### NOTICE OF SPECIAL TOURISM ADVISORY COMMITTEE MEETING CITY OF TOMBALL, TEXAS



### Tuesday, August 26, 2025 3:00 P.M.

Notice is hereby given of a meeting of the City of Tomball Tourism Advisory Committee, to be held on Tuesday, August 26, 2025 at 3:00 P.M., City Hall, 401 Market Street, Tomball, Texas 77375, for the purpose of considering the following agenda items. All agenda items are subject to action. The Tourism Advisory Committee reserves the right to meet in a closed session for consultation with attorney on any agenda item should the need arise and if applicable pursuant to authorization by Title 5, Chapter 551, of the Texas Government Code.

- A. Call to Order
- B. Public Comments and Receipt of Petitions; [At this time, anyone will be allowed to speak on any matter other than personnel matters or matters under litigation, for length of time not to exceed three minutes. No Council/Board discussion or action may take place on a matter until such matter has been placed on an agenda and posted in accordance with law GC, 551.042.]
- C. Approval of Minutes
  - 1. Approve Minutes of July 9, 2025, Tourism Advisory Committee meeting.
- D. New Business
  - Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Spring Creek Historical Museum.
  - 3. Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Prevailing Winds Community Band.
  - 4. Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the German Heritage Festival.
  - Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the German Christmas Market.

Agenda Special Tourism Advisory Committee Meeting August 26, 2025 Page 2 of 2

- 6. Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Greater Tomball Area Chamber of Commerce for the Annual Holiday Parade.
- 7. Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Greater Tomball Area Chamber of Commerce for the Visitor Center.
- 8. Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Greater Tomball Area Chamber of Commerce for the Tomball Night.

### E. Adjournment

### CERTIFICATION

I hereby certify that the above notice of meeting was posted on the bulletin board of City Hall, City of Tomball, Texas, a place readily accessible to the general public at all times, on the 20th day of August 2025 by 5:00 PM, and remained posted for at least 72 continuous hours preceding the scheduled time of said meeting

Thomas Harris III, TRMC City Secretary

This facility is wheelchair accessible and accessible parking spaces are available. Requests for accommodations or interpretive services must be made 48 hours prior to this meeting. Please contact the City Secretary's office at (281) 290-1019 for further information.

### City Council Meeting Agenda Item Data Sheet

			<b>Meeting Date</b>	: August 26, 2025
Topic:				
Approve Minutes of July 9, 202	5, Tourism Ad	visory Committee	e meeting.	
Background:				
<b>Origination:</b> City Secretary O	ffice			
Recommendation:				
Approve Minutes				
Party(ies) responsible for place	ing this item (	on agenda:	Shannon Secretary	Bennett, Assistant City
<b>FUNDING</b> (IF APPLICABLE) Are funds specifically designated i		dget for the full am	ount required for	r this purpose?
Yes: No:		_	Account Number	
If no, funds will be transferred from	n account #		To account	#
Signed		Approved by		
Staff Member	Date		City Manager	Date

### MINUTES OF SPECIAL TOURISM ADVISORY COMMITTEE MEETING CITY OF TOMBALL, TEXAS



### Wednesday, July 09, 2025 3:00 P.M.

The City Council of the City of Tomball, Texas, conducted the meeting scheduled for July 09, 2025, 3:00 P.M., at 501 James Street, Tomball, Texas 77375.

A. Committee Vice Chairman Melanie Sutton called the meeting to order at 3:08 P.M.

Present:

Melanie Sutton

Angie Johnson

Larissa Roberts

Amanda Kelly

Lori Ball

Kelly Violette

Amy Mason

Absent:

Jeffie Cappadona

Katie Whisler

Amanda Trickey

Eric Berger

City Staff Present:

Assistant City Manager- Jessica Rogers

Director of Marketing & Tourism – Chrislord Templonuevo

City Secretary – Thomas Harris III

Assistant City Secretary – Shannon Bennett

B. Public Comments and Receipt of Petitions; [At this time, anyone will be allowed to speak on any matter other than personnel matters or matters under litigation, for length of time not to exceed three minutes. No Council/Board discussion or action may take place on a matter until such matter has been placed on an agenda and posted in accordance with law - GC, 551.042.]

No comments were received.

### C. Approval of Minutes

1. Approve Minutes of May 22, 2025, Tourism Advisory Committee meeting.

A motion was made by Amanda Kelly, seconded by Larrisa Roberts to approve the minutes of May 2, 2025.

Voting Yea: Melanie Sutton, Angie Johnson, Larissa Roberts, Amanda Kelly, Lori Ball

Absent: Jeffie Cappdonna, Katie Whisler, Eric Berger

Motion carried unanimously.

### **New Business**

1. Discussion of findings from Westwood regarding the initial meeting of Tomball Gateway and Wayfinding Committee.

Patrick Owens with Westwood presented a timeline of the conceptual designs.

### D. Adjournment

Motion was made by Amanda Kelly, seconded by Angie Johnson to adjourn the meeting at 4:26 P.M.

Voting Yea: Melanie Sutton, Angie Johnson, Larissa Roberts, Amanda Kelly, Lori Ball

Absent: Jeffie Cappdonna, Katie Whisler, Eric Berger

Motion carried unanimously.

PASSED AND APPROVED this the 26th day of August 2025.

Thomas Harris III, TRMC	Jeffie Cappadonna
City Secretary	Chairman

### City Council Meeting Agenda Item Data Sheet

Data Sheet	Meeting Date: August 26, 2025
Торіс:	
Consideration of the application for FY 2025-2026 Hot Historical Museum.	el Occupancy Tax Funds for the Spring Creek
Background:	
Application for FY 2025-2026 Hotel Occupancy Tax Fillustrate the history, culture and daily life of the Tomb	
Origination: Marketing and Finance	
Recommendation:	
Staff recommends the Committee proceed with the con	sideration of this application.
Party(ies) responsible for placing this item on agend	a: Bragg Farmer, Finance Director
<b>FUNDING</b> (IF APPLICABLE)  Are funds specifically designated in the current budget for the	ne full amount required for this purpose?
	specify Account Number: #
If no, funds will be transferred from account: #	To Account: #
Signed: Bragg Farmer 8/19/25 Appr Staff Member Date	City Manager Date



### City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026 Application for Use of Hotel Occupancy Tax

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to Finance@tomballtx.gov or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or PCarrasco@tomballtx.gov.

### **Section I: Organization Information**

Name of Organization/Business: SPRING CREEK COUNTY HISTORICAL ASSOC.	
Street Address:	
City:State:Zip Code:	
Contact Name:Rayford Lynn McCoy	
Role with Organization/Business: President, Board of Directors	
Phone Number: 281-384-2621 Email: rayford. mccoy@gmail.com	
Type of Organization/Business 🔲 Private/For Profit 🗑 Non-Profit	
Purpose of Organization/Business:	_
Promotion & preservation of objects which establish or illustrate the history, culture & daily life in the area of Tomball and Northern Harris County	

Section II: Event/Program Information
Event/Program Name:Tomball Museum Center
Date(s) of Event/Program:Continuously through out year
Location of Event/Program (Provide the address or a general location): 510 Pine Street (Approx. 9 acres)
Website for Event/Program: tomballmuseumcenter.com
Is this a new event/program? Ves Vo
If this is not a new event/program, how long has the event/program operated?  since 1965 (60 years continuously)
Provide a detailed description of the event/program.
Museum has scheduled operations three days a week and at other times by appointm ent. On Valentines Day, the Museum hosts a Weddings event, in conjunction with the City of Tomball and Harris County. This past year, we had 27 couples married at the Historical Museum and television coverage on the Channel 11 evening new s. We provide many tours (each approx. 4 school buses in size) for the surrounding elementary schools. The museum also hosts antique car shows and quilting exhibitions. In the Fall/Winter, the host "Candlelight Tours" with Holiday/Christmas decorations. We provide a venue for the Memorial Day celebration at the Museum World War II Memerial.
Estimated Local Attendees at Event/Program:in_excess of 5,000
Estimated Out of Town Attendees at Event/Program: ABOUT HALF

### Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 69000	
Total operating budget for event/program.	\$89000	<u></u>
Percent of event/program to be funded by grant.	77	%
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 4000	
Provide a detailed description of how grant funds will be used if again be added if necessary).	proved (additio	onal pages
SEE ATTACHED DESCRIPTION(S)		
Please indicate all promotion/advertising efforts your organization to the event/project/program.  Paid Advertising Radio Television Social Media Vewspaper Online/Digital Ads Other (please specify)  Provide a description of how you intend to advertise or promote you overnight stays in Tomball.	Brochure Press Re	es elease
SEE INCLUDED BROCHURES AND ATTACHED DESCRIPTIONS		
How will you measure the impact of your event on local overnight	accommodatic	ons?
SEE ATTACHED DESCRIPTIONS	Start will be at 10 no. 10 years and 10 years	
5		

### Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

	1	YES, the event/program expenditure meets the Part One test.
I		NO, the event/program expenditure does not meet the Part One test.

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

1	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
1	Advertising, solicitations, and promotions that attract tourists or convention delegates.
1	Encouragement, promotion, improvement, and application of the arts.
1	Historical restoration or preservation programs.
V	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

### **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.

8. All required supplemental information is attached to this grant application.
Q D DAMC
Applicant Signature:
Applicant Printed Name: Rayford Lynn McCoy
Date of Application: 6/20/25

## TOMBALL MUSEUM CENTER FY 25-26 HOT REQUEST

CATEGORY	AMOUNT	CATEGORY CUM.
STRUCTURAL REPAIRS		
THEIS HOUSE LEVELING & STABILIZATION SCHOOL HOUSE SIDING AND ROOF PROVIDE FOR DRAINAGE ON "PARADE GROUNDS"	15500 5500 3000	15500 21000 <b>24000</b>
MAINTENANCE/PAINTING		
CHURCH PAINTING, SIDING & TERMITE TREATMENT SCHOOLHOUSE PAINTING, SIDING & TERMITE TREATMENT FELLOWSHIP HALL PAINTING, SIDING & TERMITE TREATMENT OIL CAMP HOUSE, REPAIR/REPLACE FRONT & REAR DOORS	6000 4000 3500 1500	6000 10000 13500 <b>15000</b>
COMMUNITY EVENTS		
CANDLELIGHT TOURS (ASSOC, WITH GERMAN FESTIVAL VALENTINE'S DAY WEDDING EVENT OTHER ON-SITE MUSEUM EVENTS (such as Halloween, Quilt and Craft Show, etc.)	4500 2500 1500	4500 7000 <b>8500</b>
LANDSCAPING		
APPROX. 9 ACRES, BI-WEEKLY	7500	7500
UTILITIES		
ELECTRICITY CITY OF TOMBALL (4 METERS/BILLS)	8000	8000
ADVERTISING & PUBLIC RELATIONS		
WEBSITE AND PRINTING COSTS	2000	2000
REQUEST TOTAL FOR FY 25_26		00069

### **ORGANIZED BUDGET FOR 2025-2026**

CATEGORY	CITY FUNDS	OTHER FUNDS	TOTAL
STRUCTURAL REPAIRS	24000		24000
MAINTENANCE & PAINTING	15000	1000	16000
COMMUNITY EVENTS	8500	2000	10500
LANDSCAPING	7500	500	8000
UTILITIES	12000	2000	14000
ADVERTISING & PUBLIC RELATIONS	2000	1500	3500
MISCELLANEOUS		1000	1000
PERSONNEL		12000	12000
TOTALS	69000	20000	89000

# SPRING CREEK COUNTY HISTORICAL ASSOCIATION

## BOARD OF DIRECTORS

INDIVIDUAL	ADDRESS	<u>CITY</u> ZIP	PHONE	E-MAIL
LYNN MCCOY	31215 HELEN LANE	TOMBALL	77375 281-384-2621	rayford.mccoy@gmail.com
DEE McSHAN	16396 CLEARWATER CIRCLE	MONTGOMERY	77356 281-757-7746	ddesigns76@yahoo.com
BECKY CLEPPER	713 CLAYTON ST.	TOMBALL	77375 713-702-3513	heartbeckyc@gmail.com
PAMELA KAISER	815 BAKER DR.	TOMBALL	77375 281-636-1824	pkaiser54@yahoo.com
BOBBY RUSSELL	PO BOX 1862	TOMBALL	77377 281-610-6685	Bearkats73@aol.com
CECILIE LANG	15119 TIMBERSHIRE COURT	MAGNOLIA	77355 281-252-0943	grlang@yahoo.com
JOHN McSHAN	16396 CLEARWATER CIRCLE	MONTGOMERY	77356	jmcshan76@yahoo.com
KAITLIN IRELAND	22707 WIXFORD LANE	TOMBALL	77375	kireland731@gmail.com
ROSE HUBBARD	54 CASSENA GROVE PL.	TOMBALL	77375 281-757-0994	heartrosemaryh@gmail.com
MARY McCOY	31215 HELEN LN.	TOMBALL	77375 281-507-8693	marymccoy06@gmail.com
JOANN EHRHARDT	6607 KLEIN CEMETARY RD.	KLEIN	77379 713-376-0188	joann6607@gmail.com

### **MUSEUM - HOT ATTACHMENT(S)**

### **GRANT FUND USEAGE**

Grant funds will be used to maintain and repair the 100+ year old buildings (approximately 9 buildings) located on the Texas Historical Museum site, consisting of 9 acres located within the city limits of Tomball. Typical maintenance and repairs consist of foundation repairs, replacement of wood siding, painting of buildings (both inside and outside), roof repairs, air conditioning replacement, sprinkler repairs, security lighting repairs, repair of vandalism, and drainage and plumbing repairs.

### ADVERTISING AND PROMOTION OF MUSEUM

Brochures are maintained in all the local hotels and motels. The Museum maintains a professional website on the internet. This Museum site can be (and is) accessed from all over the world. The Museum also maintains a presence on multiple social networks, including Facebook. We partner with Harris County and the City of Tomball to host the Valentine's Day Wedding Event. This event receives substantial radio and TV (Channel 11) news coverage. We also promote through a booth at local city festivals, as well as various "open house" events on Museum grounds. The Museum maintains one of the top positions on various travel websites advertising "things to do" in Tomball.

### IMPACT ON OVERNIGHT ACCOMMODATIONS

We maintain Contacts with the various hotels/motels where we place brochures. We are in regular contact with the Tomball Chamber of Commerce. We provide personalized, guided tours for our guests and visitors at the museum. We discuss their visit and circumstances. We encourage guests and visitors to invite friends and family members. We also monitor the use of credit cards (and associated names and addresses) as we record our monthly activity.



### City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B – Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

### Eligible Uses for Hotel Occupancy Tax Funds

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- 1. The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- 6. The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

### City Policy

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

**VIA EMAIL** 

City of Tomball

Finance@tomballtx.gov

ATTN: Director of Finance 501 James Street

Tomball, TX 77375

### Spring Creek County Historical Association

Tomball Museum Center.com 510 North Pine Tomball, TX 77375 281-255-2148

August 14, 2025

To whom it may concern at The City of Tomball,

This is to inform you that there has been a change in the office of President for The Tomball Museum Center effective August 11, 2025. Becky Clepper has been appointed President of The Tomball Museum.

Respectfully,

Pamela Kaiser

Secretary

Tomball Museum Center

### Item 2.

### Spring Creek County Historical Association

### Profit and Loss by Class

January - December 2024

	CITY OF TOMBALL	NOT SPECIFIED	TOTAL
Income			
Building Use Income		2,260.00	\$2,260.00
Donations		12,867.27	\$12,867.27
Donations - Designated		2,000.00	\$2,000.00
Donations - Undesignated		687.69	\$687.69
Memorial Donations		3,115.00	\$3,115.00
Photography Donations		996.00	\$996.00
Total Donations - Undesignated		4,798.69	\$4,798.69
Total Donations		19,665.96	\$19,665.96
Grant - City of Tomball	43,853.00	1,147.00	\$45,000.00
Program Income			\$0.00
Candlelight Tour Income		488.90	\$488.90
Membership Dues Income		979.00	\$979.00
Tea and Chat Income		425.00	\$425.00
Tours Income		3,394.57	\$3,394.57
Total Program Income		5,287.47	\$5,287.47
Quilt Show		1,917.00	\$1,917.00
Sales of Product Income			\$0.00
Books		348.00	\$348.00
Fans		297.00	\$297.00
Total Sales of Product Income		645.00	\$645.00
Total Income	\$43,853.00	\$30,922.43	\$74,775.43
GROSS PROFIT	\$43,853.00	\$30,922.43	\$74,775.43
Expenses			
Bank Service Charges		120.00	\$120.00
Depreciation Expense		507.00	\$507.00
Docent Expense	100.00		\$100.00
Dues & Subscriptions	250.00	0.00	\$250.00
Events Expense	32.32		\$32.32
Antique Car Show Expenses	421.63	357.73	\$779.36
Candlelight Tour Expense	250.00	332.90	\$582.90
Quilt Show	670.00		\$670.00
Total Events Expense	1,373.95	690.63	\$2,064.58
Insurance	935.00		\$935.00
Insurance -COMMERCIAL LIABILITY	1,321.00		\$1,321.00
Merchant Fees		218.13	\$218.13
Office Expenses	592.62	630.75	\$1,223.37
Operations	232.55	123.92	\$356.47
Advertising and Publicity	99.75		\$99.75
Postage, Mailing Service	39.00	216.00	\$255.00
Printing and Copying	1,184.55		\$1,184.55

### Item 2.

### Spring Creek County Historical Association

### Profit and Loss by Class

January - December 2024

	CITY OF TOMBALL	NOT SPECIFIED	TOTAL
Supplies	332.98	697.26	\$1,030.24
Total Operations	1,888.83	1,037.18	\$2,926.01
Repairs & Maintenance	290.49	600.00	\$890.49
Buildings & Grounds Maintenance	28,043.68	4,861.12	\$32,904.80
Cleaning	1,800.00	148.69	\$1,948.69
Lawn Service	4,200.00		\$4,200.00
Total Repairs & Maintenance	34,334.17	5,609.81	\$39,943.98
Salaries		6,954.47	\$6,954.47
Security	150.00		\$150.00
Storage Unit	400.00		\$400.00
Taxes			\$0.00
Payroll Taxes		348.84	\$348.84
Royalty Taxes		119.87	\$119.87
Total Taxes		468.71	\$468.71
Telephone	261.62	1,136.02	\$1,397.64
Utilities	1,980.81	4,608.90	\$6,589.71
Website	265.00		\$265.00
Total Expenses	\$43,853.00	\$21,981.60	\$65,834.60
NET OPERATING INCOME	\$0.00	\$8,940.83	\$8,940.83
Other Income			
Bank Rewards		120.00	\$120.00
Interest Income - CD		11,612.94	\$11,612.94
Royalty Income		1,588.28	\$1,588.28
Americo Energy Resources		2,403.22	\$2,403.22
Total Royalty Income		3,991.50	\$3,991.50
Total Other Income	\$0.00	\$15,724.44	\$15,724.44
NET OTHER INCOME	\$0.00	\$15,724.44	\$15,724.44
NET INCOME	\$0.00	\$24,665.27	\$24,665.27

Simmons 1546 (Spirit of Texas xx46), Period Ending 12/31/2024

21

### RECONCILIATION REPORT

Reconciled on: 01/17/2025

Reconciled by: Florine Ellis

ny changes made to transactions after this date aren't included in this report

egister balance as of 12/31/2024. tatement beginning balance.....terest earned.....terest earned.....terest earned.....terest earned.....terest earned.....terest earned (13).....terest earned (13).....terest earned (5).....terest earned (5)....terest earned (5)...terest earned (5)....terest earned (5).... ummary 76,295.72 10.00 --13,199.50 593.63 63,699.85 .63,699.85 USD

### etalls

necks and payments cleared (13)

