

640 Taylor Street Suite 2200 Fort Worth, Texas 76102 817.259.9100 Main

whitleypenn.com

East Parker County Chamber of Commerce 100 Chuck Wagon Trail Willow Park, TX 76087

East Parker County Chamber of Commerce:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office either by mail, email to efileftw@whitleypenn.com or fax to 817-887-4708. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.



Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

| 023, or fiscal year beginning | , 2023, and ending | , 20 |
|-------------------------------|--------------------|------|

For calendar year 2

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer EAST PARKER COUNTY CHAMBER OF COMMERCE 75-2666491 LISA FLOWERS Name and title of officer or person subject to tax PRESIDENT & CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes of financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 76087 X Lauthorize WHITLEY PENN LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75414276102 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 3/8/2024 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| 71VID 110. 1343-0047 |
|------------------------------|
| 2023 |
| Open to Public Inspection |

| ΑF | or the | 2023 calendar year, or tax year beginning and | enaing | | | | |
|--------------------------------|--------------------------|--|---------------|------------------------------|--|--|--|
| B c | Check if opplicable | C Name of organization | | D Employer identifi | cation number | | |
| | Addres | EAST PARKER COUNTY CHAMBER OF COMMERCE | ! ! | | | | |
| | Name change | Doing business as | | 75-26664 | 91 | | |
| | Initial return | , | Room/suite | E Telephone numbe | | | |
| | ☐Final return/ | 100 CHUCK WAGON TRAIL | | (817) 44 | | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 454,161. | | |
| | Ameno | WILLOW PARK, IX /000/ | | H(a) Is this a group re | | | |
| | Applic tion pendir | F Name and address of principal officer: DISA FLOWERS | | for subordinates | | | |
| | perion | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | |
| <u> </u> | ax-exe | empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) (| or 527 | If "No," attach a | list. See instructions | | |
| | Vebsit | | | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1996 I | M State of legal domicile: $\mathbf{T}\mathbf{X}$ | | |
| Pa | | Summary | | | | | |
| ø | | Briefly describe the organization's mission or most significant activities: THE 1 | | | | | |
| Governance | l | ENRICHES, PROMOTES AND ADVOCATES FOR BUSI | | | | | |
| ern | l | Check this box if the organization discontinued its operations or dispos | sed of more | 1 | | | |
| Š | l | | | 3 | 12 | | |
| ۵ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | |
| ies | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 60 | | |
| Activities & | | Total number of volunteers (estimate if necessary) | | | 0. | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| | В | Net unrelated business taxable income from Form 990-T, Part I, line 11 | ····· | 7b Prior Year | Current Year | | |
| Revenue | 8 | Contributions and grants (Part VIII line 1b) | | 0. | 0. | | |
| | 9 | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | | 491,491. | 448,950. | | |
| | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 247. | 5,211. | | |
| Re | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | |
| | I | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 491,738. | 454,161. | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | I | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| " | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 224,730. | 250,919. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| þer | Ь | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | |
| ŭ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 274,727. | 228,913. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 499,457. | 479,832. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -7,719. | -25,671. | | |
| or | | | Ве | ginning of Current Year | End of Year | | |
| sets | 20 | Total assets (Part X, line 16) | | 589,930. | 319,843. | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 239,322. | 6,683. | | |
| Net Assets or Fund Balances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 350,608. | 313,160. | | |
| | art II | Signature Block | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is | | |
| true, | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | | | |
| | | Construe of officer | | Dete | | | |
| Sigi | | Signature of officer | | Date | | | |
| Her | е | LISA FLOWERS, PRESIDENT & CEO | | | | | |
| | | Type or print name and title | 10001-10 | Date Check F | PTIN | | |
| . | | Print/Type preparer's name Preparer's signature@milly & | | 8/8/2024 | | | |
| Paid | | EMILY LANDRY EMILY LANDRY | | Sen-employ | | | |
| | oarer | Firm's name WHITLEY PENN LLP | | Firm's EIN 7 | 5-2393478 | | |
| use | Only | Firm's address 640 TAYLOR STREET, SUITE 2200 FT. WORTH, TX 76102 | | Dhana / 0 | 17\250_0100 | | |
| N A | , +le = 1º | | | Phone no. (8 | 17)259-9100 X Yes No | | |
| ıvıay | tne II | S discuss this return with the preparer shown above? See instructions | | | X Yes No | | |

