | | Less: direct expense | | | 8b | | | | | |
| | C | Net income or (loss) Gross income f | | | g eve | | | | | |
| | 9a | Gross income f activities. See Part I | | | 9a | | | | | |
| | b | Less: direct expense | | | 9b | | | | | |
| | | Net income or (loss) | | | | es > | | | | |
| | | Gross sales of in | | - | | | | | | |
| | | returns and allowan | | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | С | Net income or (loss) |) from | sales of in | vento | ory ▶ | | | | |
| sn | | | | | | Business Code | | | | |
| ne ne | 11a | | | | | | | | | |
| lan | b | | | | | | | | | |
| scellaned Revenue | C | All ,1 | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | • | | | | | |
| | <u>е</u> 12 | Total revenue See | | | • | <u> </u> | 320 202 | 326 303 | | |
| | 14. | Total revenue. See | HISIIL | ICHONS . | | 🟲 | 329,393. | 326,393. | 0.1 | Λ |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations m | nust complete all columns | . All other organization | s mus | t cor | nplete | e colu | ımn | (A). | |
|---|---------------------------|--------------------------|-------|-------|--------|--------|-----|------|--|
| Check if Schedule O contains a | response or note to any | line in this Part IX . | | • | | | | • • | |

| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------|---|---|--|-------------------------------------|--------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | To the Property of | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | *************************************** | | | |
| 4 5 | Benefits paid to or for members | | | | |
| | trustees, and key employees | 74,087. | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 74,238. | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 5,107. | | | |
| 10 | Payroll taxes | 11,623. | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting , , , , , , , , , , , , | 4,724. | | | |
| ď | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 5,048. | | | |
| 13 | Office expenses | 15,888. | | | |
| 14 | Information technology | 7,536. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | ************************************** | | | |
| 17 | Travel | 3,600. | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 647. | | | |
| 20 | Interest | 6,613. | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 10,339. | ************************************** | | |
| 23 | Insurance | 3,813. | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | 100 | | | |
| _ | Promise | 20.400 | | | |
| a b | <u>Events</u> <u>Lunches</u> | 38,482. 9,695. | | | |
| C | Relocation & Area Guide | 19,529. | | | |
| d | Repairs & Maintenance | 21,746. | | | |
| e | All other expenses | 7,436. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 320,151. | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| 1 Cash — non-interest-bearing Beginning dyear End of year | | | Check if Schedule O contains a response or | note to | o any line in this Pa | rt X | | 🗆 |
|--|---------|-----|--|-------------------|-----------------------|--------------|--------------|----------|
| 2 Savings and temporary cash investments 31,041, 2 31,630. | | | | | | (A) | | (B) |
| 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 388, 239 11 Investments—publicly traded securities 11 Investments—propriate receivables from 1 to 1 | | 1 | Cash-non-interest-bearing | | | 124,758. | 1 | 255,594. |
| A Accounts receivable, net A Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons S | | | | | | 31,041. | 2 | 31,630. |
| Secured mortgages and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 3 | | | | | | |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(£). 7 Notes and loans receivable, net | | 4 | • | | | | 4 | |
| under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments – publicity traded securities 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other ilabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 77 Total liabilities. Organizations that do not follow FASB ASC 958, check here 26 Total liabilities. Add lines 17 through 25 27 Net assets with out donor restrictions 28 Net assets with out on restrictions 29 Organizations that do not follow FASB ASC 958, check here 29 and complete lines 27, 28, 32, and 33 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumilated income, or other funds 20 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumilated income, or other funds 32 Cother ilabilities for included on lines (| | 5 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | 5 | |
| 8 Nivertories for sale or use | | 6 | under section 4958(f)(1)), and persons described | in sect | ion 4958(c)(3)(B) . | | 6 | |
| 10a | ş | 7 | | | | | 7 | |
| 10a | SS | 8 | | | | <u> </u> | 8 | |