A Paper has				
<u> </u>	TYPE	REF NO.	PAYEE	AMOUNT (USD)
/23/2024	Check	1985	Comcast	-407.39
/23/2024	Check	1987	Mary McCoy	-960.79
/24/2024	Check	1988	Kasie Kimbrell	-100.00
/01/2024	Check	1989	Rene Velasquez	-900.00
/04/2024	Check	1990	Kasie Kimbrell	-100.00
/05/2024	Check		Simmons Bank	-10.00
/11/2024	Check		Union Standard	-2.846.00
/12/2024	Check	1995	Conroe Chem Cans	-250.00
/12/2024	Check	1993	Tomball City Public Works	-547.82
12/2024	Check	1994	Reliant	-381.31
15/2024	Check	1996	Mary McCoy	-960.79
15/2024	Check	1997	Kasie Kimbrell	-300.00
20/2024	Check	er er er blet er	TWFG	-5,435.40
tal				-13,199.50
posits and other credits cleared (5)				
TE	TYPE	REF NO.	PAYEE AN	AMOUNT (USD)
05/2024	Check		Simmons Bank	0.00
02/2024	Deposit			34.66
09/2024	Deposit			535.00
1.6.16.16.1				

O
S
S
and
other
credits
cleared
(5)

ī		ZET NO.	A	AMOUNT (USD)
05/2024	Check		Simmons Bank	0.00
02/2024	Deposit			34.66
09/2024	Deposit			ESE 00
				000:00
	Deposit			23.97
3.1/2024	Journal	109		0.00
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al				593.63

Date 12/31/24 Page 1 Primary Account XXXXXXXXXXXX1546 Enclosures 11

### Pine Bluff, AR 71611-7009

Simmons Bank 501 Main Street Pine Bluff, AR 71601-4398 www.simmonsbank.com

Spring Creek County Historical Associati PO Box 457 Tomball TX 77377

**Customer Service:** 870 541 1266 Direct Dial 866 246 2400 Toll Free

### CHECKING ACCOUNTS

### Deposits and Additions

<b>Date</b> 12/02	Description Dep 11/30 GoDaddy Payments	<b>Amount</b> 34.66
12/09 12/23	a50e7884-027a-4 Deposit Dep 12/22 GoDaddy Payments	535.00 23.97
12/27	a50e7884-027a-4 RelationshipRwds Cash Back	10.00
Date	Description	Amount
12/05 12/11	Account Analysis Charge WEB PAY UnionStdIns UnionInsur	10.00-2,846.00-
12/20	WEBPAYMENT TWFGINSURANCESER	5,435.40-

### CHECKS IN NUMBER ORDER ---

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Date	Check No	Amount Date	Check No	Amount Date	Check No	Amount
12/03	1985	407.39 12/05	1990	100.00 12/23	1996	960.79
12/11	1987*	960.79 12/27	1993*	547.82 12/17	1997	300.00
12/02	1988	100.00 12/19	1994	381.31		
12/02	1989	900.00 12/19	1995	250.00		
* Deno	tes skip in	sequential check	numbers			

### Daily Ralance Information

WEB

Date Balance Date Balance Date Balance 12/12 71.541.20 12/23 64,237.			19 TT	THIOTHECTOR	parance	narra
12/02 75,330.38 12/11 71,541.20 12/25 63,699. 12/03 74,922.99 12/17 71,241.20 12/27 63,699. 12/05 74,812.99 12/19 70,609.89 12/09 75,347.99 12/20 65,174.49	1,541.20 12/23 1,241.20 12/27 0,609.89	71,541 71,241 70,609	38 12/11 99 12/17 99 12/19	75,330.38 74,922.99 74,812.99		<b>Date</b> 12/02 12/03 12/05 12/09

DEPOSIT TICKET  SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBALL TX 77377  ATTEMPT TOMBALL TX 77377  Solve and the first and th	SPRING CREEK COUNTY HISTORICAL  PO BOX 637 TOMBALL TO 7377  DATE /1/23/2024  PAN TO THE CAMBRES SERVES \$ 39/105  Simmons Bank  S
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SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBALL TO THE PLUE DELPAS QUE 2 \$ 900.00  NUE HEND DE 15 9 90 100  SIMMORS Bank 55  Check 1989 Amount \$900.00 Date 12/2/2024	SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBRILL TX 77377  PAY TO THE SOURCE & DOG TOWN SPILLS & SOURCE & SOU
SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMERALL TX 77577  BOATE 13/2/2024  SIMMONS Bank SIMMONS Bank TS  LEGIC APACETS  Check 1993 Amount \$547.82 Date 12/27/2024	SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBALL TX 77577  PAY TO THE SHOOM OF STAND ONLIANS A  SIMMONS Bank  SIMMONS Bank  DREETS  Check 1994 Amount \$381.31 Date 12/19/2024
SPRING CREEK COUNTY HISTORICAL PO BOX STY TOMBALL TO TISTT  PATTO THE COURSE CHEM CANTAWES ALOT \$ 250.00  WE HUNDRED TIFFY 9 55 fftp.  SImmons Bank WE STEWNLIGHT  Check 1995 Amount \$250.00 Date 12/19/2024	SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBALL TX 77377  PAY TO THE OTHER OF STATE STATE  ONTE 13/15/2024  SIMMORS BARK  SIMMORS BARK  Check 1996 Amount \$960.79 Date 12/23/2024

1997

\$300.00

KIMBRELL

SPRING CREEK COUNTY HISTORICAL PO BOX 457 TOMBALL, TX 77377

PAYTOTHE K. 981E, M. OREN

Simmons Bank

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*CDA	Module	Accour	CIF Co	Delivery Point		TOMBALL TX 7	SPRING	Accounts
		Account View	CIF Comments	Point		TOMBALL TX 77375	SPRING CREEK HISTORICAL	
60115828 Active 60115834 Active	Account/Seq Status	Ownership Primary and Secondary				5	STORICAL	
Primary Primary	Owner	Status Open and Closed				2	,	
ry 12 MO JUMBO	D	View Collateral No	de de la constitución de la cons	Additional	MARYMCCOY06@GMAIL.COM Cell Phone (281	Email	TIN 32 0202279	
MCCOY MARY C	Sec/P				OM (281)507-8693			
MCCOY MARY C	/Prm Cust	Loan Int Paid YTD Dep Earn Paid YTD	Customer Net	Sold Total Loans	Total Deposits Loans In—house	Certificates Escrow	Demand Deposits	
646.35	Interest	0.00 4,789.41	204,789.41	0.00	204,789.41	204,789.41	0.00	
102,394.73	Balance Purp							

# TOMBALL MUSEUM CENTER - NOTIONAL BUDGET FY 25-26 HOT REQUEST

CATEGORY	AMOUNT (HOT FUNDS)	OTHER FUNDS	TOTAL
STRUCTURAL REPAIRS			
THEIS HOUSE LEVELING & STABILIZATION SCHOOL HOUSE SIDING AND ROOF PROVIDE FOR DRAINAGE ON "PARADE GROUNDS"	15500 5500 3000		
CATEGORY SUB-TOTAL	24000	0	24000
MAINTENANCE/PAINTING			
CHURCH PAINTING, SIDING & TERMITE TREATMENT SCHOOLHOUSE PAINTING, SIDING & TERMITE TREATMENT FELLOWSHIP HALL PAINTING, SIDING & TERMITE TREATMENT OIL CAMP HOUSE, REPAIR/REPLACE FRONT & REAR DOORS	6000 4000 3500 1500		
CATEGORY SUB-TOTAL	15000	1000	16000
COMMUNITY EVENTS			
CANDLELIGHT TOURS (ASSOC. WITH GERMAN FESTIVAL VALENTINE'S DAY WEDDING EVENT OTHER ON-SITE MUSEUM EVENTS (such as Halloween, Quilt and Craft Show, etc.)	4500 2500 1500		
CATEGORY SUB-TOTAL	8500	2000	10500
LANDSCAPING			
APPROX. 9 ACRES, BI-WEEKLY	7500		
CATEGORY SUB-TOTAL	7500	500	8000
UTILITIES			
ELECTRICITY CITY OF TOMBALL (4 METERS/BILLS)	8000 4000		
CATEGORY SUB-TOTAL	12000	2000	14000
ADVERTISING & PUBLIC RELATIONS			
WEBSITE AND PRINTING COSTS	2000	1500	3500
MISCELLANEOUS		1000	1000
PERSONELL		12000	12000
ANTICIPATED EXPENDITURES	69000	20000	89000

 From:
 Rayford McCoy

 To:
 Perla Carrasco

 Cc:
 Mary McCoy

Subject: Re: Requested Museum info

Date: Thursday, July 3, 2025 4:27:53 PM

**Caution:** This is an external email and may be malicious. Please take care when clicking links or opening attachments.

The one you have is the most recent we have.

On Thu, Jul 3, 2025, 3:43 PM Perla Carrasco < pcarrasco@tomballtx.gov > wrote:

I reviewed the document you provided titled "Tomball Museum Center - Notional Budget FY 25-26 HOT Request" but this is only the budget for the requested grant funds. We need the most recent complete annual budget for the Spring Creek County Historical Association. See the attached document provided in 2023.

----Original Message----

From: Rayford McCoy < rayford.mccoy@gmail.com>

Sent: Thursday, July 3, 2025 2:11 PM

To: Perla Carrasco < <u>pcarrasco@tomballtx.gov</u>>; <u>rayford.mccoy@gmail.com</u>; Mary McCoy

<<u>marymccoy06@gmail.com</u>> Subject: Requested Museum info

Caution: This is an external email and may be malicious. Please take care when clicking links or opening attachments.

Perla,

Please confirm receipt. Thanks again for all your assistance.

Lynn

### Item 2.

### **Balance Sheet**

### Spring Creek County Historical Association As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
CD	0
CD First State Bank of TX	200,000.00
CD Spirit of TX xx19	35,540.17
Total for CD	\$235,540.17
Operating Account 1546	63,699.85
Total for Bank Accounts	\$299,240.02
Accounts Receivable	
Other Current Assets	
Prepaid Expenses	26,995.00
Total for Other Current Assets	\$26,995.00
Total for Current Assets	\$326,235.02
Fixed Assets	
Fixed Assets	0
Accumulated Depreciation	-261,908.00
Alarm System	1,900.00
Buildings	156,923.98
Furniture & Equipment	55,377.15
Gazebo	2,552.10
Jail	3,105.50
Land	70,055.79
Lighting Grounds	21,837.20
Sawmill	4,380.00
Sidewalk	10,388.50
Sprinkler System	5,398.01
Windmill	5,500.00
Total for Fixed Assets	\$75,510.23
Total for Fixed Assets	\$75,510.23
Other Assets	
Total for Assets	\$401,745.25

### Item 2.

\$401,745.25

### **Balance Sheet**

### Spring Creek County Historical Association As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Liabilities and Fauity	
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Credit Cards	
Other Current Liabilities	
Payroll Tax Liabilities	900.84
Total for Other Current Liabilities	\$900.84
Total for Current Liabilities	\$900.84
Long-term Liabilities	
Total for Liabilities	\$900.84
Equity	
Retained Earnings	376,179.14
Net Income	24,665.27
Total for Equity	\$400,844.41

**Total for Liabilities and Equity** 

### City Council Meeting Agenda Item Data Sheet

Data Sneet	Meeting Date: August 26, 2025		
Горіс:			
Consideration of the application for FY 2025-2026 Hotel Occupancy Tax Funds for the Prevailing Vinds Community Band.			
Background:			
Application for FY 2025-2026 Hotel Occupancy Tax Funds for the Prevailing Winds Community Band to perform 4-6 free concerts to the Tomball community.			
Origination: Marketing and Finance			
Recommendation:			
Staff recommends the Committee proceed with the	consideration of this application.		
Party(ies) responsible for placing this item on ag	enda: Bragg Farmer, Finance Director		
FUNDING (IF APPLICABLE)  Are funds specifically designated in the current budget for the full amount required for this purpose?  Yes: No: If yes, specify Account Number: #  If no, funds will be transferred from account: # To Account: #			
	pproved by: City Manager Date		
Staff Member Date	City Manager Date		



### City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B – Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

### **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- 6. The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

### Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

VIA EMAIL

City of Tomball

Finance@tomballtx.gov

ATTN: Director of Finance

501 James Street Tomball, TX 77375



### City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

### The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or PCarrasco@tomballtx.gov.

### **Section I: Organization Information**

Purpose of Organization/Business:

Name of Organiz	ation/Business:	The Prevailing W	inds
Street Address:	10953 Vista Lak	ke Court	
City: Navasota		State:TX	Zip Code: 77868-6981
Contact Name:	Todd Burrer		
Role with Organ	zation/Business:	Director	
Phone Number:	936-285-1817	<sub>Email:</sub> inf	o@theprevailingwinds.org
Type of Organiza	ntion/Business	☐ Private/For Pro	ofit 🔲 Non-Profit

The Prevailing Winds (TPW) is a community band that rehearses and performs at Lone Star College - Tomball in the Performing Arts Center. Concerts are offered 4-6 times per year and are free to all audience members. We exist to deliver quality performances, to share our passion for music, and to inspire others. We provide a venue for musicians to perform and connect; our passion is to keep music alive. We serve our members, our community, and future music lovers.

### Section II: Event/Program Information

Event/Program Name: The Prevailing Winds concerts		
Date(s) of Event/Program: 9/20/25, 11/01/25, 12/20/25, 2/28/26, 5/25/26, 7/4/26		
Location of Event/Program (Provide the address or a general location):		
Lone Star College - Tomball; Performing Arts Center (PAC)		
Website for Event/Program: www.theprevailingwinds.org		
Is this a new event/program? Yes No		
If this is not a new event/program, how long has the event/program operated?		
TPW formed as a 501c3 in January of 2024.		
Provide a detailed description of the event/program.		
The Prevailing Winds (TPW) is a nonprofit community wind ensemble dedicated to enriching Tomball's cultural landscape through dynamic, accessible musical performances. Our free concert series showcases the power of live instrumental music to build community, attract visitors, and elevate the city as a vibrant destination for the arts. These concerts are designed not only to entertain but also to promote Tomball and can support the local hotel and hospitality industry by drawing audiences from across the region.  TPW's performance calendar includes between four to six concerts annually, each tailored to highlight different musical styles and seasonal themes. In the fall, our pops style concert features familiar and family-friendly selections from film, television, and Broadway—perfect for drawing a wide audience, including first-time concertgoers and out-of-town guests. Our Christmas Concert, typically held in early December, celebrates the holiday season with a joyful mix of classical holiday works, popular carols, and new seasonal arrangements, helping to attract festive tourism to Tomball during the winter shopping and travel season. TPW presents what we call our "Big Kid Concert," a musically ambitious program showcasing challenging works by contemporary and classic composers. In May, we host a Memorial Day Concert, honoring those who served with patriotic selections and solemn tributes, drawing civic-minded attendees and veterans from across Texas. Finally, our summer July 4th Concert, compliments and leads seamlessly into Tomball's celebration. And, this past year, TPW collaborated with the Lone Star College music department in their production of "Hello, Dolly" to provide a live band during three nights of four total performances. This was the first time many of the college students had performed with live musicians. Twenty musicians donated over 40 hours of rehearsal and performance time each for the musical. TPW concerts are free and open to the public, reducing barriers to arts participation and encour		
Estimated Local Attendees at Event/Program:		
Estimated Out of Town Attenders at Event/Program: 100/concert		

### Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 2,000		
Total operating budget for event/program.	\$ 12,660		
Percent of event/program to be funded by grant.	15.79	%	
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 600		
Provide a detailed description of how grant funds will be used if approved (additional pages can be added if necessary).			
Funds will be used for usage of Lone Star College - Tomball Performing Arts Center.			
Please indicate all promotion/advertising efforts your organization will use to alert visitors to the event/project/program.  Paid Advertising Radio Television Brochures  Social Media Newspaper Online/Digital Ads Press Release			
Other (please specify)  Provide a description of how you intend to advertise or promote your event/program to gain			
overnight stays in Tomball.			
TPW advertises and promotes through social media, paid digital ads, and print media. There are currently 275 followers, with 4/5 being outside Tomball. As TPW does not livestream concerts, family and friends travel from across the region to attend concerts.			
How will you measure the impact of your event on local overnight a	ccommodation	ns?	

5

TPW will count total attendees at each performance--with over 200 at our Memorial Day concert. TPW will also survey band members for each concert, asking for a count of out of

town audience members..

### **Section IV: Certification of Approved Use of HOT Funds**

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

YES, the event/program expenditure meets the Part (		YES, the event/program expenditure meets the Part One test.
		NO, the event/program expenditure does not meet the Part One test.

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

The state of the s		
	Establishment, improvement, or maintenance of a convention or visitor center.	
	Administrative cost for facilitating convention registration.	
	Advertising, solicitations, and promotions that attract tourists or convention delegates.	
/	Encouragement, promotion, improvement, and application of the arts.	
	Historical restoration or preservation programs.	
	Signage directing tourists to attractions visited by hotel guests.	
	None of the above.	

### **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature:	Laura Laabs	Digitally signed by Laura Laabs Date: 2025.06.26 19:25:44 -05'00'		
Applicant Printed Nar	me: Laura Laabs, Vice P	resident		
Date of Application: 26 June 2025				

# The Prevailing Winds August 2024 – July 2025 Budget

Salaries and Benefits	\$0
Rehearsal space	\$5,200
Performance space	\$2,000
Music for concerts	\$4,000
Supplies and postage	\$500
Marketing and advertising	\$600
Liability insurance	\$360
	\$12,660

# Itemized budget request of grant funds

Rehearsal space	\$1,000
Performance space	\$500
Music for concerts	\$350
Marketing and advertising	\$150
	\$2,000

# **The Prevailing Winds**

# info@theprevailingwinds.org

Todd Burrer	Director	936-285-1817
Katy Mayo	President	281-630-5917
Laura Laabs	Vice-President	
Kyle Manuel	Secretary	
Marguerite Cranford	Marguerite Cranford Treasurer	
Steve Schmid	Member at Large	
Judy Van Norman	Immediate Past President	
Rick Ilari	Member at Large (elect)	
Joanna Vickery	Member at Large (elect)	
Travis Fisk	Member at Large (elect)	

### Recent social media:



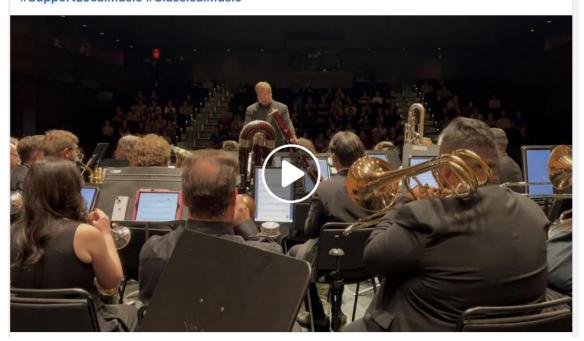


\* Enjoy this powerful performance from The Prevailing Winds! \* Here's Give Us This Day: Short Symphony for Wind Ensemble by David Maslanka, performed under the direction of our Assistant Director, Adam Haskett.

This moving and dynamic piece was a highlight of our Symphonic Sound Scape concert — we hope it resonates with you as much as it did with us.

M Turn up the volume and let the music speak.

#ThePrevailingWinds #DavidMaslanka #GiveUsThisDay #SymphonicSoundScape #CommunityBand #AdamHaskett #CommunityMusic #JoinTheBand #TomballTX #TomballEvents #saturday #GiveUsThisDay #symphonic #LiveConcert #houston #musiceducation #MusicLoversUnite #FreeConcert #band #CommunityConcert #SupportLocalMusic #ClassicalMusic





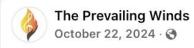
#PrevailingWinds #ChristmasConcert #SymphonicHoliday #LiveMusic #TomballEvents

#tomballtx #symphonic #MusicLoversUnite #omagnummysterium #reasonfortheseason

#music #communityband #thenightbeforechristmas #texasmusic #Christmas

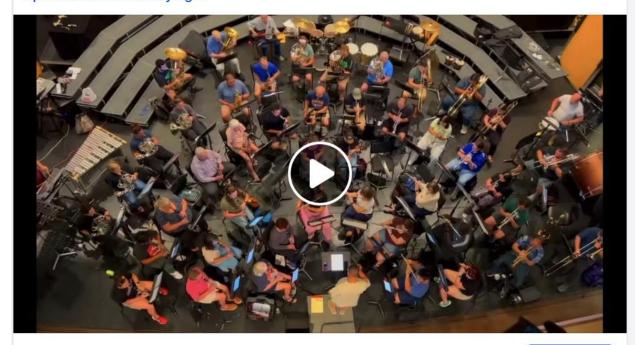
We can't wait to see you there!