Page 2

Page 3

Form 990 (2023) EAST PARKER COUNTY CHAMBER OF COMMERCE Part IV Checklist of Required Schedules

| | | | Yes | 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 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 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 | | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | 77 | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | ٠,, |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | _v |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | 4- | | x |
| 40 | 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 | 4.0 | | x |
| 47 | 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, | 47 | | X |
| 10 | 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 | 40 | | y |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | v |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ├^ |
| b od | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | l | X |

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 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 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 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 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 12 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

023) EAST PARKER COUNTY CHAMBER OF COMMERCE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|--------|---|-----|-----|--------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 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 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 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 | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | 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 for which it was required | _ | | |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| † | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| н 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 0 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 0.5 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | 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 | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 O. | | | |
| b | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 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 | | X |
| 46 | If "Yes," see the instructions and file Form 4720, Schedule N. | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| 4- | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | 4 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069. | 17 | | |
| | II 165. COMDICTE FUTII 0009. | | | |

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LISA FLOWERS - (817) 441-7844

ТX

76087

100 CHUCKWAGON TRAIL, WILLOW PARK,

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|--------------------------------------|----------------------|--------------------------------|-----------------------|-------------|---------------|---------------------------------|--------|---------------------------------|------------------------------|-----------------------|
| Name and title | Average hours per | | not c | Pos heck | ition more | l than d s both | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any | offic | cer ar | nd a d | irecto | r/trus | tee) | from the | from related organizations | other compensation |
| | hours for related | e or dire | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | Il truste | nal trus | | loyee | comper | | 1099-NEC) | 1000 (120) | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) LISA FLOWERS | 40.00 | | | | | | | | _ | |
| PRESIDENT/CEO | | Х | | Х | | | | 84,391. | 0. | 4,853. |
| (2) JULIE WILKS | 5.00 | | | | | | | | | |
| CHAIRWOMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (3) KELLI STUMBO | 5.00 | l | | l | | | | | | • |
| CHAIRWOMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (4) JULIE WILKS | 5.00 | | | | | | | | | • |
| CHAIR-ELECT | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) GLORIA BARRON GILBERT | 5.00 | 3,7 | | ,, | | | | | 0 | 0 |
| SECRETARY | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) RAKISHA CHENAULT | 5.00 | Х | | х | | | | 0. | 0. | 0 |
| TREASURER (7) MICHAEL DIMAS | 5.00 | Λ | \vdash | ^ | | | | · · | 0. | 0. |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (8) TANYA HODGES | 5.00 | Λ | | | | | | 0. | 0. | <u> </u> |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (9) MIKE PIERCE | 5.00 | | | | | | | • | • | • |
| DIRECTOR | 3,00 | х | | | | | | 0. | 0. | 0. |
| (10) LYN WALSH | 5.00 | | | | | | | | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) MARK RIEBE | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) SHAWN CALLAWAY | 5.00 | | | | | | | | | |
| IMMEDIATE PAST CHAIR, EX-OFFICIO MEM | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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332007 12-21-23 Form **990** (2023)