| b Less: accumulated depreciation . 10a 388, 239 10b 243, 008. 11 Investments—publicly traded securities . 11 12 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 2, 354. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 380, 066 16 532, 586 17 Accounts payable and accrued expenses 7, 237 17 7, 702 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 247, 171. 25 25 24 247, 171. 25 26 254, 873. 27 Net liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities and tomplete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Organizations that follow FASB ASC 958, check here ▶ | ⋖ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| 11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11 12 Investments – other securities. See Part IV, line 11 12 Investments – program – related. See Part IV, line 11 13 Intangible assets 14 2, 354. 15 Other assets. See Part IV, line 11 15 15 Investments – program – related. See Part IV, line 11 15 Investments – program – related ines 1 through 15 (must equal line 33) 380, 066 16 532, 586 17 Accounts payable and accrued expenses 7, 237 17 7, 702 18 Grants payable 18 Grants payable 18 Investments – publicly ines 12 18 Investments – publicly ines 12 Investments – public ines 12 Investic ines 12 Investic ines 12 Investic ines 12 Investic ines | | 10a | | | 388,239. | | | |
| 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 2, 354. 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 380, 066 16 532, 586. 17 Accounts payable and accrued expenses 7, 237 17 7, 702. 18 Grants payable 18 Grants payable 18 19 Deferred revenue 19 20 21 Escrow or custodial account liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 104, 358 23 247, 171. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 25 25 25 25 25 | | b | | | | 224,267. | 10c | 243,008. |
| 13 Investments—program-related. See Part IV, line 11 13 14 11 11 14 12, 354 15 15 15 15 15 15 15 | | l | | | | | | |
| 14 | | ļ | | | | | | |
| 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 380,066, 16 532,586. 17 Accounts payable and accrued expenses 7,237, 17 7,702. 18 Grants payable 18 19 18 19 19 19 20 Tax-exempt bond liabilities 20 21 22 21 22 21 22 21 22 21 22 21 22 23 247,171. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 23 247,171. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 247,171. 23 Secured mortgages and notes payable to unrelated third parties 104,358, 23 247,171. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 7 total liabilities. Add lines 17 through 25 111,595, 26 254,873. 26 Total liabilities. Add lines 17 through 25 111,595, 26 254,873. 27 Vertical liabilities on that follow FASB ASC 958, check here | | ŧ | | | L L | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 1 | Intangible assets | Intangible assets | | | | 2,354. |
| 17 | | | Other assets. See Part IV, line 11 | | | | | |
| 18 Grants payable | - | | | | | | | |
| 19 Deferred revenue | | l ' | | | | 1,231. | | 7,102. |
| 20 Tax-exempt bond liabilities | | | | | | | | · |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | ' - | | | | | | |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 22 247,171. 25 26 27 27 28 28 29 29 29 29 20 20 21 22 247,171. 25 26 27 27 28 28 29 29 20 20 20 21 22 247,171. 25 26 27 27 28 28 29 20 20 21 22 23 247,171. 25 26 27 27 28 28 29 29 20 20 20 21 22 23 247,171. 25 26 27 27 28 28 29 29 20 20 20 20 20 20 20 20 | | l | | | | | | |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | Ş, | | • | | | | | |
| Unsecured notes and loans payable to unrelated third parties | bilitie | | trustee, key employee, creator or founder, subst | | 22 | | | |
| 24 Unsecured notes and loans payable to unrelated third parties | Ë: | 23 | · · · · · · · · · · · · · · · · · · · | | | 104,358. | | 247,171. |
| parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 24 | | | | | 24 | |
| Total liabilities. Add lines 17 through 25 111,595. 26 254,873. Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here □ X 28 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 268, 471. 31 277, 713. 30 Total net assets or fund balances 268, 471. 32 277, 713. | | 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | | 25 | |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total net assets or fund balances Organizations that follow FASB ASC 958, check here And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds And complete lines 29 through 33. 29 Capital stock or trust principal and complete lines 29 through 33. 29 Capital stock or trust principal and compl | | 26 | | | i i | 111.595 | | 254 873 |
| Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ➤ ★ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances Net assets without donor restrictions 27 28 Capital stock or trust principal, or current funds 29 30 268, 471. 31 277, 713. 32 33 Total liabilities and net assets/fund balances 380, 066. 33 532, 586. | seo | | Organizations that follow FASB ASC 958, che | | | | | |
| Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances 28 29 29 20 20 21 22 27 27 27 27 27 27 27 27 | lar | 27 | | | | | 27 | |
| Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33. 29 Capital stock or trust principal, or current funds | 8 | į. | | | | | | |
| Capital stock or trust principal, or current funds | Fund | | | 58, che | ck here ▶ 🏻 | | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | 5 | 29 | · · · · · · · · · · · · · · · · · · · | | | | 20 | |
| 31 Retained earnings, endowment, accumulated income, or other funds 268, 471 31 277, 713 32 Total net assets or fund balances 268, 471 32 277, 713 277, 713 33 Total liabilities and net assets/fund balances 380, 066 33 532, 586 380, 066 380, 066 38 380, 066 38 380, 066 380, 066 380, 066 | ets | | · · · | | P | | | |
| 32 Total net assets or fund balances | SS | | | | | 268.471 | | 277.713 |
| Z 33 Total liabilities and net assets/fund balances | ¥ A | | | | | | | |
| | ž | ŧ . | | | | | | |