41



The music of John Powell to John Williams! From Space ships to Pirate ships! FREE THIS SATURDAY!!!

#musiceducation #symphonic #saturday #houston #jurrasicpark #MusicLoversUnite #piratesofthecaribbean #tomballtx #filmscore #movies #MusicAndMovies #marvel #soundtracks #texasmusic #johnwilliams #band #cypresstx #music #communityband #films #pirates #free #concert #houstontx #family #hanszimmer #brass #woodwinds #percussion #saturdaynight



Boost this post to get more reach for The Prevailing Winds.

**Boost post** 

# [end]

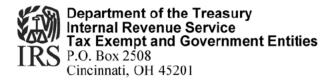
### Item 3.

# Statement of Activity

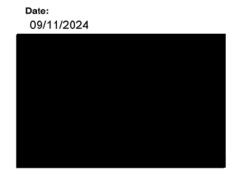
# The Prevailing Winds

August 1, 2024-May 16, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
Contributed income	\$8,915.23
Contributed Income - Music	60.00
Total for Contributed income	\$8,975.23
Uncategorized Income	
Total for Income	\$8,975.23
Cost of Goods Sold	
Gross Profit	\$8,975.23
Expenses	
Advertising & marketing	576.20
Bank fees	33.45
Insurance	0
Liability insurance  Total for Insurance	1,019.02 \$1, <b>019.02</b>
Meals	550.00
Music	1,861.76
Occupancy Concert Venue	0 425.00
Rent	230.60
Total for Occupancy	\$655.60
Office expenses	\$31.55
Bank fees & service charges	30.00
Memberships & subscriptions	290.00
Office supplies	215.14
Total for Office expenses	\$566.69
Photography	1,100.00
Total for Expenses	\$6,362.72
Net Operating Income	\$2,612.51
Other Income	
Other Expenses	
Net Other Income	0
Net Income	\$2,612.51



THE PREVAILING WINDS C/O TODD BURRER 10953 VISTA LAKE COURT NAVASOTA, TX 77868-6981



### Dear Applicant:

In your letter dated May 13, 2024, you requested a reclassification of foundation status as a public charity.

Our records indicate you are classified as a private foundation. You claim you're erroneously classified as a private foundation and are requesting correction of the error.

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi) and updated our records.

Because your tax-exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under IRC Section 501(c)(3).

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

This letter could help resolve questions on your foundation status. Keep it for your records.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

stephen a martin

Rulings and Agreements

Department of the Treasury Internal Revenue Service

# **Request for Taxpayer Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For quidance related to the purpose of Form W-9, see Purpose of Form, below.

Give form to u requester. Do not send to the IRS.

Item 3.

	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the ow entity's name on line 2.)	vner's name	on lii	ne 1, a	nd e	enter t	he bus	iness/d	isregar	ded				
	The Prevailing Winds  2 Business name/disregarded entity name, if different from above.													
	2 business name/disregarded entity name, it different from above.													
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.    Individual/sole proprietor   C corporation   S corporation   Partnership   Trust/estate								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
								Exempt payee code (if any)						
Print or type. c Instructions	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner.  Other (see instructions)		riate	Co	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)									
Pri ic /r				_	,	,								
Specif	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax of and you are providing this form to a partnership, trust, or estate in which you have an ownership in this box if you have any foreign partners, owners, or beneficiaries. See instructions	iterest, chec		ַ   י				ınts ma nited St		ed				
See	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's	nam	e and	add	ress (	optiona	ıl)						
•	10953 Vista Lake Court													
	6 City, state, and ZIP code													
	Navasota, TX 77868													
	7 List account number(s) here (optional)													
Par	Taxpayer Identification Number (TIN)													
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid So	cial	securi	ty nı	umbe	r							
backı	o withholding. For individuals, this is generally your social security number (SSN). However, font alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				- [		_							
entitie	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	a or		Ш	L			ш						
TIN, la	ter.	Em	ploy	er ide	ntifi	catio	n numl	oer		1				
	If the account is in more than one name, see the instructions for line 1. See also What Name a er To Give the Requester for guidelines on whose number to enter.	nnd <b>9</b>	9	_	0	7 !	5 4	1	1 7					
Par	II Certification	I .				ı				-				
Unde	penalties of perjury, I certify that:													
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for a	number to	be	issue	d to	me);	and							
Ser	not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or onger subject to backup withholding; and													
3. I ar	a U.S. citizen or other U.S. person (defined below); and													
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.												
	cation instructions. You must cross out item 2 above if you have been notified by the IRS that yo		,	,					•	hier				

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments

# General Instructions

other than interest and dividend

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

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Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

e not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **W-9** (Rev. 3-2 Cat. No. 10231X

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

#### By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
  - 2. Certify that you are not subject to backup withholding; or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee; and  $\,$
- 4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
- 5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301,7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(I)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester;
- 2. You do not certify your TIN when required (see the instructions for Part II for details);
  - 3. The IRS tells the requester that you furnished an incorrect TIN;
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
- 5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding, earlier.

### What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### **Penalties**

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

# **Specific Instructions**

#### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- Sole proprietor. Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.
- Partnership, C corporation, S corporation, or LLC, other than a disregarded entity. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.
- Disregarded entity. In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

#### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n)	THEN check the box for
Corporation	Corporation.
Individual or	Individual/sole proprietor.
Sole proprietorship	
LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax
LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	classification:  P = Partnership,  C = C corporation, or  S = S corporation.
Partnership	Partnership.
Trust/estate	Trust/estate.

#### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

#### **Line 4 Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2-The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory
- $7\!-\!A$  futures commission merchant registered with the Commodity Futures Trading Commission.
- 8-A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11-A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7.
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>&</sup>lt;sup>1</sup>See Form 1099-MISC, Miscellaneous Information, and its instructions.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
  - B—The United States or any of its agencies or instrumentalities.
- C-A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
  - G-A real estate investment trust.
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
  - I-A common trust fund as defined in section 584(a).
  - J-A bank as defined in section 581.
  - K-A broker.
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1).
- M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's FIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S.* status for purposes of chapter 3 and chapter 4 withholding, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
Two or more U.S. persons     (joint account maintained by an FFI)	Each holder of the account
Custodial account of a minor     (Uniform Gift to Minors Act)	The minor <sup>2</sup>
<ol><li>a. The usual revocable savings trust (grantor is also trustee)</li></ol>	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

Give name and EIN of:
The owner
Legal entity <sup>4</sup>
The corporation
The organization
The partnership
The broker or nominee
The public entity
The trust

<sup>&</sup>lt;sup>1</sup>List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

- <sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- <sup>4</sup>List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)
- \* Note: The grantor must also provide a Form W-9 to the trustee of the
- \*\*For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### **Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

## **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

### Item 3.

# Statement of Financial Position

# The Prevailing Winds As of May 16, 2025

Total for Liabilities and Equity	\$3,367.96
Total for Equity	\$3,367.96
Net Income	2,612.51
Retained Earnings	755.45
Equity	
Total for Liabilities	0
Long-term Liabilities	
Total for Current Liabilities	0
Other Current Liabilities	
Credit Cards	
Accounts Payable	
Current Liabilities	
Liabilities	
Liabilities and Equity	
Total for Assets	\$3,367.96
Other Assets	
Fixed Assets	
Total for Current Assets	\$3,367.96
Other Current Assets	
Accounts Receivable	
Total for Bank Accounts	\$3,367.96
Frost Business Checking (3779)	3,367.96
Bank Accounts	
Current Assets	
Assets	

# Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

Tax Period:

2023 (08/01/2023-07/31/2024)

EIN:

99-0754117

Organization Name (Doing Business as): PREVAILING WINDS

Mailing Address:

10953 Vista Lake Court Navasota, TX 77868 United States

Principal Officer's Name and Address:

Marguerite Cranford

19510 Country Lake

Drive

Magnolia, TX 77355 United States Gross receipts not greater

than: \$50,000

Organization has terminated:

No

Website URL:

https://theprevailingwinds.org/

# City Council Meeting Agenda Item Data Sheet

Data	JIICCU		$\mathbf{N}$	<b>Ieeting Date:</b> August 20	6, 2025
Topic:					
Considera Heritage		n for FY 2025-20	26 Hotel Occupand	cy Tax Funds for the Ge	rman
Backgro	und:				
Applicati	on for FY 2025-2026	Hotel Occupancy	Tax Funds for the	German Heritage Festiv	val.
Originat	ion: Marketing and I	Finance			
Recomm	endation:				
Staff reco	ommends the Commit	tee proceed with t	he consideration of	f this application.	
Party(ies	) responsible for pla	cing this item on	agenda: Bragg F	armer, Finance Director	
FUNDIN	G (IF APPLICABLE	)			
Are funds	specifically designated	in the current budg	et for the full amoun	at required for this purpose	?
Yes:	No:		If yes, specify Aco	count Number: #	
If no, fun	ds will be transferred	from account: #		_To Account: #	
Signed:	Bragg Farmer Staff Member	8/19/25 Date	_Approved by: _	City Manager	Date
	Stall Mellibel	Date		City Manager	Date



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

#### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B – Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

## **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- 6. The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

VIA EMAIL

City of Tomball

Finance@tomballtx.gov

ATTN: Director of Finance 501 James Street

Tomball, TX 77375



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or PCarrasco@tomballtx.gov.

# **Section I: Organization Information**

Name of Organiz	zation/Business: _	Tomball Sis	ter City		
	PO BOX 1131				
				Zip Code: 77377	
Contact Name:	Craig Bogner				
	ization/Business:	GM- Tom	nball German		
Phone Number:	832-715-6291	Ema	<sub>il:</sub> <u>Craig@</u> T	omballgermanfest.org	
Type of Organiza	ation/Business	☐ Private/F	or Profit	Non-Profit	
Purpose of Orga	nization/Business	S:			
	erman culture and nange student pro			program	

# **Section II: Event/Program Information**

Tomball German Heritage Festival Event/Program Name:
Date(s) of Event/Program: March 27,28,29 2026
Location of Event/Program (Provide the address or a general location): 100,200,300,400 Blocks of Market Street
Website for Event/Program:
Is this a new event/program?
If this is not a new event/program, how long has the event/program operated?  25 Years
Provide a detailed description of the event/program.
3 Day German Festival. 4 Music Stages, 150 + vendors, carnival, Kids area. Free Admission, parking and shuttle for all. To promote Tomball German Heritage and to bring visitors to Tomball.
Estimated Local Attendees at Event/Program:40K
Estimated Out of Town Attendees at Event/Program: 20K

# Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 80,000
Total operating budget for event/program.	\$ 248,692
Percent of event/program to be funded by grant.	32 %
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 30K
Provide a detailed description of how grant funds will be used if appears be added if necessary).	proved (additional pages
22,000 Payroll, 30,000 Advertising 90,000 for Generators, light	towers, Pot a cans&Buses
Please indicate all promotion/advertising efforts your organization to the event/project/program.  Paid Advertising Radio Social Media Other (please specify)  Please indicate all promotion/advertising efforts your organization or to the event/project/program.  Television Online/Digital Ads	Brochures
Provide a description of how you intend to advertise or promote you overnight stays in Tomball.	ur event/program to gain
All Hotels will have a link on website. Vendors hotel link during t	the application process
How will you measure the impact of your event on local overnight a	accommodations?
The city has Meeting with Hotels. The hotels that come most giv	e a room count the days.

# Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

YES, the event/program expenditure meets the Part One test.
NO, the event/program expenditure does not meet the Part One test

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
<b>\</b>	Advertising, solicitations, and promotions that attract tourists or convention delegates.
	Encouragement, promotion, improvement, and application of the arts.
	Historical restoration or preservation programs.
	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

# **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

# Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature:	Boy—
Applicant Printed Name:	Craig Bogner
Date of Application: 6/18	/25

# Statement of Activity

# The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
Interest	-143.30
Rewards	3,958.42
TGCM Income	\$80,000.00
Festival	76,606.86
Sponsors	20,000.00
Vendors	153,455.36
Total for TGCM Income	\$330,062.22
TGHF Income	\$80,000.00
Festival	69,800.00
Sponsors	20,000.00
Vendors	83,572.40
Total for TGHF Income	\$253,372.40
Uncategorized Income	1,000.00
Total for Income	\$588,249.74
Cost of Goods Sold	
Gross Profit	\$588,249.74
Expenses	
Accounting	4,500.00
Administration	\$3,099.32
	+-,
Auto	\$865.95
Auto Fuel	
	\$865.95
Fuel	\$865.95 1,851.67
Fuel Vehicle Insurance	\$865.95 1,851.67 2,370.38
Fuel Vehicle Insurance Total for Auto	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b>
Fuel Vehicle Insurance Total for Auto Bank Charges	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84 3,805.22
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel  Total for Sister City Visit	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21 \$17,590.66
Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel  Total for Sister City Visit Storage	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21 \$17,590.66

# Statement of Activity

# The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Bookkeeping	1,150.00
Exchange Students - Expenses	\$2,817.56
Meals and Entertainment	2,072.22
Travel	5.00
Total for Exchange Students - Expenses	\$4,894.78
Heritage Dinner	3,139.83
Hospitality Events	\$1,422.54
Meals	1,508.54
Total for Hospitality Events	\$2,931.08
Interest Paid	312.86
Payroll	0
Payroll Service Fee	2,322.08
Payroll Tax Expenses	3,867.04
Salary and Wages	50,550.04
Workers Compensation  Total for Payroll	238.99 <b>\$56,978.15</b>
-	
Taxes	3,051.78
TGCM Expenses Advertising	\$8,609.16 \$12,785.00
Buttonstar	247.15
Community Impace	9,043.23
Das Fenster	600.00
Kulp Radio	152.00
Kwik Kopy	3,645.46
Photography	1,545.61
The Rural Connection	284.50
Tomball Chamber	117.30
Total for Advertising	\$28,420.25
Distributors	\$90,843.89
Buses	9,120.25
Porta Potties	4,800.00
Total for Distributors	\$104,764.14
Entertainment	\$1,885.00
Entertainers	54,075.00
Hotels	6,872.58
Total for Entertainment	\$62,832.58
Hospitality	\$1,289.80
Meals	1,109.20
Total for Hospitality	\$2,399.00
Insurance	1,296.98
Security	5,120.00

# Statement of Activity

# The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Volunteers	1,734.06
Total for TGCM Expenses	\$215,176.17
TGHF Expenses	\$3,052.94
Advertising	\$10,452.63
Button Star	381.13
Community Impact	8,696.25
Houston Chronicle	10,825.00
Kwik Kopy	36.79
Photography	1,292.75
Tomball Chamber	1,390.00
Total for Advertising	\$33,074.55
Distributors	\$25,549.32
Buses	8,341.90
Porta Potties	4,800.00
Total for Distributors	\$38,691.22
Entertainment	\$45,225.00
Entertainers	13,050.00
Hotels	5,997.42
Total for Entertainment	\$64,272.42
Equipment Rental	63,986.58
Hospitality	\$1,543.40
Meals	940.88
Total for Hospitality	\$2,484.28
Security	4,640.00
Total for TGHF Expenses	\$210,201.99
Uncategorized Expense	1,095.00
Total for Expenses	\$556,067.88
Net Operating Income	\$32,181.86
Other Income	
Other Expenses	
Net Other Income	0
Net Income	\$32,181.86

# Tomball Sister City Organization, Inc. P. O. Box 1131, Tomball, TX 77377 AS OF 9/26/20024

# Officers and Board of Directors

NAME & ADDRESS	PHONE	EMAIL	TERM EXPIRES
Grady Martin, Chair 8118 Spring Stuebner Road Spring, Texas 77379	713-829-7116	gradsand@yahoo.com	2027
Kit Pfeiffer, Vice Chair 31214 Helen Lane Tomball, Texas 77375	281-460-7630	kitpfeiffer@yahoo.com	2027
Sandra Martin 8118 Spring Stuebner Road Spring, Texas 77379	713-829-0313	gradsand@yahoo.com	2027
Craig Bogner Treasurer, General Manager 31226 Antonia Lane Tomball, Texas 77375	832-715-6291	craigbogner@gmail.com craig@tomballgermanfest.org	2026
Amy Mason 26003 Di-jon Tomball, Texas 77377	713-412-1882	amyamason@yahoo.com	2025
Alicia Engleke 31214 Alice Lane Tomball, Texas 77375	713-857-8146	alicia.eichhorn@att.net	2025
Sonja Love 11907 Julia Lane Magnolia, Texas 77354	832-236-5412	larry.sonja@sbcglobal.net	2027
Wesley Burke 11918 Painted Canyon Dr. Tomball, Texas 77377	832-347-0699	wesleyjburke.com	2026
Nora Stovall, Secetary 307 Florence Street Tomball, Texas 77375	281-541-1449	norastovall@sbcglobal.net	2026
Shawn Mason 26003 Di-jon Tomball, Texas 77377	281-799-9292	shama_go14@yahoo.com	2027
Mark Barnett 2 Blue Bungalow Drive Spring, Texas 77389	832-326-8141	mjbarnett76@yahoo.com	2025
Dennis Wilkins 12515 Fort Isabella Drive Tomball, Texas 77375	713-447-1930	Dennis@thewwtech.com	2025