| Pai | Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | l Hiç | ghes | t C | ompensated Employee | s (continued) | | | | | |
|-----|---|-------------------|--------------------------------|-----------------------|---------------|--------------|------------------------------|----------|---------------------------|--------------------------------|-------------------|-----------|------------------|------|--|
| | (A) | (B) | | | _ (0 | | | | (D) | (E) | (F) | | | | |
| | Name and title | Average | (do | | Pos heck | | າ than ເ | one | Reportable | Reportable | | Estimated | | | |
| | | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensatio | | aı | mount | of | |
| | | week (list any | | T | | | 1 | l | from | from related | | | other | tion | |
| | | hours for | direct | | | | _ | | the organization | organizations (W-2/1099-MIS | | l | npensa rom th | | |
| | | related | 9e 0r | se or | | nsate | | | (W-2/1099-MISC/ 1099-NEC | | | l | ganizat | | |
| | | organizations | trust | nal tru | | yee | om pe | | 1099-NEC) | , | | 1 ` | , d relat | | |
| | | below | Individual trustee or director | Institutional trustee | Je. | key employee | Highest compensated employee | ner | | | | org | anizati | ons | |
| | | line) | Indi | lust | Officer | Key | High | Former | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | _ | | 84,391. | | 0. | | 4,8 | 53. | |
| С | Total from continuation sheets to Part VII | , Section A | | | | | | | 0. | | 0. | | | 0. | |
| | Total (add lines 1b and 1c) | | | | | | | | 84,391. | | 0. | | 4,8 | 53. | |
| 2 | Total number of individuals (including but ne | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 | |
| | | | | | | | | | | | | | Yes | No | |
| 3 | Did the organization list any former officer, | • | - | • | • | • | | • | | • | | _ | | 37 | |
| _ | line 1a? If "Yes," complete Schedule J for si | | | | | | | | | | | 3 | | X | |
| 4 | For any individual listed on line 1a, is the su | • | | | | | | | • | • | | 4 | | Х | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | | | - | | 21 | |
| J | rendered to the organization? If "Yes," com | • | | | | • | | | • | | | 5 | | Х | |
| Sec | tion B. Independent Contractors | piete Scriedale | , U 1 | UI SC | <i>icii</i> , | Jers | OII . | | | | | | | | |
| 1 | Complete this table for your five highest con | mpensated ind | lepe | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of comp | ensa | tion fr | om | | |
| | the organization. Report compensation for t | he calendar ye | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | | | |
| | (A) | | | | | | | | (B) | | | (| C) | | |
| | Name and business | address | N | INC | 3 | | | | Description of s | ervices | | ompe | nsatio | n | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | Total number of independent contractors for | aduding but | ~+ 1: | nito | 1+~ | thas | 1 i c | +0~ | above) who reasined re- | are then | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organization) | | JT III | mec | J (0) | tnos) | | tea | above) who received mo | ore than | | | | | |