| Pari | XI Reconciliation of Net Assets | | | | |
|----------|--|-------------|--|------------------------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3. | 29,39 | 93. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3. | 20,15 | 51. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 9,24 | 42. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2 | 68,4 | 71. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 2 | 77,73 | 13. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | · · · | · · · · · · | | |
| | | | ************************************** | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain i | n | | |
| _ | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | 2000 2000 2 | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled o | or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| i | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: | ted on | a | | |
| | Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | و المامالية | | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accounta | | 2c | | × |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 27.00 | | |
| | Schedule O. | кріані О | " | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | th in th | | | |
| va | Single Audit Act and OMB Circular A-133? | | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | erao th | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | REV 07/16/21 PRO | | Form | 990 | 2020) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2020

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

| Name o | f the organization | | Employer identification number |
|--------|---|---|---|
| Eas | : Parker County Chamber of Commerce | | 75-2666491 |
| Par | Organizations Maintaining Donor Advi Complete if the organization answered " | | s or Accounts. |
| | Complete ii the organization answered | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (a) Durior advised failus | (b) Funds and other accounts |
| 2 | Aggregate value of contributions to (during year) . | | р. |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets hel | _ |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, ar only for charitable purposes and not for the benefi | t of the donor or donor advisor, or for | any other purpose |
| | conferring impermissible private benefit? | | · · · · · · |
| Pari | | | |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the c | rganization (check all that apply). | |
| | Preservation of land for public use (for example, recreation | ation or education) Preservation of | a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation of | a certified historic structure |
| | ☐ Preservation of open space | · | |
| 2 | Complete lines 2a through 2d if the organization hel | d a qualified conservation contribution | in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a |
| b | Total acreage restricted by conservation easements | · | . 2b |
| С | Number of conservation easements on a certified hi | storic structure included in (a) | . 2c |
| d | Number of conservation easements included in (| | |
| | historic structure listed in the National Register . | | · 2d |
| 3 | Number of conservation easements modified, trans | ferred, released, extinguished, or term | inated by the organization during the |
| | tax year ► | - | , , |
| 4 | Number of states where property subject to conserv | vation easement is located ▶ | |
| 5 | Does the organization have a written policy regi | arding the periodic monitoring, inspi | ection, handling of |
| | violations, and enforcement of the conservation eas | ements it holds? | · · · · · Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing | conservation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing c | onservation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2 | 2 (d) above satisfy the requirements of ${f s}$ | ection 170(h)(4)(B)(i) |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports co | | |
| | balance sheet, and include, if applicable, the text of | | ncial statements that describes the |
| | organization's accounting for conservation easemer | | |
| Part | | | Other Similar Assets. |
| | Complete if the organization answered " | | |
| 1a | If the organization elected, as permitted under FAS | | |
| | of art, historical treasures, or other similar assets | | |
| | service, provide in Part XIII the text of the footnote to | | |
| b | If the organization elected, as permitted under FAS | | |
| | art, historical treasures, or other similar assets held | | earch in furtherance of public service, |
| | provide the following amounts relating to these item | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | · · · • • • |
| ^ | (ii) Assets included in Form 990, Part X | | · · · ▶ \$ |
| 2 | if the organization received or held works of art, | nistorical treasures, or other similar a | assets for financial gain, provide the |
| | following amounts required to be reported under FA | | |
| a | Revenue included on Form 990, Part VIII, line 1 . | | · · · • • • • • • • • • • • • • • • • • |
| b | Assets included in Form 990, Part X | | 🟲 💲 |