# Statement of Financial Position

# The Tomball Sister Cities Organization

As of September 30, 2024

Assets   Current Assets   Sank Accounts   Amegy Checking (main) - 1450   Amegy Checking (main) - 1450   Amegy Checking (SPONSOR) - 6566   Amegy Payroll Account - 7769   Amegy - Savings Acct - 2283   14,046,27   Forst Checking 0893 - 928701   10,484,51   Forst Checking 0893 - 928701   10,484,51   Forst Checking 0910 - Savings   6,000.00   Frost Checking 0930 - Savings   6,000.00   Frost Checking 0902 - Savings   6,000.00   Frost Checking 0902 - Sponsors   5,565,75   Total for Bank Accounts   5,266,74,27   Accounts Receivable   Cher Current Assets   70	DISTRIBUTION ACCOUNT	TOTAL
Bank Accounts         Amegy Checking (main) - 1450           Amegy Checking (SPONSOR)- 6566         4mey Payroll Account - 7769           Amegy - Savings Acct - 3263         14,046,27           Forst Checking 0899 - Payroll         10,484,51           Forst Checking 0899 - Payroll         10,484,51           Forst Checking 0910 - Savings         6,000,00           Frost Checking 0910 - Savings         5,556,75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         Other Current Assets           Other Ourrent Assets         0           Total for Ourrent Assets         0           Total for Current Assets         0           Accounts Receivable         0           Other Current Assets         0           Accounts Receivables         0           Total for Current Assets         0           Account Receivables         0           Total for Seets         \$206,294.27           Fixed Assets         \$206,294.27           Account Receivable         \$206,294.27           Fixed Assets         \$206,294.27           Accounts Revised         \$21,143.36           Total for Assets         \$21,143.36           Liabilities and Equity           Liabilities	Assets	
Amegy Checking (main) - 1450 Amegy Payroll Account - 1769 Amy CC Credit Cards Amy CC Credit Cards Amy CC Sandra CC Sa	Current Assets	
Amegy Canagy Rayroll Account - 7769         14,046,27           Amegy Payroll Account - 2763         16,048,45           Forst Checking 0899 - Payroll         10,484,51           Forst Checking (0398)         170,106.74           Frost Checking (0398)         170,106.74           Frost Checking 0902 - Sponsors         5,656.75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         0           Other Current Assets         0           Other receivables         0           Total for Other Current Assets         0           Total for Other Current Assets         0           Account Assets         \$206,294.27           Fixed Assets         \$206,294.27           Total for Fixed Assets         \$3,57.09           Total for Fixed Assets         \$21,143.30           Liabilities and Equity         \$21,143.30           Liabilities and Equity         \$20,200,20           Current Liabiliti	Bank Accounts	
Amegy Payroll Account - 7769         14,046,27           Forst Checking 0890 - Payroll         10,484,51           Forst Checking 0910 - Savings         6,000.00           Frost Checking (0920 - Sponsors         5,656,75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         ************************************	Amegy Checking (main) - 1450	
Amegy - Savings Acct - 3263         14,046,27           Forst Checking 0989 - Payroll         10,484,51           Forst Checking 0910 - Savings         6,000,00           Frost Checking (0398)         170,106,74           Frost Checking 0900 - Sponsors         5,665,65           Total for Bank Accounts         \$206,294,27           Accounts Receivable         0           Other Current Assets         0           Other receivables         0           Total for Other Current Assets         \$206,294,27           Fixed Assets         \$206,294,27           Accommulated Depreciation         6,756,00           Computer         3,357,09           Taller         8,246,00           Other Fixed Assets         \$4,349,00           Other Assets         \$4,349,00           Other Assets         \$211,143,36           Liabilities and Equily         \$21,143,36           Liabilities         \$21,143,36           Current Liabilities         \$0           Accounts Payable         \$0           Accounts Payable         \$0           Total for Accounts Payable         \$0           Credit Cards         \$1,516,15           Craig CC         \$3,515,15           C	Amegy Checking (SPONSOR)- 6566	
Forst Checking 0899 - Payroll         10,484.51           Forst Checking 0910 - Savings         6,000.00           Frost Checking 09090 - Savings         170,106.74           Frost Checking 0902 - Sponsors         5,656.75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         Cherreceivables           Other Current Assets         9           Total for Other Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Accountivated Depreciation         6,756.00           Computer         3,357.09           Trailer         8,248.00           Other Assets         \$4,849.09           Other Assets         \$21,143.36           Liabilities and Equity         Liabilities           Liabilities         Accounts Payable           Accounts Payable         0           Accounts Payable         0           Credit Cards         3,515.16           Anny CC         3,515.16           Craig CC         3,616.22           Sandra CC         107.00           Tomball Sister City CC         107.00           VISA 5071         101.71           VISA 5071         107.14	Amegy Payroll Account - 7769	
Forst Checking 0910 - Savings         6,000.00           Frost Checking (0938)         170,106.74           Frost Checking 0902 - Sponsors         5,656.75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         ************************************	Amegy - Savings Acct - 3263	
Frost Checking (0398)         170,106.74           Frost Checking (9092 - Sponsors)         \$5,656.75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         Uther Current Assets           Other receivables         0           Total for Other Current Assets         0           Total for Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Accommulated Depreciation         6,756.00           Computer         3,357.09           Trailer         8,244.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.00           Ibilities and Equity         \$211,143.00           Liabilities         \$200,000           Accounts Payable         0           Accounts Payable         0           Credit Cards         0           Anny CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         107.80           VISA 5071         107.40           Visa 7970         -107.14		
Frost Checking 0902 - Sponsors         5,656.75           Total for Bank Accounts         \$206,294.27           Accounts Receivable         Scounts Receivable           Other Current Assets         0           Total for Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Fixed Assets         \$206,294.27           Fixed Assets         \$3,357.09           Computer         3,357.09           Trailer         8,248.00           Other Assets         \$4,849.00           Other Assets         \$211,143.36           Liabilities and Equity         Liabilities           Current Liabilities         \$200,000           Accounts Payable         0           Accounts Payable         0           Credit Cards         3,515.15           Amy CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         107.80           VISA 5071         1,510.14           Visa 7970         -107.14	· · · · · · · · · · · · · · · · · · ·	
Total for Bank Accounts         \$206,294.27           Accounts Receivable         Other Current Assets           Other receivables         0           Total for Other Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Accummulated Depreciation         6,756.00           Computer         3,357.00           Trailer         8,248.00           Other Assets         \$4,849.00           Other Assets         \$211,143.66           Liabilities and Equity         \$211,143.66           Liabilities         Current Liabilities           Current Liabilities         4,200.00           Accounts Payable         6           Accounts Payable         6           Credit Cards         3,515.15           Craig CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         107.80           VISA 5071         Visa 7970	Frost Checking (0398)	170,106.74
Accounts Receivable Other Current Assets Other receivables  Total for Other Current Assets  Total for Current Assets  Total for Current Assets  Accummulated Depreciation Computer Accummulated Depreciation Computer Accummulated Depreciation Computer Accummulated Depreciation Computer Total for Fixed Assets  Total for Fixed Assets  Total for Assets  Liabilities Current Liabilities Current Liabilities Current Liabilities Accounts Payable Accounts Payable Accounts Payable Total for Accounts Payable Current Current Liabilities  Total for Accounts Payable Accounts Payable Accounts Payable Accounts Payable Total for Accounts Payable  Total for Accounts Payable Total for Accounts Payable  Total for Accounts Payable  Total for Accounts Payable  Accounts Payable Accounts Payable  Total for Accounts Payable  Total for Accounts Payable  Accounts Payable  Total for Accounts Payable  Total for Accounts Payable  Total for Accounts Payable  Accounts Payabl	Frost Checking 0902 - Sponsors	5,656.75
Other Current Assets Other receivables         Control for Other Current Assets         0           Total for Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Fixed Assets         4,6756.00           Computer         3,357.09           Trailer         8,248.00           Other Assets         \$4,849.09           Other Assets         \$211,143.69           Liabilities and Equity         \$211,143.69           Liabilities         \$211,143.69           Current Liabilities         \$211,143.69           Accounts Payable         \$200,000           Credit Cards         \$200,000           Amy CC         \$3,515.15         \$200,000           Craig CC         \$2,222.00         \$2,222.00           Sanda CC         \$2,000         \$2,000           Tomball Sister City CC         \$2,000         \$2,000           VISA 5071         \$2,000         \$2,000         \$2,000	Total for Bank Accounts	\$206,294.27
Other receivables         0           Total for Current Assets         \$206,294.27           Fixed Assets         \$206,294.27           Accummulated Depreciation         6,756.00           Computer         3,367.09           Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.36           Liabilities and Equity         \$211,143.36           Liabilities         \$211,143.36           Current Liabilities         \$211,143.36           Accounts Payable         \$211,143.36           Accounts Payable         \$211,143.36           Accounts Payable         \$211,143.36           Credit Cards         \$211,143.36           Amy CC         \$3,515.15         \$3,515.1	Accounts Receivable	
Total for Other Current Assets         \$206,294.27           Fixed Assets         ****           Accummulated Depreciation         -6,756.00           Computer         3,357.09           Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.36           Liabilities and Equity         ***           Liabilities         Current Liabilities           Accounts Payable         ***           Accounts Payable         0           Credit Cards         0           Amy CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         VISA 5071           Visa 7970         -107.14	Other Current Assets	
Total for Current Assets         \$206,294.27           Fixed Assets         -6,756.00           Accumulated Depreciation         -6,756.00           Computer         3,357.09           Trailer         8,248.00           Other Fixed Assets         \$4,849.09           Other Assets         \$211,143.05           Liabilities and Equity         \$211,143.05           Liabilities         Accounts Payable           Accounts Payable         0           Accounts Payable         0           Credit Cards         3,515.15           Craig CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         VISA 5071           Visa 7970         -107.14	Other receivables	
Fixed Assets           Accummulated Depreciation         -6,756.00           Computer         3,357.09           Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.66           Liabilities and Equity         \$211,143.66           Liabilities         Current Liabilities           Accounts Payable         4ccounts Payable           Accounts Payable         0           Credit Cards         3,515.15           Craig CC         3,515.15           Craig CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         VISA 5071           Visa 7970         -107.14	Total for Other Current Assets	0
Accummulated Depreciation         -6,756.00           Computer         3,357.09           Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.06           Liabilities and Equity         ***           Liabilities         Current Liabilities           Accounts Payable         ***           Accounts Payable         ***           Accounts Payable         ***           Credit Cards         ***           Amy CC         3,515.15           Craig CC         3,515.15           Sandra CC         107.80           Tomball Sister City CC         107.80           VISA 5071         Visa 7970	Total for Current Assets	\$206,294.27
Computer         3,357.09           Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.06           Liabilities and Equity         \$211,143.06           Liabilities         Current Liabilities           Accounts Payable         4ccounts Payable           Accounts Payable         0           Credit Cards         3,515.15           Amy CC         3,515.15           Craig CC         3,515.15           Sandra CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         VISA 5071           Visa 7970         -107.14	Fixed Assets	
Trailer         8,248.00           Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.36           Liabilities and Equity         \$211,143.36           Liabilities Current Liabilities         \$211,143.36           Accounts Payable         \$211,143.36           Accounts Payable         \$211,143.36           Accounts Payable         \$211,143.36           Credit Cards         \$211,143.36           Amy CC         \$211,143.36           Credit Cards         \$211,143.36           Sandra CC         \$211,143.36           Cardi	Accummulated Depreciation	-6,756.00
Total for Fixed Assets         \$4,849.09           Other Assets         \$211,143.36           Liabilities and Equity         \$211,143.36           Liabilities         \$211,143.36           Current Liabilities         \$211,143.36           Accounts Payable         \$211,143.36           Accounts Payable         \$211,143.36           Credit Cards         \$211,143.36           Amy CC         \$211,143.36           Craig CC         \$3,515.15           Craig CC         \$3,515.15           Craig CC         \$3,515.15           Sandra CC         \$3,515.15           Tomball Sister City CC         \$107.80           VISA 5071         \$107.14           Visa 7970         \$107.14	Computer	3,357.09
Other Assets         \$211,143.36           Liabilities and Equity         Liabilities           Current Liabilities         Current Liabilities           Accounts Payable         Curdit Cards           Army CC         3,515.15           Craig CC         3,515.15           Sandra CC         6,222.20           Sandra CC         107.80           Tomball Sister City CC         VISA 5071           Visa 7970         -107.14	Trailer	8,248.00
Total for Assets         \$211,143.36           Liabilities and Equity         ************************************	Total for Fixed Assets	\$4,849.09
Liabilities and Equity Liabilities Current Liabilities Accounts Payable Accounts Payable  Total for Accounts Payable  Credit Cards  Amy CC Craig CC Sandra CC Tomball Sister City CC VISA 5071 Visa 7970	Other Assets	
Liabilities         Current Liabilities         Accounts Payable         Accounts Payable         Credit Cards         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Total for Assets	\$211,143.36
Current Liabilities         Accounts Payable       Accounts Payable         Total for Accounts Payable         Credit Cards       3,515.15         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Liabilities and Equity	
Accounts Payable         Accounts Payable       0         Total for Accounts Payable       0         Credit Cards       3,515.15         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Liabilities	
Accounts Payable         Total for Accounts Payable       0         Credit Cards       3,515.15         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Current Liabilities	
Total for Accounts Payable       0         Credit Cards       3,515.15         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Accounts Payable	
Credit Cards         Amy CC       3,515.15         Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Accounts Payable	
Amy CC Craig CC Sandra CC Tomball Sister City CC VISA 5071 Visa 7970  3,515.15 6,222.20 107.80 107.80	Total for Accounts Payable	0
Craig CC       6,222.20         Sandra CC       107.80         Tomball Sister City CC       VISA 5071         Visa 7970       -107.14	Credit Cards	
Sandra CC Tomball Sister City CC VISA 5071 Visa 7970 107.80 107.80	Amy CC	3,515.15
Tomball Sister City CC VISA 5071 Visa 7970 -107.14	Craig CC	6,222.20
VISA 5071 Visa 7970 -107.14	Sandra CC	107.80
Visa 7970 -107.14	Tomball Sister City CC	
Visa 8630 153.35		
	Visa 8630	153.35

# Statement of Financial Position

# The Tomball Sister Cities Organization

As of September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Total for Credit Cards	\$9,891.36
Other Current Liabilities	
Exchange Student Fund Balance	8,134.32
Payroll Liability	
Total for Other Current Liabilities	\$8,134.32
Total for Current Liabilities	\$18,025.68
Long-term Liabilities	
Total for Liabilities	\$18,025.68
Equity	
Retained Earnings	158,485.82
Net Income	32,181.86
Opening Bal Equity	2,450.00
Total for Equity	\$193,117.68
Total for Liabilities and Equity	\$211,143.36

Independent Accountants' Review Report and Financial Statements for the Fiscal Year Ended September 30, 2024 (with comparative totals for 2023)



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**Tipton & Company LLC** 134 Vintage Park Blvd. Ste. A #106 Houston, TX 77070 www.nonprofitacctg.com

#### **INDEPENDENT ACCOUNTANTS' REVIEW REPORT**

To the Board of Directors of The Tomball Sister City Organization Tomball, Texas

We have reviewed the accompanying financial statements of The Tomball Sister City Organization (a nonprofit organization), which comprise the statement of financial position as of September 30, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of entity management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

#### Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

#### **Accountant's Conclusion**

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

#### **Report on Summarized Comparative Information**

We have previously reviewed The Tomball Sister City Organization's 2023 financial statements dated May 23, 2024. The summarized comparative information presented herein as of and for the year ended September 30, 2023, is consistent, in all material respects, with the reviewed financial statements from which it has been derived.

Tipton i company LLC

Tipton & Company Certified Public Accountants Houston, Texas

December 27, 2024

# Statement of Financial Position

As of September 30, (with comparative totals for 2023)	2024			2023		
Assets						
Cash and cash equivalents	\$	226,287	\$	215,218		
Property and equipment, net		2,597		3,723		
Total Assets	\$	228,884	\$	218,941		
Liabilities and Net Assets						
Liabilities						
Deferred revenue	\$	47,440	\$	40,125		
Accrued expenses	·	18,025	·	10,754		
Total Liabilities		65,465		50,879		
Net Assets						
Without donor restriction		163,419		168,062		
Total Net Assets		163,419		168,062		
Total Liabilities and Net Assets	\$	228,884	\$	218,941		

Statement of Activities

Year ended September 30, (with comparative totals for 2023)	2024 Total	2023 Total	
Without Donor Restrictions			
Public Support and Revenues			
Public Support			
Tomball German Heritage Festival grant	\$ 80,000	80,000	
Tomball German Christmas Market grant	80,000	80,000	
Revenue			
Tomball German Heritage Festival sponsorship and fees	173,372	183,202	
Tomball German Christmas Market sponsorship and fees	214,363	161,058	
Other income	4,816	268	
Total Public Support and Revenues	552,551	504,528	
Total Tubile Support and Nevendes	002,001	304,320	
Expenses			
Program Activities			
Tomball German Heritage Festival	220,151	211,373	
Tomball German Christmas Market	214,202	212,337	
Total Program Activities	434,353	423,710	
Supporting Activities			
Management and general	81,283	61,065	
Fundraising	41,558	47,883	
Total Supporting Activities	122,841	108,948	
Total Expenses	557,194	532,658	
·	,		
Change in Net Assets	(4,643)	(28,130)	
Net Assets, Beginning of Year	168,062	196,192	
Net Assets, End of Year	\$ 163,419	168,062	

Statement of Functional Expenses

	Program Activities			Supporting Activities				
	Tomball							
	German	Tomball	Total			Total		
Year ended September 30, (with comparative totals for 2023)	Heritage	Christmas	Program	Management	Francisco	Supporting	2024	2023
(with comparative totals for 2023)	Festival	Market	Activities	& General	Fundraising	Activities	Total	Total
Salaries and related expenses								
Salaries and wages	\$ 12,638 \$	12,638	\$ 25,276	\$ 15,165	\$ 10,110	\$ 25,275	\$ 50,551 \$	49,884
Payroll taxes	967	967	1,934	1,160	773	1,933	3,867	3,967
Employee benefits	60	60	120	72	48	120	240	231
Total salaries and related expenses	13,665	13,665	27,330	16,397	10,931	27,328	54,658	54,082
Other Expenses								
Advertising	15,356	16,586	31,942	_	29,553	29,553	61,495	73,210
Auto	-	-	-	2,717	-	2.717	2,717	1,454
Depreciation	_	_	_	1,126	_	1,126	1,126	1,126
Distributors	104,764	38,691	143,455	-,	_	-,	143,455	199,491
Donations	-	-	-	1,784	_	1,784	1,784	3,861
Dues	_	_	_	3,805	_	3,805	3,805	5,257
Equipment rental	_	63,987	63,987	-	_	-	63,987	-,
Exchange students	5,480	5,480	10,960	_	_	_	10,960	7,718
Hospitality	2,399	2,484	4,883	-	_	_	4,883	3,186
Insurance	1,297	-	1,297	8,680	_	8,680	9,977	7,670
Interest	-	_	_	313	_	313	313	,
Maintenance	_	_	_	-	_	_	-	2,023
Miscellaneous	_	_	-	7,793	-	7,793	7,793	3,295
Postage	_	_	-	293	-	293	293	235
Professional fees	_	_	-	4,500	-	4,500	4,500	5,000
Security	5,120	4,640	9,760	-	-	· -	9,760	7,000
Service fees	580	581	1,161	1,621	464	2,085	3,246	2,222
Storage	-	_	-	1,300	-	1,300	1,300	1,246
Supplies	6,160	3,053	9,213	-	-	-	9,213	11,762
Taxes	763	763	1,526	917	610	1,527	3,053	403
Travel and entertainment	64,567	64,272	128,839	23,374	-	23,374	152,213	134,419
Utilities	-	-	-	5,897	-	5,897	5,897	6,143
Volunteers	-	-	-	-	-	-	-	683
Website	-	-	-	766	-	766	766	1,172
Total Other Expenses	206,486	200,537	407,023	64,886	30,627	95,513	502,536	478,576
Total Expenses	\$ 220,151 \$	214,202	\$ 434,353	\$ 81,283	\$ 41,558	\$ 122,841	\$ 557,194 \$	532,658

Statement of Cash Flows

Year ended September 30, (with comparative totals for 2023)		2024	2023
Cash Flows from Operating Activities			
Change in Net Assets	\$	(4,643) \$	(28,130)
Adjustments to reconcile change in net assets to	•	( ) = = / +	( -,,
net cash from operating activities:			
Depreciation expense		1,126	1,126
Change in operating assets and liabilities:			
Deferred revenue		7,315	(8,127)
Accrued expenses		7,271	(5,343)
Total Adjustments		15,712	(12,344)
Net Change from Operating Activities		11,069	(40,474)
Net Change in Cash and Cash Equivalents		11,069	(40,474)
Cash and Cash Equivalents, beginning of year		215,218	255,692
Cash and Cash Equivalents, end of year	\$	226,287 \$	215,218

## The Tomball Sister City Organization

Notes to Financial Statements

#### NOTE 1 - NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

**Nature of Operations –** The Tomball Sister City Organization, (the Organization), is a nonprofit corporation founded in 2003 under the laws of the State of Texas for the purpose of the establishment, sponsorship, promotion and support of cultural, business, educational, diplomatic and other exchanges with Tomball's sister city – Telgte, Germany.

To this end the corporation endeavors to promote and heighten public interest in and appreciation of the culture, business, education, products, people or language of sister cities of the City of Tomball, Texas, and to develop programs and provide activities that highlight such culture, business, education, products, people or language, and to assist its members in the development of such programs and the provisions of such activities.

The following programs and services are supported by The Tomball Sister City Organization:

- Tomball German Heritage Festival traditionally held in Tomball during the last weekend in March. It is a
  Music/Street festival celebrating German and ethnic heritage with four stages of live music entertainment,
  ethnic and festival food, beer, wine, street vendors, all kinds of German souvenirs and clothing, arts
  crafts, antiques, Heritage Center, German church service, fireworks, carnival, pony ride, petting zoo,
  strolling music makers, street performers, and much more.
- Tomball German Christmas Market traditionally held in Tomball on the second weekend in December and includes live music and an open-air market. During this event, street vendors line Market and S. Walnut Streets, selling German Christmas items, arts and crafts, and much more. The event is sponsored by the City of Tomball, Tomball Sister City Organization, and German Heritage Festival.