75-2666491

| | | Check if Schedule O co | ontains a resp | onse | or note to any lin | e in this Part VIII | | | |
|--|---|---------------------------------------|---------------------|------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | • | | , | (A) | (B) | (C) | _ (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded from tax under |
| | | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 2 | Federated campaigns | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | | |
| 9 5 | | Fundraising events | | | | | | | |
| fts, | | Related organizations | | | | | | | |
| ية إق | | | | | | | | | |
| ons, | | Government grants (contrib | | | | | | | |
| utio | T | All other contributions, gifts, g | | | | | | | |
| ë | | similar amounts not included a | | φ | | | | | |
| out | _ | Noncash contributions included in lin | nes 1a-1f 1g | ֆ | | | | | |
| O g | n | Total. Add lines 1a-1f | | | Dusiness Code | | | | |
| | | MEMBERGHTR BHI | - A NID | атт | Business Code | 146 160 | 146 160 | | |
| <u>ic</u> | 2 a | | 50 | 900099 | 146,160. | 146,160. | | | |
| erv | b SPECIAL EVENTS 9 c RELOCATION & AREA GUID 9 | | | 900099 | 140,309. | 140,309. | | | |
| n S | | | | <u>TD</u> | 900099 | 67,294. | 67,294. | | |
| ran 3ev | | MEETINGS AND N | MEALS | | 900099 | 65,706. | 65,706. | | |
| Program Service Revenue | | PROMOTIONS | | | 900099 | 27,573. | 27,573. | | |
| ٩ | f | All other program service re | | | 900099 | 1,908. | 1,908. | | |
| | g | | | | | 448,950. | | | |
| | 3 | Investment income (includi | intere | st, and | | | | | |
| | | other similar amounts) | | | | 5,211. | | | 5,211. |
| | 4 | Income from investment of | tax-exempt b | ond p | roceeds | | | | |
| | 5 | Royalties | | | | | | | |
| | | | (i) Re | al | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | | |
| | 7 a | Gross amount from sales of | (i) Secu | ities | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| ē | | and sales expenses | 7b | | | | | | |
| Revenue | С | | 7c | | | | | | |
| Pev | | Net gain or (loss) | | | | | | | |
| her | | Gross income from fundraising | | | | | | | |
| 됩 | | | of | | | | | | |
| | | contributions reported on li | ine 1c). See | | | | | | |
| | | Part IV, line 18 | • | 8a | | | | | |
| | b | Less: direct expenses | | | | | | | |
| | | : Net income or (loss) from fu | | _ | | | | | |
| | | Gross income from gaming | _ | | | | | | |
| | | Part IV, line 19 | • | - 1 | | | | | |
| | h | Less: direct expenses | | | | | | | |
| | | : Net income or (loss) from g | | _ | | | | | |
| | | Gross sales of inventory, le | | ` <u>`</u> | | | | | |
| | | and allowances | | 10a | | | | | |
| | h | Less: cost of goods sold | | | | | | | |
| | | Net income or (loss) from s | | | | | | | |
| | Ŭ | THE INCOME OF (1000) ITOM O | alco or invent | | Business Code | | | | |
| ns | 11 a | • | | | Duemoss sous | | | | |
| eo Teo | ıı a b | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | | |
| Sce | C | | | | | | | | |
| Ξ | | All other revenue | | | | | | | |
| | | Total Add lines 11a-11d | | | | 454,161. | 448,950. | 0. | 5,211. |
| | 12 | Total revenue. See instruction | ია | | | - 74,101• | <u> </u> | ı • | J, 411• |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 203,586. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 9,922. section 401(k) and 403(b) employer contributions) 21,580. Other employee benefits 9 15,831. 10 Payroll taxes Fees for services (nonemployees): Management Legal 5,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 7,585. Advertising and promotion 12 21,698. Office expenses 13 11,035. Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 5,151. 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 84,917. SPECIAL EVENT MEETINGS AND MEALS 36,697. 18,119. RELOCATION AND AREA GUI 15,924. d REPAIRS AND MAINTENANCE 22,537. e All other expenses 479,832. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)

Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|-----------------|-------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to any lii | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 113,981. | 1 | 92,551. |
| | 2 | Savings and temporary cash investments | | | 251,237. | 2 | 0. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of t | hese persons | s | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified persor | ns (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | bed in section | n 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | 1,868. | 7 | 1,868. |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 390,819. | 000 044 | | 005 404 |
| | b | | | | 222,844. | 10c | 225,424. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | F00 030 | 15 | 210 042 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 589,930. | 16 | 319,843. |
| | 17 | Accounts payable and accrued expenses | | | 10,611. | 17 | 6,533. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or f | | | | | |
| Ei | | trustee, key employee, creator or founder, su controlled entity or family member of any of t | | | | 22 | |
| <u>E</u> | 23 | Secured mortgages and notes payable to un | | | 228,711. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrela | | | 220,711. | 24 | • |
| | 25 | Other liabilities (including federal income tax, | | Г | | | |
| | | parties, and other liabilities not included on li | | | | | |
| | | of Schedule D | • | · | 0. | 25 | 150. |
| | 26 | - | | | 239,322. | 26 | 6,683. |
| | | Organizations that follow FASB ASC 958, | | | , | | • |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | | 27 | |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | |
| pu | | Organizations that do not follow FASB AS | | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fur | nds | | 0. | 29 | 0. |
| set | 30 | Paid-in or capital surplus, or land, building, o | | | 0. | 30 | 0. |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | d income, or o | other funds | 350,608. | 31 | 313,160. |
| Ret | 32 | Total net assets or fund balances | | | 350,608. | 32 | 313,160. |
| | 33 | Total liabilities and net assets/fund balances | | | 589,930. | 33 | 319,843. |
| | | | | | | | Form 990 (2023) |