| Schedu | le D (Form 990) 2020 | | | | | Page 2 |
|--------|---|--------------------|---------------------------------------|------------------------|-----------------------|---------------------------------------|
| Par | Organizations Maintaining | Collections of | Art, Historical | Treasures, or O | ther Similar Ass | sets (continued) |
| 3 | Using the organization's acquisition, | accession, and o | ther records, che | eck any of the follo | wing that make si | gnificant use of its |
| | collection items (check all that apply): | | | | | |
| а | Public exhibition | | | n or exchange prog | | |
| b | Scholarly research | | e 🗌 Othe | er | | |
| C | ☐ Preservation for future generations | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and explain how | they further the or | ganization's exem | pt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | solicit or receive | donations of art | , historical treasure | es, or other similar | |
| | | | amed as part of t | ne organization s c | ollection? | ☐ Yes ☐ No |
| Pan | Escrow and Custodial Arra Complete if the organization | | " on Form 990 | Part IV line 0 or | reported an am | ount on Form |
| | 990, Part X, line 21. | Tanswered Tes | 011101111990, | , i ait iv, iiie 9, Oi | reported an arm | ount on Form |
| 1a | Is the organization an agent, trustee | , custodian or oth | ner intermediary | for contributions o | r other assets not | |
| | included on Form 990, Part X? | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | ete the following | table: | | |
| | • | • | ŭ | | Am | nount |
| С | Beginning balance | | | | c | ····· |
| d | Additions during the year | | | 10 | d | |
| е | Distributions during the year | | | | 9 | · · · · · · · · · · · · · · · · · · · |
| f | Ending balance | | | | f | |
| 2a | Did the organization include an amount | nt on Form 990, P | art X, line 21, for | escrow or custodia | al account liability? | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | | | | | |
| Par | V Endowment Funds. | | · · · · · · · · · · · · · · · · · · · | | | |
| | Complete if the organization | answered "Yes | " on Form 990, | Part IV, line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| С | Net investment earnings, gains, and | | | | | |
| | losses | | | | | |
| d | Grants or scholarships | | | | | |
| е | Other expenditures for facilities and | | | | | |
| | programs | | | | | |
| f | Administrative expenses | | | | | |

| (i) Unrelated organizations | | | | | |
|-----------------------------|--|--------------------------------------|------------------------------------|---------------------|--------------------|
| | Land, Buildings, and Equipmen Complete if the organization ans | | m 990, Part IV, line | e 11a. See Form 990 | , Part X. line 10. |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | · | (d) Book value |
| 1a | Land | 0. | | | 0. |
| b | Buildings | | 341,776. | 101,691. | 240,085. |
| С | Leasehold improvements | | | | |
| d | Equipment | | 46,463. | 43,540. | 2,923. |
| | Other | | | | |
| Total. | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part) | K, column (B), line 10 |)c.) ▶ | 243,008. |

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

3a Are there endowment funds not in the possession of the organization that are held and administered for the

g End of year balance

c Term endowment ► _____%

organization by:

a Board designated or quasi-endowment ► %
b Permanent endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

Yes No

| Part VII | Investments—Other Securities. | | | |
|-----------------|---|--|---|---|
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lir | ne 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | , , , | hod of valuation: l-of-year market value |
| | l derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| \Z\ | | | | ************************************** |
| (B) | | | | |
| (C) | | | | |
| | *************************************** | | | |
| (E) | | | | |
| (F) (G) | | | ļ | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered "Yes" on For | m 990 Part IV lin | ne 11c. See Form | 990 Part V line 13 |
| | (a) Description of investment | (b) Book value | | hod of valuation: |
| | (a) Description of anyestment | (b) Book value | | nod or valuation; -of-year market value |
| (1) | | | - | - |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, lin | e 11d. See Form | 990, Part X, line 15. |
| | (a) Description | | *************************************** | (b) Book value |
| (1) | | · · · · · · · · · · · · · · · · · · · | | |
| (2) | | | · · · · · · · · · · · · · · · · · · · | - |
| (3) | | | ************************************** | |
| | N. C. | | | |
| (5) (6) | | | | |
| (7) | | | ······································ | <u></u> |
| (8) | | | | |
| (9) | | ······································ | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on For line 25. | m 990, Part IV, lin | e 11e or 11f. See | e Form 990, Part X, |
| 1. | (a) Description of liability | | <u> </u> | (b) Book value |
| (1) Federal in | | | | , , |
| (2) | | | · · · · · · · · · · · · · · · · · · · | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | · · · · · · · | <u> ►</u> | |
| د. Liability fo | r uncertain tax positions. In Part XIII, provide the text of the footnot | ote to the organization | n's financial stateme | nts that reports the |
| organization' | s liability for uncertain tax positions under FASB ASC 740. Check | there if the text of the | e footnote has been j | provided in Part XIII . 🗌 |

Schedule D (Form 990) 2020 Page **4**

| Part | | | Return. |
|---------|--|---|---|
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| C | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | | | 1 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | 5 |
| Part | XIII Supplemental Information. | | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and 2l | b; Part V, line 4; Part X, line |
| 2; Parl | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional i | nformation. |
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| Schedule D (Fo | m 990) 2020 | Page \$ |
|---|--------------------------------------|---------|
| Part XIII | Supplemental Information (continued) | |
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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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| East Parker County Chamber of Commerce | 75-2666491 |
|--|-----------------|
| Pt VI, Line 19: The financial statements are made public through | h their website |
| Pt VI, Line 11b: The 990 is reviewed by the President | |
| AA | |
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