**Basis of Accounting –** The financial statements of The Tomball Sister City Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

**Basis of Presentation –** The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations. Assets restricted solely through the actions of the Board of Directors are reported as net assets without donor restrictions, board-designated.

Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or use for a purpose specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-restricted endowment earnings are released when those earnings are appropriated with spending policies and are used for the specified purpose.

**Cash and Cash Equivalents –** The Organization considers all monies in banks and highly liquid investments with maturities of three months or less from the date of purchase to be cash and cash equivalents. The carrying values

## The Tomball Sister City Organization

### Notes to Financial Statements

of any cash and cash equivalents are deemed to approximate their fair values because of the short maturities of those financial instruments.

**Property and Equipment –** Property and equipment are stated at cost or fair value at date of donation. Depreciation is provided using the straight-line method over the estimated useful lives of the assets as follows:

Computers	2 years
Trailers	5 - 15 years

Additions and betterments of \$2,500 or more are capitalized, while maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

Property and equipment are reviewed for impairment if the use of the asset significantly changes or another indicator of possible impairment is noted. If the carrying amount for the asset is not recoverable, the value is written down to the asset's fair value.

**Grants –** Grants are recognized when cash, or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met or the donor has explicitly released the condition.

**Contributed Nonfinancial Assets** – Contributed nonfinancial assets are recognized as contributions at fair value when an unconditional commitment is received from the donor. The related expense is recognized as the item is used. Contributed services are recognized as support at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service, and the service would typically need to be purchased if not donated.

**Deferred Revenue –** Fees charged to vendors participating in the Christmas Market which are received prior to a fiscal year-end but which relate to the following fiscal year are deferred and recognized as revenue in that following fiscal year, once the Christmas Market is held.

**Revenue Recognition –** Revenue is recognized when earned. Heritage Festival and Christmas Market sponsorship and fees revenue are deferred to the applicable period in which the related event is held.

**Estimates –** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The significant estimates included in the financial statements are the estimates of useful lives used for depreciating property and equipment items.

**Functional Allocation of Expense –** The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The Organization allocates these expenses based on time and effort. Expenses that can be identified with a specific program or supporting service are allocated directly according to their natural expenditure classification.

**Income Taxes –** The Organization is a nonprofit corporation that is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code ("Code") and comparable State law, and contributions to it are tax deductible within the limitations prescribed by the Code. The Organization did not conduct any unrelated

## The Tomball Sister City Organization

Notes to Financial Statements

business activities in the current fiscal year. Therefore, the Organization has made no provision for federal income taxes in the accompanying financial statements.

The Organization applies the provisions of FASB ASC Topic 740, *Income Taxes*, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosures and transition.

The Organization believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

**Advertising –** Advertising costs are expensed as incurred. Advertising expense for the year ended September 30, 2024 and 2023 was \$61,495 and \$73,210, respectively.

### **NOTE 2 – LIQUIDITY AND AVAILABILITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of September 30, 2024, are comprised of cash and cash equivalents amounting to \$226,287.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program activities, as well as the conduct of services undertaken to support those activities, to be general expenditures.

The Organization is primarily funded by grants and festival revenue. The Organization has a goal to maintain financial assets on hand to meet two festivals' operating expenses, which are, on average, approximately \$100,000. The majority of the funds needed to meet the festival operating expenses is maintained in a savings account with Amegy Bank.

#### **NOTE 3 - CONCENTRATIONS**

The Organization maintains cash balances at one financial institution located in Texas. The accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At September 30, 2024 and 2023, the Organization had no uninsured balances.

For the year ended September 30, 2024, one grantor accounted for twenty-seven percent (27%) of total public support and revenue. For the year ended September 30, 2023, one grantor accounted for thirty-one percent (31%) of total public support and revenue.

The Organization also conducts its operations solely in the Tomball area, and, therefore, is subject to risks from changes in local economic conditions. A downturn in the local economy could cause a decrease in grants and negatively impact festival revenues.

Notes to Financial Statements

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

As of September 30, 2024 and 2023, property and equipment consist of the following:

	2024	2023
Computers	\$3,357	\$3,357
Trailers	8,248	8,248
Subtotal property and equipment	11,605	11,605
Less: accumulated depreciation	(9,008)	(7,882)
Total property and equipment, net	\$2,597	\$3,723

Depreciation expense for the years ended September 30, 2024 and 2023 was \$1,126 in both years.

#### **NOTE 5 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through December 27, 2024, the date the financial statements were available to be issued. No additional events were identified that are required to be disclosed or would have a material impact on reported net assets or changes in net assets.

### ${\bf Company\ name:\ The\ Tomball\ Sister\ Cities\ Organization}$

Budget name: Budget\_FY24\_P&L\_1
Budget type: Profit and loss
Period: FY 2025 (Oct 2024 - Sep 2025)

### Consolidated

Accounts	Budget totals
Income	
Uncategorized Income	
Billable Expense Income	
Exchange Students - Income	
Donations	
Total Exchange Students - Income	\$0.00
Interest	
Markup	
Rewards	
Sales of Product Income	
TGCM Income	\$80000.00
Festival	\$60000.00
Sponsors	\$20000.00
Vendors	\$10000.00
Total TGCM Income	\$260000.00
TGHF Income	\$80000.00
Festival	\$60000.00
Sponsors	\$20000.00
Vendors	\$10000.00
Total TGHF Income	\$260000.00
Total Income	\$520000.00
Cost of Goods Sold	
Cost of Goods Sold	
Total Cost of Goods Sold	
Expense	
Reconciliation Discrepancies	
Accounting	
Administration	
Auto	
Fuel	
Taxes/Registration	
Vehicle Insurance	
Total Auto	\$0.00
Bank Charges	
Credit Card Fees	
Total Bank Charges	\$0.00
Donations	
Dues and Subscriptions	
Insurance	
Internet	
Meals	
Postage	
Préventive Maintenance	
Sister City Visit	
Food	
Travel	
Total Sister City Visit	\$0.00
	\$0.00
Storage	
Tolophone	
Telephone	
Telephone Tolls Travel	

Accounts	
Website	
Total Administration	\$0.00
	\$0.00
Bookkeeping	
Deprecation	
Equipment	
Van	
Maintenance	***
Total Van	\$0.00
Total Equipment	\$0.00
Exchange Students - Expenses	
Insurance	
Meals and Entertainment	
Travel	
Total Exchange Students - Expenses	\$0.00
Heritage Dinner	
Hospitality Events	
Meals	
Total Hospitality Events	\$0.00
nterest Paid	
Payroll	\$0.00
Payroll Service Fee	\$2000.00
Payroll Tax Expenses	\$4000.00
Salary and Wages	\$49000.00
Workers Compensation	\$237.00
Fotal Payroll	\$55237.00
Purchases	
Repairs	
Taxes	
GCM Expenses	\$0.00
Advertising	\$35000.00
Buttonstar	
Champions	
Community Impace	
Das Fenster	
Horsebay	
Houston Chronicle	
Kulp Radio	
Kwik Kopy	
Neighborhood Publishing	
Photography	\$3500.00
Polka	
Star Montrose	
The Rural Connection	
Tomball Chamber	
Townsquare Publications	
Total Advertising	\$38500.00
Distributors	\$90000.00
Buses	\$90000.00
Porta Potties	
	¢00000
Total Distributors  Entertainment	\$90000.00
Entertainment	\$80000.00
Entertainers	
Hotels	
Total Entertainment	\$80000.00



	Item 4.
Accounts	
Total Expense	\$496737.00
Other Income	
Other Expense	
Reconciliation Discrepancies-1	
Total Other Expense	
Total Net Income	\$23263.00

Thursday, June 19, 2025 at 3:31 PM CDT

### Company name: The Tomball Sister Cities Organization Budget name: Budget of expenditures for grant funds.

### Budget type: Profit and loss Period: FY 2025 (Oct 2024 - Sep 2025)

#### Consolidated

Accounts	Budget totals
Income	
Uncategorized Income	
Billable Expense Income	
Exchange Students - Income	
Donations	
Total Exchange Students - Income	\$0.00
Interest	·
Markup	
Rewards	
Sales of Product Income	
TGCM Income	
Festival	
Sponsors	
Vendors	
Total TGCM Income	\$0.00
TGHF Income	<b>40.00</b>
Festival	
Sponsors	
Vendors	
Total TGHF Income	\$0.00
Total Income	\$0.00
Cost of Goods Sold	50.00
Cost of Goods Sold	
Total Cost of Goods Sold	
Expense	
Reconciliation Discrepancies	
Accounting	
Administration	
Auto	
Fuel	
Taxes/Registration	
Vehicle Insurance	\$0.00
Total Auto	\$0.00
Bank Charges	
Credit Card Fees	***
Total Bank Charges	\$0.00
Donations	
Dues and Subscriptions	
Insurance	
Internet	
Meals	
Postage	
Préventive Maintenance	
Sister City Visit	
Food	
Travel	
Total Sister City Visit	\$0.00
Storage	
Telephone	
Tolls	
Travel	

\$0.00

Entertainment Entertainers Hotels

Total Entertainment
Hospitality
Meals

Accounts	Budge	Iten
Total Hospitality		\$0.00
Insurance		
Security	\$80	00.00
Volunteers		
Snacks		
Total Volunteers		\$0.00
Total TGCM Expenses		00.00
TGHF Expenses		\$0.00
Advertising		00.00
American Classifieds	•	
Blanco County News		
Button Star		
Community Impact		
Das Fenster		
Hello Woodlands		
Houston Chronicle		
Houston Chronicle		
Houston Livestock Show & Rodeo		
KStar		
Kulp Radio		
Kwik Kopy		
Neighborhood Publication		
Photography		
Polka		
Printing Materials		
ButtonStar		
FastSigns		
Total Printing Materials		\$0.00
SP Merchandise		
Star Montrose		
Team		
The Rural Connection		
Tomball Chamber		
Townsquare Publications		
Zoogee World		
Total Advertising	\$350	00.00
Distributors	\$370	00.00
Buses		
Porta Potties		
Total Distributors	\$370	00.00
Entertainment		
Entertainers		
Hotels		
Total Entertainment		\$0.00
Equipment Rental		
Hospitality		
Meals		
Total Hospitality		\$0.00
, ,		,
Insurance	182	00.00
Insurance Security		.00.00
Security	Ų00	
Security Volunteers	Ç	
Security Volunteers Snacks		ė0.00
Security Volunteers Snacks Total Volunteers		\$0.00
Security Volunteers Snacks		\$0.00

Accounts		Hom 1
		Item 4.
Total Expense	\$160	000.00
Other Income		
Other Expense		
Reconciliation Discrepancies-1		
Total Other Expense		
Total Net Income	\$-160	000.00

Friday, June 20, 2025 at 1:17 PM CDT

## City Council Meeting Agenda Item Data Sheet

Bata Sheet	Meeting Date: August 26, 2025
Topic:	
Consideration of the application for FY 2025-2026 He Christmas Market.	otel Occupancy Tax Funds for the German
Background:	
Application for FY 2025-2026 Hotel Occupancy Tax	Funds for the German Christmas Market.
Origination: Marketing and Finance	
Recommendation:	
Staff recommends the Committee proceed with the co	nsideration of this application.
Party(ies) responsible for placing this item on agen	da: Bragg Farmer, Finance Director
FUNDING (IF APPLICABLE)	
Are funds specifically designated in the current budget for	the full amount required for this purpose?
Yes: No: If ye	s, specify Account Number: #
If no, funds will be transferred from account: #	To Account: #
Signed: Bragg Farmer 8/19/25 App Staff Member Date	City Manager Date



## City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

#### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B – Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

#### **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- 6. The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

#### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

#### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

City of Tomball

ATTN: Director of Finance

501 James Street

Tomball, TX 77375

**VIA EMAIL** 

Finance@tomballtx.gov



## City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or <a href="mailto:PCarrasco@tomballtx.gov">PCarrasco@tomballtx.gov</a>.

### **Section I: Organization Information**

Name of Organiz	zation/Business: _	Tomball Sis	ster City		
	PO BOX 1131				
City:		State: _	Tx	Zip Code: 77377	
Contact Name:	Craig Bogner				
	ization/Business:	GM- Tom	nball German		
Phone Number:	832-715-6291	Ema	<sub>il:</sub> <u>Craig@</u> T	omballgermanfest.org	
Type of Organiza	ation/Business	☐ Private/F	or Profit	Non-Profit	
Purpose of Orga	nization/Business	3:			
	erman culture and nange student pro			program.	

## **Section II: Event/Program Information**

Event/Program Name: Tomball German Christmas Market
Date(s) of Event/Program: December 12,13 &14 2025
Location of Event/Program (Provide the address or a general location):
100,200,300,400 Blocks of Market street
Website for Event/Program:
Is this a new event/program?
If this is not a new event/program, how long has the event/program operated?
16Years
Provide a detailed description of the event/program.
3 Day German Festival. 4 Music Stages, 150 + vendors, carnival, Kids area. Free Admission, parking and shuttle for all. To promote Tomball German Heritage and Christmas and to bring visitors to Tomball
Estimated Local Attendees at Event/Program: 40 K
Estimated Out of Town Attendees at Event/Program: 20K

## Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 80,000
Total operating budget for event/program.	\$ 248,692
Percent of event/program to be funded by grant.	32 %
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 30000
Provide a detailed description of how grant funds will be used if app can be added if necessary).	proved (additional pages
22,000 Payroll, 30,000 Advertising 90,000 for Generators, light	towers, Pot a cans&Buses
Please indicate all promotion/advertising efforts your organization to the event/project/program.  Paid Advertising  Radio  Social Media  Other (please specify)  Provide a description of how you intend to advertise or promote you overnight stays in Tomball.	✓ Brochures ✓ Press Release
All Hotels will have a link on website. Vendors hotel link during t	he application process.
How will you measure the impact of your event on local overnight a	ccommodations?
The city has Meeting with Hotels. The hotels that come most give	e a room count the days.

### Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

<b>√</b>	YES, the event/program expenditure meets the Part One test.
	NO, the event/program expenditure does not meet the Part One test.

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

	,
	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
<b>\</b>	Advertising, solicitations, and promotions that attract tourists or convention delegates.
	Encouragement, promotion, improvement, and application of the arts.
	Historical restoration or preservation programs.
	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

## **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature:	CBoy—
Applicant Printed Name: _	Craig Bogner
Date of Application: 6/18	

#### Item 5.

## Statement of Financial Position

## The Tomball Sister Cities Organization

As of September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
Amegy Checking (main) - 1450	
Amegy Checking (SPONSOR)- 6566	
Amegy Payroll Account - 7769	
Amegy - Savings Acct - 3263	14,046.27
Forst Checking 0899 - Payroll	10,484.51
Forst Checking 0910 - Savings	6,000.00
Frost Checking (0398)	170,106.74
Frost Checking 0902 - Sponsors	5,656.75
Total for Bank Accounts	\$206,294.27
Accounts Receivable	
Other Current Assets	
Other receivables	
Total for Other Current Assets	0
Total for Current Assets	\$206,294.27
Fixed Assets	
Accummulated Depreciation	-6,756.00
Computer	3,357.09
Trailer	8,248.00
Total for Fixed Assets	\$4,849.09
Other Assets	
Total for Assets	\$211,143.36
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	
Total for Accounts Payable	0
Credit Cards	
Amy CC	3,515.15
Craig CC	6,222.20
Sandra CC	107.80
Tomball Sister City CC	
VISA 5071	
Visa 7970	-107.14
Visa 8630	153.35

#### Item 5.

## Statement of Financial Position

## The Tomball Sister Cities Organization

As of September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Total for Credit Cards	\$9,891.36
Other Current Liabilities	
Exchange Student Fund Balance	8,134.32
Payroll Liability	
Total for Other Current Liabilities	\$8,134.32
Total for Current Liabilities	\$18,025.68
Long-term Liabilities	
Total for Liabilities	\$18,025.68
Equity	
Retained Earnings	158,485.82
Net Income	32,181.86
Opening Bal Equity	2,450.00
Total for Equity	\$193,117.68
Total for Liabilities and Equity	\$211,143.36

## Tomball Sister City Organization, Inc. P. O. Box 1131, Tomball, TX 77377 AS OF 9/26/20024

### **Officers and Board of Directors**

NAME & ADDRESS	PHONE	EMAIL	TERM EXPIRES
Grady Martin, Chair 8118 Spring Stuebner Road Spring, Texas 77379	713-829-7116	gradsand@yahoo.com	2027
Kit Pfeiffer, Vice Chair 31214 Helen Lane Tomball, Texas 77375	281-460-7630	kitpfeiffer@yahoo.com	2027
Sandra Martin 8118 Spring Stuebner Road Spring, Texas 77379	713-829-0313	gradsand@yahoo.com	2027
Craig Bogner Treasurer, General Manager 31226 Antonia Lane Tomball, Texas 77375	832-715-6291	craigbogner@gmail.com craig@tomballgermanfest.org	2026
Amy Mason 26003 Di-jon Tomball, Texas 77377	713-412-1882	amyamason@yahoo.com	2025
Alicia Engleke 31214 Alice Lane Tomball, Texas 77375	713-857-8146	alicia.eichhorn@att.net	2025
Sonja Love 11907 Julia Lane Magnolia, Texas 77354	832-236-5412	larry.sonja@sbcglobal.net	2027
Wesley Burke 11918 Painted Canyon Dr. Tomball, Texas 77377	832-347-0699	wesleyjburke.com	2026
Nora Stovall, Secetary 307 Florence Street Tomball, Texas 77375	281-541-1449	norastovall@sbcglobal.net	2026
Shawn Mason 26003 Di-jon Tomball, Texas 77377	281-799-9292	shama_go14@yahoo.com	2027
Mark Barnett 2 Blue Bungalow Drive Spring, Texas 77389	832-326-8141	mjbarnett76@yahoo.com	2025
Dennis Wilkins 12515 Fort Isabella Drive Tomball, Texas 77375	713-447-1930	Dennis@thewwtech.com	2025

Item 5.