Form **990** (2023)

| Pa | rt 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 | | | <u>1,1</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | <u>47</u> | 9,8 | 32. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | <u>71.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | <u>35</u> (| 0,6 | 08. |
| 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 | | -1: | L,7 | 77. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | | 31 | 3,1 | 60. |
| Pa | rt 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 Cash Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | 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 oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | dit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

Form **990** (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

EAST PARKER COUNTY CHAMBER OF COMMERCE

Employer identification number 75-2666491

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the |
|-----|--|--|--------------------------------------|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 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 w | vriting that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| _ | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ` | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification of the Assaurance | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | |
| b | | | |
| | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included on line 2c acquire | • • • | |
| _ | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year | annount in Innoted | |
| 4 | Number of states where property subject to conservation easi | | |
| 5 | Does the organization have a written policy regarding the peri | | |
| 6 | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| U | otali and volunteer flours devoted to morntoning, inspecting, i | landing of violations, and emorcing con- | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conserva | ation easements during the year |
| | 3, | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(r | n)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Of | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statement a | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in fu | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan- | cial statements that describes these iten | ns. |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $ | exhibition, education, or research in furth | herance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | \$ |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under FASB AS | _ | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | |

| | t III Organizations Maintaining Co | ollections of A | | | | | | | S (continu | | <u> 2</u> |
|----------|---|------------------------|-------------|----------------|--|--------------|----------------------|-------------|--------------|----------|--------------|
| 3 | Using the organization's acquisition, accession | | | | | | | | - (COITIIII | eu) | _ |
| Ū | collection items (check all that apply). | ori, and ourier record | 10, 011001 | dily of tho i | onowing that | t marke org | grinioarie c | 300 01 110 | | | |
| а | Public exhibition | , | d \square | l nan or exc | hange progra | am | | | | | |
| b | Scholarly research | | | | nange progra | | | | | | |
| C | Preservation for future generations | , | | Oti 161 | | | | | | | — |
| 4 | Provide a description of the organization's co | lloctions and ovalai | n how th | ov further th | o organizatio | on's over | nt nurno | so in Bort | VIII | | |
| 5 | During the year, did the organization solicit or | | | | | | | se III Fait | AIII. | | |
| 5 | to be sold to raise funds rather than to be ma | | | | • | | | | Yes | | No |
| Par | | | | | | | | | | I | 10 |
| · ui | Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | |
| 10 | Is the organization an agent, trustee, custodia | | dian, for | oontribution | o or other co | eoto not i | naludad | | | | — |
| ıa | | | | | | | | | Yes | | No |
| L | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | | | | _ res | г | 10 |
| b | ii res, explain the arrangement in Part Alli a | and complete the ic | illowing to | able. | | | | | Amount | | — |
| _ | Deginning belongs | | | | | | 10 | | 7 ti ilouite | | — |
| | Beginning balance | | | | | | | | | | — |
| | Additions during the year | | | | | | | | | | — |
| _ | Distributions during the year | | | | | | | | | | — |
| f O- | Ending balance | | | | | | | | 7 ٧ | | |
| | Did the organization include an amount on Fo | | | | | | • | ∟ | Yes | H | No |
| Par | If "Yes," explain the arrangement in Part XIII. T V Endowment Funds Complete if | | | | | | | | | | — |
| | | (a) Current year | | rior year | (c) Two yea | | | ears back | (e) Four y | ears had | |
| 10 | Beginning of year balance | (a) Carrent year | (5) | nor your | (O) TWO you | TO BUOK | (a) 111100 y | ouro buon | (C) roury | ouro bu | |
| | | | | | | | | | | | — |
| | Contributions | | | | | | | | | | — |
| | Net investment earnings, gains, and losses | | | | | | | | | | — |
| | Grants or scholarships | | | | | + | | | | | — |
| е | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | + | | | | | — |
| | Administrative expenses | | | | | + | | | | | — |
| _ | End of year balance | | o (lina 1 a | | hold so: | | | | | | — |
| 2 | Provide the estimated percentage of the curre | • | | j, column (a) |) rieid as. | | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | | |
| D | Permanent endowment | % % | | | | | | | | | |
| C | Term endowment | | | | | | | | | | |
| 20 | , , | • | otion tha | t ara bald an | d administa | rad far the | | | | | |
| Sa | Are there endowment funds not in the posses organization by: | ssion of the organiz | alion ma | t are rielu ai | iu auriiriistei | rea for the | , | | [v | es N | 10 |
| | *************************************** | | | | | | | | | | - |
| | (ii) D. I. | | | | | | | | 3a(i) | | — |
| h | (ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations. | tions listed as requi | | | | | | | 3a(ii) 3b | | — |
| _ | Describe in Part XIII the intended uses of the | | | | | | | | . [30] | | — |
| 4 Par | t VI Land, Buildings, and Equipme | | WILLELLE II | ui IUS. | | | | | | | — |
| · | Complete if the organization answered | | 0. Part IV | '. line 11a. S | ee Form 990 |). Part X. I | ine 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | <u> </u> | cumulate | ,d | (d) Book | valuo | — |
| | pescription of property | basis (invest | | ` , | or other (other) | | reciation | | (u) DOOK | vaiut | |
| 10 | Land | | | 24010 | ι | 40, | | | | | — |
| | Land | | | 3./ | 1,776. | 1 | 19,2 | 18 | 222 | ,558 | |
| | Buildings | | | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ┝ | , | | 222 | , 550 | <u></u> |
| | | | | 1 | 9,043. | | 46,1 | 77. | 2 | ,866 | - |
| | Equipment Other | | | | <i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 10,1 | · · • | | , | • |