### ${\bf Company\ name:\ The\ Tomball\ Sister\ Cities\ Organization}$

Budget name: Budget\_FY24\_P&L\_1
Budget type: Profit and loss
Period: FY 2025 (Oct 2024 - Sep 2025)

### Consolidated

Accounts	Budget totals
Income	
Uncategorized Income	
Billable Expense Income	
Exchange Students - Income	
Donations	
Total Exchange Students - Income	\$0.00
Interest	
Markup	
Rewards	
Sales of Product Income	
TGCM Income	\$80000.00
Festival	\$60000.00
Sponsors	\$20000.00
Vendors	\$10000.00
Total TGCM Income	\$260000.00
TGHF Income	\$80000.00
Festival	\$60000.00
Sponsors	\$20000.00
Vendors	\$10000.00
Total TGHF Income	\$260000.00
Total Income	\$520000.00
Cost of Goods Sold	
Cost of Goods Sold	
Total Cost of Goods Sold	
Expense	
Reconciliation Discrepancies	
Accounting	
Administration	
Auto	
Fuel	
Taxes/Registration	
Vehicle Insurance	
Total Auto	\$0.00
Bank Charges	
Credit Card Fees	
Total Bank Charges	\$0.00
Donations	
Dues and Subscriptions	
Insurance	
Internet	
Meals	
Postage	
Préventive Maintenance	
Sister City Visit	
Food	
Travel	
Total Sister City Visit	\$0.00
i otai oletei Olty vielt	\$0.00
Ctorogo	
Storage	
Telephone	

ccounts	nem 5.
Website	
Total Administration	\$0.00
Bookkeeping	
Deprecation	
Equipment	
Van	
Maintenance	
Total Van	\$0.00
Total Equipment	\$0.00
Exchange Students - Expenses	
Insurance	
Meals and Entertainment	
Travel	
Total Exchange Students - Expenses	\$0.00
Heritage Dinner	
Hospitality Events	
Meals	
Total Hospitality Events	\$0.00
Interest Paid	
Payroll	\$0.00
Payroll Service Fee	\$2000.00
Payroll Tax Expenses	\$4000.00
Salary and Wages	\$49000.00
Workers Compensation	\$237.00
Total Payroll	\$55237.00
Purchases	
Repairs	
Taxes	
TGCM Expenses	\$0.00
Advertising	\$35000.00
Buttonstar	
Champions	
Community Impace	
Das Fenster	
Horsebay	
Houston Chronicle	
Kulp Radio	
Kwik Kopy	
Neighborhood Publishing	
Photography	\$3500.00
Polka	
Star Montrose	
The Rural Connection	
Tomball Chamber	
Townsquare Publications	
Total Advertising	\$38500.00
Distributors	\$90000.00
Buses	
Porta Potties	
Total Distributors	\$90000.00
Entertainment	\$8000.00
Estation and	
Entertainers	
Hotels	\$80000.00



	Item 5.	_
Accounts		į
Total Expense	\$496737.00	,
Other Income		
Other Expense		
Reconciliation Discrepancies-1		
Total Other Expense		_
Total Net Income	\$23263.00	)

Thursday, June 19, 2025 at 3:31 PM CDT

Independent Accountants' Review Report and Financial Statements for the Fiscal Year Ended September 30, 2024 (with comparative totals for 2023)



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Tipton & Company LLC 134 Vintage Park Blvd. Ste. A #106 Houston, TX 77070 www.nonprofitacetg.com

#### **INDEPENDENT ACCOUNTANTS' REVIEW REPORT**

To the Board of Directors of The Tomball Sister City Organization Tomball, Texas

We have reviewed the accompanying financial statements of The Tomball Sister City Organization (a nonprofit organization), which comprise the statement of financial position as of September 30, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of entity management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

#### Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

#### **Accountant's Conclusion**

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

#### **Report on Summarized Comparative Information**

We have previously reviewed The Tomball Sister City Organization's 2023 financial statements dated May 23, 2024. The summarized comparative information presented herein as of and for the year ended September 30, 2023, is consistent, in all material respects, with the reviewed financial statements from which it has been derived.

Tipton i company LLC

Tipton & Company Certified Public Accountants Houston, Texas

December 27, 2024

## Statement of Financial Position

As of September 30, (with comparative totals for 2023)		2024		2023
Assets				
Cash and cash equivalents	\$	226,287	\$	215,218
Property and equipment, net		2,597		3,723
Total Assets	\$	228,884	\$	218,941
Liabilities and Net Assets				
Liabilities				
Deferred revenue	\$	47,440	\$	40,125
Accrued expenses	·	18,025	•	10,754
Total Liabilities		65,465		50,879
Net Assets				
Without donor restriction		163,419		168,062
Total Net Assets		163,419		168,062
Total Liabilities and Net Assets	\$	228,884	\$	218,941

Statement of Activities

Year ended September 30, (with comparative totals for 2023)	2024 Total	2023 Total	
Without Donor Restrictions			
Public Support and Revenues			
Public Support			
Tomball German Heritage Festival grant	\$ 80,000 \$	80,000	
Tomball German Christmas Market grant	80,000	80,000	
Revenue			
Tomball German Heritage Festival sponsorship and fees	173,372	183,202	
Tomball German Christmas Market sponsorship and fees	214,363	161,058	
Other income	4,816	268	
Total Public Support and Revenues	552,551	504,528	
Expenses Program Activities Tomball German Heritage Festival Tomball German Christmas Market Total Program Activities	220,151 214,202 434,353	211,373 212,337 423,710	
Supporting Activities			
Management and general	81,283	61,065	
Fundraising	41,558	47,883	
Total Supporting Activities	122,841	108,948	
Total Expenses	557,194	532,658	
Change in Net Assets	(4,643)	(28,130)	
Net Assets, Beginning of Year	168,062	196,192	
	100,002	100,102	
Net Assets, End of Year	\$ 163,419 \$	168,062	

Statement of Functional Expenses

	Program Activities			Supporting Activities				
	Tomball							
	German	Tomball	Total			Total		
Year ended September 30,	Heritage	Christmas	Program	Management		Supporting	2024	2023
(with comparative totals for 2023)	Festival	Market	Activities	& General	Fundraising	Activities	Total	Total
Salaries and related expenses								
Salaries and wages	\$ 12,638 \$	12,638	\$ 25,276	\$ 15,165	\$ 10,110	\$ 25,275	\$ 50,551 \$	49,884
Payroll taxes	967	967	1,934	1,160	773	1,933	3,867	3,967
Employee benefits	60	60	120	72	48	120	240	231
Total salaries and related expenses	13,665	13,665	27,330	16,397	10,931	27,328	54,658	54,082
Other Expenses								
Advertising	15,356	16,586	31,942	-	29,553	29,553	61,495	73,210
Auto	-	-	-	2,717	-	2.717	2,717	1,454
Depreciation	_	_	_	1,126	_	1,126	1,126	1,126
Distributors	104,764	38,691	143,455	-,	_	-,	143,455	199,491
Donations	-	-	-	1,784	_	1,784	1,784	3,86
Dues	_	_	_	3,805	_	3,805	3,805	5,257
Equipment rental	-	63.987	63,987	-	_	-	63,987	-,
Exchange students	5,480	5,480	10,960	_	_	_	10,960	7,718
Hospitality	2,399	2,484	4,883	-	_	_	4,883	3,186
Insurance	1,297	-	1,297	8,680	_	8,680	9,977	7,670
Interest	, - -	_	-	313	_	313	313	,-
Maintenance	_	_	_	-	_	-	-	2,023
Miscellaneous	-	_	-	7,793	-	7,793	7,793	3,295
Postage	-	_	-	293	-	293	293	235
Professional fees	-	_	-	4,500	-	4,500	4,500	5,000
Security	5,120	4,640	9,760	-	-	· -	9,760	7,000
Service fees	580	581	1,161	1,621	464	2,085	3,246	2,222
Storage	-	_	-	1,300	-	1,300	1,300	1,246
Supplies	6,160	3,053	9,213	-	-	· -	9,213	11,762
Taxes	763	763	1,526	917	610	1,527	3,053	403
Travel and entertainment	64,567	64,272	128,839	23,374	-	23,374	152,213	134,419
Utilities	-	-	-	5,897	-	5,897	5,897	6,143
Volunteers	-	-	-	-	-	-	-	683
Website	-	-	-	766	-	766	766	1,172
Total Other Expenses	206,486	200,537	407,023	64,886	30,627	95,513	502,536	478,576
Total Expenses	\$ 220,151	214,202	\$ 434,353	\$ 81,283	\$ 41,558	\$ 122,841	<b>\$</b> 557,194 \$	532,658

Statement of Cash Flows

Year ended September 30, (with comparative totals for 2023)		2023	
Cash Flows from Operating Activities			
Change in Net Assets	\$	(4,643) \$	(28,130)
Adjustments to reconcile change in net assets to	•	( ) = = / +	( -,,
net cash from operating activities:			
Depreciation expense		1,126	1,126
Change in operating assets and liabilities:			
Deferred revenue		7,315	(8,127)
Accrued expenses		7,271	(5,343)
Total Adjustments		15,712	(12,344)
Net Change from Operating Activities		11,069	(40,474)
Net Change in Cash and Cash Equivalents		11,069	(40,474)
Cash and Cash Equivalents, beginning of year		215,218	255,692
Cash and Cash Equivalents, end of year	\$	226,287 \$	215,218

Item 5.

## The Tomball Sister City Organization

Notes to Financial Statements

#### NOTE 1 - NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

**Nature of Operations –** The Tomball Sister City Organization, (the Organization), is a nonprofit corporation founded in 2003 under the laws of the State of Texas for the purpose of the establishment, sponsorship, promotion and support of cultural, business, educational, diplomatic and other exchanges with Tomball's sister city – Telgte, Germany.

To this end the corporation endeavors to promote and heighten public interest in and appreciation of the culture, business, education, products, people or language of sister cities of the City of Tomball, Texas, and to develop programs and provide activities that highlight such culture, business, education, products, people or language, and to assist its members in the development of such programs and the provisions of such activities.

The following programs and services are supported by The Tomball Sister City Organization:

- Tomball German Heritage Festival traditionally held in Tomball during the last weekend in March. It is a
  Music/Street festival celebrating German and ethnic heritage with four stages of live music entertainment,
  ethnic and festival food, beer, wine, street vendors, all kinds of German souvenirs and clothing, arts
  crafts, antiques, Heritage Center, German church service, fireworks, carnival, pony ride, petting zoo,
  strolling music makers, street performers, and much more.
- Tomball German Christmas Market traditionally held in Tomball on the second weekend in December and includes live music and an open-air market. During this event, street vendors line Market and S. Walnut Streets, selling German Christmas items, arts and crafts, and much more. The event is sponsored by the City of Tomball, Tomball Sister City Organization, and German Heritage Festival.

**Basis of Accounting –** The financial statements of The Tomball Sister City Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

**Basis of Presentation –** The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations. Assets restricted solely through the actions of the Board of Directors are reported as net assets without donor restrictions, board-designated.

Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or use for a purpose specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-restricted endowment earnings are released when those earnings are appropriated with spending policies and are used for the specified purpose.

**Cash and Cash Equivalents –** The Organization considers all monies in banks and highly liquid investments with maturities of three months or less from the date of purchase to be cash and cash equivalents. The carrying values

Item 5.

## The Tomball Sister City Organization

#### Notes to Financial Statements

of any cash and cash equivalents are deemed to approximate their fair values because of the short maturities of those financial instruments.

**Property and Equipment –** Property and equipment are stated at cost or fair value at date of donation. Depreciation is provided using the straight-line method over the estimated useful lives of the assets as follows:

Computers	2 years
Trailers	5 - 15 years

Additions and betterments of \$2,500 or more are capitalized, while maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

Property and equipment are reviewed for impairment if the use of the asset significantly changes or another indicator of possible impairment is noted. If the carrying amount for the asset is not recoverable, the value is written down to the asset's fair value.

**Grants –** Grants are recognized when cash, or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met or the donor has explicitly released the condition.

**Contributed Nonfinancial Assets** – Contributed nonfinancial assets are recognized as contributions at fair value when an unconditional commitment is received from the donor. The related expense is recognized as the item is used. Contributed services are recognized as support at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service, and the service would typically need to be purchased if not donated.

**Deferred Revenue –** Fees charged to vendors participating in the Christmas Market which are received prior to a fiscal year-end but which relate to the following fiscal year are deferred and recognized as revenue in that following fiscal year, once the Christmas Market is held.

**Revenue Recognition –** Revenue is recognized when earned. Heritage Festival and Christmas Market sponsorship and fees revenue are deferred to the applicable period in which the related event is held.

**Estimates –** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The significant estimates included in the financial statements are the estimates of useful lives used for depreciating property and equipment items.

**Functional Allocation of Expense –** The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The Organization allocates these expenses based on time and effort. Expenses that can be identified with a specific program or supporting service are allocated directly according to their natural expenditure classification.

**Income Taxes –** The Organization is a nonprofit corporation that is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code ("Code") and comparable State law, and contributions to it are tax deductible within the limitations prescribed by the Code. The Organization did not conduct any unrelated

#### Item 5.

## The Tomball Sister City Organization

Notes to Financial Statements

business activities in the current fiscal year. Therefore, the Organization has made no provision for federal income taxes in the accompanying financial statements.

The Organization applies the provisions of FASB ASC Topic 740, *Income Taxes*, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosures and transition.

The Organization believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

**Advertising –** Advertising costs are expensed as incurred. Advertising expense for the year ended September 30, 2024 and 2023 was \$61,495 and \$73,210, respectively.

#### **NOTE 2 – LIQUIDITY AND AVAILABILITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of September 30, 2024, are comprised of cash and cash equivalents amounting to \$226,287.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program activities, as well as the conduct of services undertaken to support those activities, to be general expenditures.

The Organization is primarily funded by grants and festival revenue. The Organization has a goal to maintain financial assets on hand to meet two festivals' operating expenses, which are, on average, approximately \$100,000. The majority of the funds needed to meet the festival operating expenses is maintained in a savings account with Amegy Bank.

#### **NOTE 3 - CONCENTRATIONS**

The Organization maintains cash balances at one financial institution located in Texas. The accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At September 30, 2024 and 2023, the Organization had no uninsured balances.

For the year ended September 30, 2024, one grantor accounted for twenty-seven percent (27%) of total public support and revenue. For the year ended September 30, 2023, one grantor accounted for thirty-one percent (31%) of total public support and revenue.

The Organization also conducts its operations solely in the Tomball area, and, therefore, is subject to risks from changes in local economic conditions. A downturn in the local economy could cause a decrease in grants and negatively impact festival revenues.

## The Tomball Sister City Organization

Notes to Financial Statements

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

As of September 30, 2024 and 2023, property and equipment consist of the following:

	2024	2023
Computers	\$3,357	\$3,357
Trailers	8,248	8,248
Subtotal property and equipment	11,605	11,605
Less: accumulated depreciation	(9,008)	(7,882)
Total property and equipment, net	\$2,597	\$3,723

Depreciation expense for the years ended September 30, 2024 and 2023 was \$1,126 in both years.

#### **NOTE 5 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through December 27, 2024, the date the financial statements were available to be issued. No additional events were identified that are required to be disclosed or would have a material impact on reported net assets or changes in net assets.

#### Company name: The Tomball Sister Cities Organization $\label{pudget} \mbox{Budget of expenditures for grant funds.}$

#### Budget type: Profit and loss Period: FY 2025 (Oct 2024 - Sep 2025)

#### Consolidated

Accounts	Budget totals
Income	
Uncategorized Income	
Billable Expense Income	
Exchange Students - Income	
Donations	
Total Exchange Students - Income	\$0.00
Interest	
Markup	
Rewards	
Sales of Product Income	
TGCM Income	
Festival	
Sponsors	
Vendors	
Total TGCM Income	\$0.00
TGHF Income	
Festival	
Sponsors	
Vendors	
Total TGHF Income	\$0.00
Total Income	\$0.00
Cost of Goods Sold	· · · · · · · · · · · · · · · · · · ·
Cost of Goods Sold	
Total Cost of Goods Sold	
Expense	
Reconciliation Discrepancies	
Accounting	
Administration	
Auto	
Fuel	
Taxes/Registration	
Vehicle Insurance	
Total Auto	\$0.00
Bank Charges	\$0.00
Credit Card Fees	
	\$0.00
Total Bank Charges  Donations	\$0.00
Dues and Subscriptions	
Insurance	
Internet	
Meals	
Postage	
Préventive Maintenance	
Sister City Visit	
Food	
Travel	
Total Sister City Visit	\$0.00
Storage	
Telephone	
Tolls	
Travel	

Wateria         50 May 10	Accounts	Budge	Iter
Total Americanstrom         50.00           Liscolinoprop         10.00           Equipment         10.00           Von         Markensores           Total Yan         50.           Total Yang         50.           Total Standards Information         50.           Total Standards Standards - Exposes         50.           Total Mayes         50.           Adventing - Expose			
Rockooling Begreaterin Grapherents         September Begreaterin Grapherents           Explanetation         50.0000           Total Van         50.0000           Total Engineme         50.0000           Echange Students - Expersion         50.0000           Echange Students - Expersion         50.0000           Revision of Engineme         50.0000           Studies and Engineme         50.0000           School Students - Expersion         50.0000			\$0.00
Expectation           Update 19           Voin           Mainteractor           Total Update         50           Experience         50           Experience         10           Experience			*
Equipment         500           Materians (S)         500           Total Yan         500           Evaluation (S)         500           Evaluation (S)         500           Marker (S)         500     <			
Van         Auterison (1998)         50.			
Manistracion         30.0           Eschança Sudorfa + Experien         30.0           Eschança Sudorfa + Experien         30.0           Male and Entertainment         30.0           Torold Enchange Sudorfa + Experien         30.0           Hefflage Dinore         30.0           Payol Barca Experience         30.0           Payol Barca Fee         30.0			
Total Equipment         50.           Cital Que Diudent - Expertes         50.           Insurance         10.           Licharge Diudent - Expertes         10.           Insurance         10.           Media and Estrationers         70.           Travel         70.           Heritage Diume         10.           Hospitally Experts         50.           Hospitally Experts         50.           Total Declaration (Special Experts)         50.           Total Payers         50.           Payers         70.           Payers         70			
Total Equipment         50.           Exchange Student - Exponsion         Contract Contr			\$0.00
Extension Equitation Expension           Intention Co.           Makels and Ententionment           Trail Exchange Students - Expension         50.           Hompstaffy Events         50.           Hompstaffy Events         50.           Total Exchange Students - Expension         50.           Total Regular Students - Expension         50.           Total Manager Students - Expension         50.           Paycell Face Expension         60.           Paycell Face Expension         60.           Salary and Wages         50.           Waters Compensation         50.           Waters Compensation         50.           Total Paycell         50.           Paycell Students - Expension         50.           Total Paycell         50.           Paycell Students - Expension         50.           Total Paycell         50.           Paycell Students - Expension         50.           Substances         50.           Community Impace         50.           Des Festere         50.           Robuston Chronicle         50.           Kulp Indo         50.           Robuston Chronicle         50.           Kulp Indo         50.			\$0.00
Mass and Entertainment           Trail Continge Students - Expenses         50.           Horstage Dament         50.           Payer Dament Services         50.           Substage Dament Services         50.			*
Mass and Entertainment         17444           Travial Scalament - Expenses         50           Necisialty Events         50           Teal Bracheng Students - Expenses         50           Messilanti Events         50           Teal Morean Fland         50           Payroll Street Expenses         50           Salay and Wages         50           Valve Sare Sorpenston         50           Teal Payroll         50           Teal Payroll         50           Teal Payroll         50           Adventising         50           Adventising         50           Adventising         50           Buttonstar         50           Community Impace         50           Das Frenser         50           Bostonstar         <			
Treated Echange Students - Expenses         50.           Techt Earling Students - Expenses         50.           Hospitality Events         50.           Monitor         50.           Techt Monitority Events         50.           Monitority Events         50.           Payroll Service Fee         50.           Salary and Wages         50.           Workers Compensation         50.           Total Payroll         50.           Total Payroll         50.           Total Payroll         50.           Reparation         50.           Total Services         50.           Reparation         50.           Reparation         50.           Community Impace         50.           Community Impace         50.           Substitutions         50.           Houston Chronicle         50.           Well Del Ballomine         50.           Total Advertising         50.           Substitution         50.           T			
Total Exchange Students - Expenses         50.           Heritange Dilinor         Heritange Dilinor           Keeplandily Exercis         50.           Meals         50.           Total Mospital Exercis         50.           Interest Plad         50.           Payroll Flace Expenses         50.           Sollay and Woges         50.           Workers Compensation         50.           Variety Say         50.           Repairs			
Hertlage Bloner Hospitality Events Total Payroll Payroll ax Expenses Salay and Wages Workers Compensation Total Payroll Purchanes Report Report Total Payroll Purchanes Total Payroll Total Payroll Purchanes Total Payroll Purchanes Total Payroll			\$0.00
Hospitality Events Meets Total Moginality Events Increase Pauli Payroll Payrol			ψ0.00
Meals         South Implication (missell participation)         South Compilation (missell participation)			
Total Hospitally Eyerths         50.           Interest Pad         50.           Payroll Service Fee         50.           Salary and Wages         50.           Workers Compensation         50.           Total Payroll         60.           Perbases         60.           Repairs         50.           Total Services         50.           Advertising         50.           Pottorse         60.           Advertising         50.           Buttorist         50.           Bustor Chronicle         50.           Kulp Radio         50.			
Interest Pald Payroll (			\$0.00
Payroll Fay Carrier Fee         50           Payroll Fay Expenses         50           Sulary and Wages         50           Workers Compensation         50           Table Payrol         50           Perchases         50           Repairs         50           Toke         50           Tokes         50           Tokes         50           Advertising         50           Sultonation         50           Commonly Impace         50           Des Fenster         50           Househood Chronicle         50           Kalip Radio         50           Kalip Radio         50           Protography         50           Folka         50           Sample Apublishing         50           Protography         50           Toke Rural Connection         50           Toke Rural Connection         50           Toke Rural Connection         50           Total Advertising         50           Buste         50           Total Advertising         50           Buste         50           Total Distriction         50			<b>ψυ.UU</b>
Payroll Service Fee           Payroll Tax Expenses           Salary and Wages           Workers Compensation           Total Payroll         50.           Perpairs         50.           Perpairs         50.           Total Description         \$50.           Abdrettising         \$50.           Buttonstar         \$50.           Champions         \$50.           Community Prace         \$50.           Day Ferster         \$50.           Houston Chronicle         \$50.           Kayli Kody         \$50.           Neighborhoof Publishing         \$50.           Poka         \$50.           Star Mortrose         \$50.           The Rural Connection         \$50.           Total Advertising         \$50.           Businesure Publications         \$50.           Total Advertising         \$50.           Businesure Publications         \$50.           Total Distributors         \$50.           Entertailment         \$10.           Entertailment         \$10.           Entertailment         \$10.			00.00
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Salary and Wages         Workers Compensation           Purchases         50.           Purchases         Contract           Repairs         Contract           TOKE Spenses         So.           Advertising         35.000.           Buttonstar         So.           Champions         Community Impace           Das Fenster         Forester           Houstand Drüncille         Forester           Mouston Drüncille         Forester           Kulfy Radio         Forester           Kulfy Roya         Forester           Photography         Forester           Polka         Star Montises           Take Rural Connection         Star Montises           Townscause Publications         \$3000.           Distributors         \$3000.           Bussauguse Publications         \$3000.           Distributors         \$3000.           Bussauguse Publications         \$3000.			
Workers Compensation         Section           Total Payroll         Section           Prourbases         Repairs           Taxes         Section           TGCM Expenses         Section           Advertising         Section           Advertising         Section           Champions         Section           Commity Impact         Section           Das Fenster         Section           Horsebay         Section           Househoot Chronicle         Section           Kakip Radio         Section           Kakip Radio         Section           Kakip Andrough         Section           Polka         Section           Stand Montrose         Section           Tax and Connection         Section           Tomasquare Publication         Section           Townsquare Publication         Section           Distributors         Section           Fortal Patriation         Section           Entertainment         Section           Entertainers         Section           Total Extertainment         Section           Total Extertainment         Section           Total Extertainment         Section <td></td> <td></td> <td></td>			
Total Payroll         80.           Purchases         Repairs           Taxes         30.           TGME Expenses         30.           Advertising         \$50000.           Buttonstar         6.           Champions         6.           Community Impace         6.           Das Fenster         6.           Houston Chonicle         6.           Kuly Radio         6.           Kwik Kopy         6.           Neighborhood Publishing         6.           Photograph         9.           Polka         7.           Star Montrose         5.           Tomatal Connection         5.           Tomball Chamber         5.           Tomatal Chamber         \$.           Total Advertising         \$.           Buses         \$.           Porta Pottles         \$.           Total Distributors         \$.           Buses         \$.           Porta Pottles         \$.           Emetationment         \$.           Emetationers         \$.           Total Distributors         \$.           Emetationers         \$.			
Purchases           Repairs           Taxes           TCM Expenses         \$0.           Advertising         \$35000.           Buttonstar         Champions           Champions         Community Impace           Das Fenster         Forester           Houston Chronicle         Kukik Kopy           Kukip Radio         Kvik Kopy           Neighbornood Publishing         Photography           Polka         Star Montrose           The Rual Connection         Tomball Chamber           Townsquare Publications         \$37000.           Distributors         \$37000.           Buses         Portal Distributors         \$37000.           Entertainment         Entertainment           Entertainment         Entertainment           Entertainment         Entertainment           Entertainment         \$5000.           Entertainment<			
Repairs           Taxes           TGCM Expenses         \$0.           Advertising         \$35000.           Buttonstar         Champions           Community Impace         Charenament           Das Fenster         Houston Chronicle           Kulb Radio         Kulk Kopy           Prolography         Fell           Polka         Star Montrose           Star Montrose         The Rural Connection           Tomball Chamber         Townsquare Publications           Total Advertising         \$3500.           Distributors         \$3700.           Buses         900.           Porta Potties         \$3700.           Entertainment         Entertainment           Entertainment         Entertainment           Entertainment         \$500.           Total Entertainment         \$500.			\$0.00
Taske         5.00           Advertising         \$35000.           Buttonstar         Champions           Community Impace         Community Impace           Buss Fenster         Houston Chorolice           Kub Radio         Kub Radio           Kub Radio         Very Community Impace           Piotography         Very Community Impace           Rub Radio         Very Comm			
FCM Expenses         \$0           Advertising         \$35000.           Buttonstar         \$15000.           Champions         \$15000.           Community Impace         \$15000.           Das Fenster         \$15000.           Houston Chronicle         \$15000.           Kulip Radio         \$15000.           Kwilk Kopy         \$15000.           Polotography         \$15000.           Polotography         \$15000.           Total Montros         \$15000.           Tomball Chamber         \$15000.           Townsquare Publications         \$3000.           Busses         \$15000.           Porta Potties         \$3000.           Entertainment         \$15000.           Entertainmen	Repairs		
Advertising         \$35000.           Buttonstar         \$1000.           Champinos         \$1000.           Community Impace         \$1000.           Bas Fenster         \$1000.           Houston Chronicle         \$1000.           Kulk Kopy         \$1000.           Neighborhood Publishing         \$1000.           Polka         \$1000.           Star Monitose         \$1000.           The Rural Connection         \$1000.           Total Advertising         \$3000.           Buses         \$3000.           Buses         \$3000.           Total Potitis         \$3000.           Entertainment         \$1000.           Entertainment         \$100	Taxes		
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Community Impace           Das Fenster           Horsebay           Houston Chronicle           Kulp Radio           Kwik Kopy           Neighborhood Publishing           Polka           Star Montrose           The Rural Connection           Tomball Chamber           Townsquare Publications           Stributors         \$35000.           Distributors         \$37000.           Buses           Porta Pottles         \$7000.           Entertainment         Entertainment           Entertainers         Hotels           Total Entertainment         \$0.	Buttonstar		
Das Fenster           Horsebay           Houston Chronicle           Kulp Radio           Kwik Kopy           Neighborhood Publishing           Photography           Polka           Star Montrose           The Rural Connection           Tomball Chamber           Tomball Chamber           Townsquare Publications           Buses           Porta Pottes           Total Oistributors         \$37000.           Entertainment           Entertaininers           Hotels           Total Entertainment	Champions		
Horsebay           Houston Chronicle           Kulp Radio           Kwik Kopy           Neighborhood Publishing           Photography           Polka           Star Montrose           The Rural Connection           Tomball Chamber           Townsquare Publications           Distributors         \$35000.           Buses           Porta Pottles           Total Distributors         \$37000.           Entertainment           Entertainment           Entertainers           Hotels	Community Impace		
Houston Chronicle         Kulp Radio         Kwik Kopy         Neighborhood Publishing         Photography         Polka         Star Montrose         The Rural Connection         Tomball Chamber         Townsquare Publications         Total Advertising       \$35000.         Buses         Porta Potties         Total Distributors       \$37000.         Entertainment         Entertainers         Hotels	Das Fenster		
Kulp Radio         Kwik Kopy         Neighborhood Publishing         Photography         Polka         Star Montrose         The Rural Connection         Tomball Chamber         Townsquare Publications         Total Advertising       \$35000.         Distributors       \$37000.         Buses         Porta Potties         Total Distributors       \$37000.         Entertainment         Entertainers         Hotels	Horsebay		
Kwik Kopy         Neighborhood Publishing         Photography         Polka         Star Montrose         The Rural Connection         Tomball Chamber         Townsquare Publications         Starblindors         Distributors       \$35000         Buses         Porta Potties         Total Distributors       \$37000         Entertainment         Entertainers         Hotels	Houston Chronicle		
Neighborhood Publishing           Photography           Polka           Star Montrose           The Rural Connection           Tomball Chamber           Townsquare Publications           Total Advertising         \$35000.           Distributors         \$37000.           Buses           Porta Potties         \$37000.           Entertainment         \$1000.           Entertainment         \$1000.           Entertainment         \$2000.           Entertainment         \$3000.           Entertainment         \$3000.	Kulp Radio		
Photography Polka Star Montrose The Rural Connection Tomball Chamber Townsquare Publications  Total Advertising Sistributors Buses Porta Potties  Total Distributors Sistributors Sistributors Total Distributors Sistributors Sis	Kwik Kopy		
Polka           Star Montrose           The Rural Connection           Tomball Chamber           Townsquare Publications           Total Advertising         \$35000.           Buses           Porta Potties           Total Distributors         \$37000.           Entertainment           Entertainment           Hotels           Total Entertainment           Buses           Botal Entertainment           State Connection           Botal Entertainment           Botal Entertainment           Botal Entertainment	Neighborhood Publishing		
Star Montrose The Rural Connection Tomball Chamber Townsquare Publications  Total Advertising \$35000. Distributors \$37000. Buses Porta Potties  Total Distributors Entertainment Entertainment Hotels  Total Entertainment Star Montrose  Star Montrose  Total Connection  \$35000. \$37	Photography		
The Rural Connection Tomball Chamber Townsquare Publications  Total Advertising \$35000.  Buses Porta Potties  Total Distributors \$37000.  Entertainment Entertainment Hotels  Total Entertainment  Source  Total Entertainment  Source  Total Distributors  Source  Total Distributors  Source  Total Distributors  Source  Total Distributors  Source  Total Entertainment			
Tomball Chamber Townsquare Publications  Total Advertising \$35000. Distributors \$37000. Buses Porta Potties  Total Distributors \$37000. Entertainment Entertainment Hotels Total Entertainment \$000000000000000000000000000000000000	Star Montrose		
Total Advertising \$35000. Distributors \$37000. Buses Porta Potties  Total Distributors \$37000. Entertainment Entertainment Hotels  Total Entertainment  \$500000000000000000000000000000000000	The Rural Connection		
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Total Advertising\$35000.Distributors\$37000.BusesPorta PottiesTotal Distributors\$37000.EntertainmentEntertainersHotels\$0.Total Entertainment\$0.	Townsquare Publications		
Distributors \$37000. Buses Porta Potties  Total Distributors \$37000. Entertainment Entertainers Hotels  Total Entertainment \$5000.		\$350	00.00
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Porta Potties  Total Distributors \$37000.  Entertainment  Entertainers Hotels  Total Entertainment \$0.00000000000000000000000000000000000		4070	
Total Distributors \$37000.  Entertainment Entertainers Hotels  Total Entertainment \$0.000.  \$37000.  \$			
Entertainment Entertainers Hotels  Total Entertainment \$0.		ę śżąni	00.00
Entertainers Hotels Total Entertainment \$0.		\$3700	55.00
Hotels Total Entertainment \$0.			
Total Entertainment \$0.			
			¢0.00
Hospitality			şU.UU

Meals

Accounts	Budge	Iten
Total Hospitality		\$0.00
Insurance		
Security	\$80	000.00
Volunteers		
Snacks		
Total Volunteers		\$0.00
Total TGCM Expenses	\$800	00.00
TGHF Expenses		\$0.00
Advertising	\$35	000.00
American Classifieds		
Blanco County News		
Button Star		
Community Impact		
Das Fenster		
Hello Woodlands		
Houston Chronicle		
Houston Chronicle		
Houston Livestock Show & Rodeo		
KStar		
Kulp Radio		
Kwik Kopy		
Neighborhood Publication		
Photography		
Polka		
Printing Materials		
ButtonStar		
FastSigns		
Total Printing Materials		\$0.00
SP Merchandise		
Star Montrose		
Team		
The Rural Connection		
Tomball Chamber		
Townsquare Publications		
Zoogee World		
Total Advertising	\$350	000.00
Distributors	\$370	000.00
Buses		
Porta Potties		
Total Distributors	\$370	000.00
Entertainment		
Entertainers		
Hotels		
Total Entertainment		\$0.00
Equipment Rental		
Hospitality		
Meals		
Total Hospitality		\$0.00
Insurance		,
	¢g.	00.00
	301	550.00
Security		
Security Volunteers		
Security Volunteers Snacks		¢0.00
Security Volunteers Snacks Total Volunteers		\$0.00
Security Volunteers Snacks	\$800	\$0.00 000.00

		Item 5.
Accounts	Budge	nem 5.
Total Expense	\$160	000.00
Other Income		
Other Expense		
Reconciliation Discrepancies-1		
Total Other Expense		
Total Net Income	\$-160	00.00

Friday, June 20, 2025 at 1:17 PM CDT

## Statement of Activity

### The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
Interest	<b>-143.3</b> 0
Rewards	3,958.42
TGCM Income	\$80,000.00
Festival	76,606.86
Sponsors	20,000.00
Vendors	153,455.36
Total for TGCM Income	\$330,062.22
TGHF Income	\$80,000.00
Festival	69,800.00
Sponsors	20,000.00
Vendors	83,572.40
Total for TGHF Income	\$253,372.40
Uncategorized Income	1,000.00
Total for Income	\$588,249.74
Cost of Goods Sold	
Gross Profit	\$588,249.74
Expenses	
Accounting	4,500.00
Administration	\$3,099.32
Administration Auto	\$3,099.32 \$865.95
Auto	\$865.95
Auto Fuel	\$865.95 1,851.67
Auto Fuel Vehicle Insurance Total for Auto	\$865.95 1,851.67 2,370.38
Auto Fuel Vehicle Insurance	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95
Auto Fuel Vehicle Insurance Total for Auto Bank Charges Donations	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b>
Auto Fuel Vehicle Insurance Total for Auto Bank Charges	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84 3,805.22
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance	\$865.95 1,851.67 2,370.38 <b>\$5,088.00</b> 924.95 1,783.84 3,805.22 6,309.48
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel  Total for Sister City Visit	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21 \$17,590.66
Auto Fuel Vehicle Insurance  Total for Auto  Bank Charges Donations Dues and Subscriptions Insurance Internet Meals Postage Sister City Visit Food Travel  Total for Sister City Visit Storage	\$865.95 1,851.67 2,370.38 \$5,088.00 924.95 1,783.84 3,805.22 6,309.48 2,323.91 5,633.96 293.35 \$92.63 950.82 16,547.21 \$17,590.66

#### Item 5.

## Statement of Activity

### The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Bookkeeping	1,150.00
Exchange Students - Expenses	\$2,817.56
Meals and Entertainment	2,072.22
Travel	5.00
Total for Exchange Students - Expenses	\$4,894.78
Heritage Dinner	3,139.83
Hospitality Events Meals	\$1,422.54 1,508.54
Total for Hospitality Events	\$2,931.08
	312.86
Interest Paid Payroll	312.00
Payroll Service Fee	2,322.08
Payroll Tax Expenses	3,867.04
Salary and Wages	50,550.04
Workers Compensation	238.99
Total for Payroll	\$56,978.15
Taxes	3,051.78
TGCM Expenses	\$8,609.16
Advertising	\$12,785.00
Buttonstar	247.15
Community Impace Das Fenster	9,043.23 600.00
Kulp Radio	152.00
Kwik Kopy	3,645.46
Photography	1,545.61
The Rural Connection	284.50
Tomball Chamber	117.30
Total for Advertising	\$28,420.25
Distributors	\$90,843.89
Buses	9,120.25
Porta Potties	4,800.00
Total for Distributors	\$104,764.14
Entertainment	\$1,885.00
Entertainers	54,075.00
Hotels  Total for Entertainment	6,872.58 <b>\$62,832.58</b>
Hospitality Meals	\$1,289.80 1,109.20
Total for Hospitality	\$2,399.00
	1,296.98
Insurance Security	5,120.00
Cooling	3,120.00

## Statement of Activity

### The Tomball Sister Cities Organization

October 1, 2023-September 30, 2024

DISTRIBUTION ACCOUNT	TOTAL
Volunteers	1,734.06
Total for TGCM Expenses	\$215,176.17
TGHF Expenses	\$3,052.94
Advertising	\$10,452.63
Button Star	381.13
Community Impact	8,696.25
Houston Chronicle	10,825.00
Kwik Kopy	36.79
Photography	1,292.75
Tomball Chamber	1,390.00
Total for Advertising	\$33,074.55
Distributors	\$25,549.32
Buses	8,341.90
Porta Potties	4,800.00
Total for Distributors	\$38,691.22
Entertainment	\$45,225.00
Entertainers	13,050.00
Hotels	5,997.42
Total for Entertainment	\$64,272.42
Equipment Rental	63,986.58
Hospitality	\$1,543.40
Meals	940.88
Total for Hospitality	\$2,484.28
Security	4,640.00
Total for TGHF Expenses	\$210,201.99
Uncategorized Expense	1,095.00
Total for Expenses	\$556,067.88
Net Operating Income	\$32,181.86
Other Income	
Other Expenses	
Net Other Income	0
Net Income	\$32,181.86

## City Council Meeting Agenda Item Data Sheet

Data Sheet	Meeting Date: August 26, 2025
Topic:	
Consideration of the application for FY 2025-202 Area Chamber of Commerce for the Annual Holi	6 Hotel Occupancy Tax Funds for the Greater Tomball day Parade.
Background:	
Application for FY 2025-2026 Hotel Occupancy Commerce for the Annual Holiday Parade.	Tax Funds for the Greater Tomball Area Chamber of
Origination: Marketing and Finance	
<b>Recommendation:</b>	
Staff recommends the Committee proceed with the	ne consideration of this application.
Party(ies) responsible for placing this item on	agenda: Bragg Farmer, Finance Director
<b>FUNDING</b> (IF APPLICABLE)  Are funds specifically designated in the current budge	t for the full amount required for this purpose?
Yes: No:	If yes, specify Account Number: #
If no, funds will be transferred from account: #	To Account: #
Signed: Bragg Farmer 8/19/25 Staff Member Date	Approved by: City Manager Date



## City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

#### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B — Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

#### **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- 1. The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

#### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

#### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

#### Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

VIA EMAIL

City of Tomball

Finance@tomballtx.gov

ATTN: Director of Finance

501 James Street Tomball, TX 77375



## City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or PCarrasco@tomballtx.gov.

#### **Section I: Organization Information**

Name of Organiz	zation/Business:	Greater Tomb	all Area Ch	amber of Comr	nerce
Street Address:	29201 Quinn Ro	oad, Ste. B			
City: Tomball		State:T	-X	Zip Code:	7375
Contact Name:	Brandy Beyer				
Role with Organi	zation/Business:	Vice Presid	dent		
Phone Number:	281.351.7222	Email:	bbeyer@	tomballchamb	er.org
Type of Organiza	ation/Business	☐ Private/Fo	r Profit	■ Non-Profit	
Purpose of Orga	nization/Business	s:			
	omball Area Chai nat empower bus		•		

## Section II: Event/Program Information

Event/Program Name:
Date(s) of Event/Program: November 22, 2025
Location of Event/Program (Provide the address or a general location):  Main Street
Website for Event/Program: www.tomballchamber.org
Is this a new event/program? Yes No
If this is not a new event/program, how long has the event/program operated?  This will be the 60th annual Tomball Holiday Parade.
Provide a detailed description of the event/program.
annual parade with over 150 entries including bands, classic cars, dignitaries and floats
Estimated Local Attendees at Event/Program:
Estimated Out of Town Attenders at Event/Program: 10,000

#### Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 20,000	
Total operating budget for event/program.	\$ 55,900	
Percent of event/program to be funded by grant.	36	%
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 5,000	
Provide a detailed description of how grant funds will be used if a can be added if necessary).	pproved (additio	onal pages
security, advertising, portapotties, dignitary breakfast and bar	nd participation	
Please indicate all promotion/advertising efforts your organizatio to the event/project/program.	n will use to aler	t visitors
Paid Advertising Social Media Other (please specify)  Radio Television Online/Digital Advertising  Television Online/Digital Advertising	Brochure Press Re	
Provide a description of how you intend to advertise or promote yournight stays in Tomball.	our event/progra	am to gain
This event draws crowds from all around - as part of our large encourage participants and attendees to stay in the area and		-

How will you measure the impact of your event on local overnight accommodations?

in Tomball and to make a weekend adventure for them and their families.