Schedule D (Form 990) 2023

225,424.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

| Part \ | /II Investments - Other Securities | | | J | |
|--|--|-----------------------------|--|--|--|
| | Complete if the organization answered "Yes" | | T | | |
| (a) Des | scription of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value | |
| (1) Fina | ncial derivatives | | | | |
| (2) Clos | 2) Closely held equity interests | | | | |
| (3) Oth | er | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | ol. (b) must equal Form 990, Part X, line 12, col. (B)) | | | | |
| | /III Investments - Program Related. | I | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | ol. (b) must equal Form 990, Part X, line 13, col. (B)) | | | | |
| Part I | | an Farma 000 Bart IV line : | 11d Cas Farms 000 Dart V line 15 | | |
| | Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | (b) Pook value | |
| | (a) | Description | | (b) Book value | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| <u>(4)</u> (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | Column (b) must equal Form 990, Part X, line 15, co | l. (B)) | | | |
| Part 2 | | ·· (= // | | • | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | <u>. </u> | |
| 1. | (a) Description of liability | | | (b) Book value | |
| (1) | Federal income taxes | | | | |
| (2) | DUE TO FOUNDATION | | | 150. | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | 1-0 | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | | | | | |
| | ility for uncertain tax positions. In Part XIII, provide | | | | |
| orga | unization's liability for uncertain tax positions under | FASB ASC 740. Check he | ere it the text of the footnote has been pro | ovided in Part XIII L | |

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EAST PARKER COUNTY CHAMBER OF COMMERCE

Employer identification number 75-2666491

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | | | |
|--|--|--|--|--|
| OUR MEMBERS AND COMMUNITY. | | | | |
| | | | | |
| FORM 990, PART VI, SECTION B, LINE 11B: | | | | |
| THE FORM 990 IS REVIEWED BY THE PRESIDENT PRIOR TO SUBMISSION TO THE IRS. | | | | |
| HODW 000 DADE MT. GEGETON D. LINE 12G. | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | | | |
| INDIVIDUALS ARE REQUIRED TO DISCLOSE CONFLICTS MONTHLY THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. | | | | |
| TO CONFEICIB OF INTEREST. | | | | |
| FORM 990, PART VI, SECTION C, LINE 18: | | | | |
| FORM 1024 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | | | | |
| | | | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | | | |
| THE FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE WEBSITE. | | | | |
| | | | | |
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