Many entries come from out of town for the parade and will choose to stay in Tomball either the night prior to the early morning event, or after to enjoy their visit to Tomball. Our Miss Tomball contestants, who participate in the parade, have many out of town family members that will come to town to support them. They will stay the evening prior and the following evening, as the pageant follows the parade.

request that local business owners promote the parade and themselves as to keep visitors

#### Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

_	YES, the event/program expenditure meets the Part One test.
	NO, the event/program expenditure does not meet the Part One test.

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
>	Advertising, solicitations, and promotions that attract tourists or convention delegates.
	Encouragement, promotion, improvement, and application of the arts.
	Historical restoration or preservation programs.
	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

### **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

#### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature: Brandy Beye	Digitally signed by Brandy Beyer Date: 2025.07.08 16:33:10 -05'00'
Applicant Printed Name: Brandy Beyer	
Date of Application: 7/8/2025	_

## 2025 Tomball Holiday Parade Budget

Candy for children	200.00
Breakfast for special guests	2,000.00
Clean-Up	900.00
Port-o-Pottie	1,400.00
Advertising	5,000.00
Security	6,000.00
Debriefing Meeting	300.00
Supplies	1,000.00
Coins	1,100.00
Personnel	30,000.00
Entertainment	8,000.00

Total Expenses: 55,900.00

Grant Request 20,000.00

#### Item 6.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Ordinary Income/Expense													
Income													
Income													
Rent Income	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	74,592.00
Capital Campaign	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	36,000.00
Health & Wellness	1,500.00	1,000.00		1,500.00	3,000.00	4,000.00	1,000.00	3,000.00	2,000.00	3,000.00			20,000.00
Hotel/Motel Tax									45,000.00				45,000.00
First Friday	3,500.00	3,500.00	3,500.00	3,000.00	3,000.00	3,000.00	2,000.00	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	450.00	450.00	500.00	500.00	5,100.00
Women's Committee	0.00	1,000.00	1,500.00	1,500.00	1,000.00	1,000.00	0.00	0.00	13,000.00	0.00	0.00	1,000.00	20,000.00
Interest Income	2,500.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	13,100.00
Membership Dues													
New	10,000.00	10,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	10,000.00	10,000.00	10,000.00	10,000.00	5,000.00	100,000.00
Allowance Non-Renewal	-6,227.83	-7,412.58	-3,473.08	-4,129.33	-2,466.83	-3,250.08	-3,133.58	-3,578.08	-4,010.33	-4,900.58	-3,271.83	-2,961.58	-48,815.75
Renewal	62,278.33	74,125.83	34,730.83	41,293.33	24,668.33	32,500.83	31,335.83	35,780.83	40,103.33	49,005.83	32,718.33	29,615.83	488,157.46
<b>Total Membership Dues</b>	66,050.50	76,713.25	38,257.75	44,164.00	29,201.50	36,250.75	35,202.25	42,202.75	46,093.00	54,105.25	39,446.50	31,654.25	539,341.71
Miscellaneous Income	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	2,640.00
Publications/Products													
Magazine/Map/Website		400.00		1,000.00	15,000.00	·	500.00	6,000.00	. <u></u> .	4,000.00	1,100.00		28,000.00
Total Publications	0.00	400.00	0.00	1,000.00	15,000.00	0.00	500.00	6,000.00	0.00	4,000.00	1,100.00	0.00	28,000.00
Special Events													
Banquet	10,000.00	20,000.00											30,000.00
Golf Classic		10,000.00	20,000.00	5,000.00		5,000.00							40,000.00
Family Reunion					5,000.00								
Tomball Night						10,000.00	22,000.00	5,000.00					37,000.00
Holiday Parade						15,000.00			3,000.00	15,000.00	12,000.00		45,000.00
Miss Tomball Pageant									2,000.00	15,000.00	13,000.00		30,000.00
Total Special Events	10,000.00	30,000.00	20,000.00	5,000.00	5,000.00	30,000.00	22,000.00	5,000.00	5,000.00	30,000.00	25,000.00	0.00	187,000.00
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71

Expense													
Building Expense													
Cleaning	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	8,880.00
Electricity	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	12,660.00
Building Interest	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	17,700.00
Reimbursed by tenants	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-20,736.00
Repairs/Maintenance	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	12,000.00
Total Building Expense	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	128

84,286.75

73,538.25

69,238.75

124,679.00

106,991.25

78,682.50

122,649.25

93,386.50

**Gross Profit** 

73,293.75

69,000.00

66,237.50

45,790.25

1,007,773.71

#### Item 6.

#### Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Accounting Expense	4,000.00	7,500.00	4,000.00			2,500.00							18,000.00
Advertising							2,000.00	3,000.00		1,000.00	4,000.00		10,000.00
Bad Debt Expense	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	10,000.00	4,000.00	20,000.00	70,000.00
Health & Wellness		1,500.00			1,500.00			5,000.00	2,000.00	4,000.00			14,000.00
First Friday	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,500.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	200.00	200.00	200.00	100.00	150.00	200.00	100.00	100.00	200.00	200.00	150.00	200.00	2,000.00
Women's Committee		500.00	500.00	500.00	500.00	1,000.00	0.00	0.00	2,000.00	0.00	0.00	10,500.00	15,500.00
Young Professionals	200.00			200.00			200.00			200.00			800.00
Bank Fees	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	16,200.00
Board of Directors	500.00								3,000.00	3,700.00	300.00		7,500.00
Dues and Subscriptions	1,150.00				500.00			750.00				1,112.00	3,512.00
Employee Expense													
SUTA	1,700.00	600.00											2,300.00
Development	600.00	1,600.00		3,000.00	0.00	4,000.00	3,000.00	1,000.00	300.00	1,500.00			15,000.00
FUTA	140.00	30.00											170.00
Group Insurance	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	4,000.00	4,000.00	4,000.00	4,000.00	43,600.00
Cell Phone Allowance	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	5,040.00
Payroll Services	550.00	600.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	6,650.00
Payroll Taxes	2,080.00	2,100.00	2,100.00	2,080.00	2,080.00	2,080.00	2,080.00	2,100.00	2,080.00	2,080.00	2,150.00	3,200.00	26,210.00
Salaries													
TACC	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	36,166.25	441,195.00
Bonus												18,265.00	18,265.00
Total Salaries	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	54,431.25	459,460.00
Total Employee Expense	45,106.25	46,516.25	42,686.25	47,216.25	42,666.25	46,666.25	45,666.25	45,236.25	43,516.25	44,716.25	45,836.25	62,601.25	558,430.00
Insurance													
Worker's Compensation	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	570.96
Officer & Director Liability	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	1,761.96
General Liab.	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	8,552.04
Total Insurance	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	10,884.96
Membership/Misc. Expense	10,000.00	5,000.00	2,500.00	2,000.00	800.00	500.00	1,000.00	1,000.00	500.00	600.00	800.00	4,000.00	28,700.00
Office Equipment Expense													
Database	6,250.00												6,250.00
Computer Maintenance	400.00	400.00	1,000.00	400.00	400.00	1,500.00	400.00	400.00	400.00	400.00	400.00	400.00	6,500.00
Copier Lease	600.00	800.00	800.00	700.00	700.00	700.00	500.00	600.00	400.00	800.00	800.00	600.00	8,000.00
Pitney Bowes			600.00			600.00			600.00			600.00	2,400.00
Total Office Equip Expense	7,250.00	1,200.00	2,400.00	1,100.00	1,100.00	2,800.00	900.00	1,000.00	1,400.00	1,200.00	1,200.00	1,600.00	23,150.00
Office Supplies	700.00	5,000.00	500.00	700.00	500.00	500.00	600.00	800.00	250.00	500.00	250.00	200.00	10,500.00
Postage & Delivery	500.00	0.00	1,000.00	0.00	0.00	0.00	500.00	500.00	0.00	0.00	0.00	0.00	2,500.00
Property Tax Expense	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	17,469.00
Income Tax Expense	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	129

#### Item 6.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Rent	145.00	145.00	145.00	145.00	145.00	145.00	160.00	160.00	160.00	160.00	160.00	160.00	1,830.00
Special Events													
Banquet		12,000.00	1,000.00										13,000.00
Golf Classic			1,000.00	18,000.00									19,000.00
Family Reunion					5,000.00								
Tomball Night							1,000.00	11,000.00					12,000.00
Holiday Parade									1,000.00	1,000.00	21,000.00	1,000.00	24,000.00
Miss Tomball Pageant													
Scholarship Expense											13,000.00		13,000.00
Pageant - Other											5,000.00	2,000.00	7,000.00
Total Miss Tomball										0.00	18,000.00	2,000.00	20,000.00
Total Special Events	0.00	12,000.00	2,000.00	18,000.00	5,000.00	0.00	1,000.00	11,000.00	1,000.00	1,000.00	39,000.00	3,000.00	93,000.00
Telephone Expenses	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	6,720.00
Travel & Entertainment	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	960.00
Total Expense	84,279.50	94,589.50	70,459.50	84,489.50	67,389.50	68,839.50	66,654.50	83,074.50	68,554.50	78,304.50	106,224.50	113,901.50	986,761.00
Net Ordinary Income	9,107.00	28,059.75	2,834.25	-15,489.50	-1,152.00	15,447.25	6,883.75	-13,835.75	56,124.50	28,686.75	-27,542.00	-68,111.25	21,012.71
Principal Building Payment	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	45,000.00
xDepreciation Expense	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	21,756.00
Net Income	3,544.00	22,496.75	-2,728.75	-21,052.50	-6,715.00	9,884.25	1,320.75	-19,398.75	50,561.50	23,123.75	-33,105.00	-73,674.25	-45,743.29

Independent Auditors' Report and Financial Statements for the Year Ended December 31, 2024 (Audited) (with comparative totals for 2023 - Reviewed)



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Tipton & Company LLC 134 Vintage Park Blvd. Ste. A #106 Houston, TX 77070 www.nonprofitacctg.com

#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Greater Tomball Area Chamber of Commerce
Tomball, Texas

We have audited the accompanying financial statements of Greater Tomball Area Chamber of Commerce (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Tomball Area Chamber of Commerce as of December 31, 2024, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Greater Tomball Area Chamber of Commerce and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that
  are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of Greater Tomball Area Chamber of Commerce's internal control. Accordingly, no such
  opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
  raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a
  going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

#### **Report on Summarized Comparative Information**

The 2023 financial statements were reviewed by us and our report thereon, dated March 4, 2024, stated we were not aware of any material modifications that should be made to those financial statements for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements. The summarized comparative information presented herein as of and for the year ended December 31, 2023, is consistent, in all material respects, with the reviewed financial statements from which it has been derived.

Tipton & Company LLC Certified Public Accountants

Tipton : Company LLC

Houston, Texas

March 12, 2025

## Statement of Financial Position

As of December 31, (with comparative totals for 2023)		Audited 2024		Reviewed 2023
Assets				
Cash and cash equivalents	\$	132,986	\$	223,989
Certificate of deposit		320,289		309,821
Accounts receivable, net		64,847		44,907
Prepaid expenses		10,677		10,291
Property and equipment, net		796,220		825,005
Total Assets	\$	1,325,019	\$	1,414,013
Liabilities and Net Assets				
Liabilities				
Accrued expenses	\$	30,248	\$	31,031
Deferred revenues	*	192,315	•	192,315
Note payable		240,362		381,706
Deposits		4,150		8,300
Total Liabilities		467,075		613,352
Net Assets				
Without donor restrictions		857,944		800,661
Without dollor restrictions		007,044		000,001
Total Net Assets		857,944		800,661
Total Liabilities and Net Assets	\$	1,325,019	\$	1,414,013

### Statement of Activities

Year ended December 31, (with comparative totals for 2023)	Audited 2024	Reviewed 2023
Without Donor Restrictions		
Revenue and Support		
Membership dues	\$ 513,014	\$ 483,92
Special events revenue	208,974	204,01
Direct benefit to donor	(26,578)	(22,95
Capital improvement campaign	30,000	36,00
First Friday luncheon	33,225	42,42
Networking Breakfast	5,245	5,37
Women's Committee	15,712	26,35
City of Tomball hotel tax revenue	45,000	35,00
Rental income	66,285	64,62
Tenent reimbursements	15,086	12,38
Ads and ad commission	18,334	25,40
Contributed nonfinancial assets	9,470	29,00
Interest and investment income	12,494	12,61
Other income	49,187	16,73
Total Revenue and Support	995,448	970,90
Expenses		
Program Services		
Business resources	339,930	325,81
Advocacy	335,393	328,34
Total Program Services	675,323	654,16
Supporting Services		
General and administrative	123,028	127,02
Fundraising	139,814	137,21
Total Supporting Services	262,842	264,23
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Total Expenses	938,165	918,39
Change in Net Assets	57,283	52,51
Net Assets, Beginning of Year	800,661	748,14
Net Assets, End of Year	\$ 857,944	\$ 800,66

### Statement of Functional Expenses

			Progr	am Services					Supporting Ser	vices		Audited	F	Reviewed
Year ended December 31,		usiness				al Program	_	neral and		Т	otal Supporting	2024		2023
(with comparative totals for 2023)	Re	esources	Α	dvocacy	5	Services	Adm	inistrative	Fundraising		Services	Total		Total
Payroll and related expenses														
Salaries	\$	138,831	\$	138,831	\$	277,662	\$	34,708	\$ 34,70		69,416	\$ 347,078	\$	312,048
Payroll taxes		11,473		11,473		22,946		2,868	2,86		5,736	28,682		26,044
Employee benefits		16,974		16,974		33,948		4,244	4,24		8,488	42,436		37,278
Total payroll and related expenses		167,278		167,278		334,556		41,820	41,82	)	83,640	418,196		375,370
Other expenses														
Advertising		1,194		1,194		2,388		1,194	8,35		9,549	11,937		26,922
Bad debt		19,043		19,043		38,086		19,043	19,04		38,085	76,171		69,471
Bank fees		1,457		1,457		2,914		5,829	5,82	9	11,658	14,572		13,532
Board expenses		-		-		-		8,824		-	8,824	8,824		6,305
Computer maintenance		2,638		2,638		5,276		659	65	9	1,318	6,594		4,642
Contract labor		22,596		22,596		45,192		5,649	5,64	9	11,298	56,490		66,448
Depreciation		11,514		11,514		23,028		2,878	2,87		5,757	28,785		30,115
Dues and subscriptions		1,454		1,454		2,908		364	36	4	728	3,636		4,870
Employee development		6,606		6,606		13,212		1,651	1,65	1	3,302	16,514		12,264
Equipment lease		4,480		4,480		8,960		1,120	1,12	)	2,240	11,200		12,212
First Friday		33,831		-		33,831		-		-	-	33,831		37,020
Health committee		13,281		-		13,281		-		-	-	13,281		11,046
Insurance		4,200		4,200		8,400		1,050	1,05	)	2,100	10,500		10,306
Interest		8,536		8,536		17,072		2,134	2,13	3	4,267	21,339		16,940
Miscellaneous		6,321		7,460		13,781		5,595	,	_	5,595	19,376		21,062
Networking breakfast		2,580		· -		2,580		· -		_	-	2,580		1,617
Office supplies		2,222		2,222		4,444		556	55	6	1,112	5,556		5,692
Payroll service		2,581		2,581		5,162		645	64	5	1,290	6,452		5,880
Postage and delivery		572		286		858		286	76		1,049	1,907		2,888
Professional fees						-		10.100		_	10,100	10,100		16,005
Rent		665		665		1,330		166	16	6	332	1,662		1,482
Repairs and maintenance		7,191		7,191		14,382		1,798	1,79		3,596	17,978		25,194
Software		2,291		2,291		4,582		572	57		1,144	5,726		5,986
Special events		2,514		36,626		39,140		-	67,62		67,620	106,760		95,802
Taxes - income		-		_		_		6,613	, , ,	_	6,613	6,613		10,542
Taxes - property		6,988		6,988		13,976		1,747	1,74	3	3,493	17,469		15,796
Telephone		2,787		2,787		5,574		697	69		1,394	6,968		7,014
Travel and entertainment		_,		_,. 0.		-		760		_	760	760		720
Utilities		5,110		5,110		10,220		1,278	1,27	3	2,556	12,776		12,452
Womens Committee		-		10,190		10,190			1,21	_	-	10,190		15,748
Total other expenses		172,652		168,115		340,767		81,208	124,57	2	205,780	546,547		565,973
Subtotal		339,930		335,393		675,323		123,028	166,39		289,420	964,743		941,343
Less: Direct benefit to donor		339,930		330,393		0/0,323		123,020	(26,57		(26,578)	(26,578)		(22,952)
Less. Direct perionit to dorion									(20,37	ر ر	(20,376)	(20,370)		(22,302)
Total Expenses	\$	339,930	\$	335,393	\$	675,323	\$	123,028	\$ 139,81	4 \$	262,842	\$ 938,165	\$	918,391

## Statement of Cash Flows

Year Ended December 31, (with comparative totals for 2023)	Audited 2024	ſ	Reviewed 2023
Cash Flows From Operating Activities			
Change in net assets	\$ 57,283	\$	52,515
Adjustments to reconcile change in net assets to			
net change in operating activities:			
Unrealized (gain)/loss on certificate of deposit	289,530		(9,821)
Depreciation	28,785		30,115
Bad debt expense	76,171		69,471
Changes in assets and liabilities:			
Accounts receivable	(96,111)		(79,129)
Prepaid expenses	(386)		(193)
Accrued expenses	(783)		2,302
Deferred revenues	-		16,517
Other Liabilities	(4,150)		-
Total Adjustments	293,056		29,262
Net Change in Operating Activities	350,339		81,777
Cash Flows From Investing Activities			
Purchases of certificate of deposit	(300,000)		(300,000)
Purchases of property and equipment	(500,500)		(300,000)
Net Change in Investing Activities	(300,000)		(300,000)
Cash Flows From Financing Activities			
Payments on note payable	(141,345)		(145,876)
Net Change in Financing Activities	(141,345)		(145,876)
Not Change in Cook and Cook Engineers	 (04.000)		(204.000)
Net Change in Cash and Cash Equivalents	(91,006)		(364,099)
Cash and Cash Equivalents, beginning of year	223,989		588,088
Cash and Cash Equivalents, end of year	\$ 132,983	\$	223,989
-			
Supplemental Disclosures:			
Interest paid	\$ 21,339	\$	16,940
Federal income taxes paid	\$ 6,613	\$	10,542

#### NOTE 1 - NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Operations

The Greater Tomball Area Chamber of Commerce (the "Chamber") is a not-for-profit organization of citizens who are investing their time and money in a community development program working together to improve the economic, civic, and cultural fortitude of the region, community, or area. The Chamber's mission is to provide resources and foster relationships that empower businesses to prosper in Tomball and its surrounding communities.

The Chamber is supported through membership dues, contributions, rental income and other miscellaneous revenue. The Chamber conducts the following programs:

- Business resources The Business Resources Division is dedicated to providing and promoting value added, quality networking events to the Chamber's diverse membership, by ensuring inclusion through new member mentorship programs and by presenting opportunities for personal and business growth. This division invites members to become involved in the Chamber's programs that will allow relationships to be formed and sustained through a variety of networking events.
- Advocacy The Advocacy Division is committed to being a strong voice for the Chamber's members and
  the greater Tomball area community. This will be accomplished by addressing public policy issues with
  participation from the public, members and elected officials, and holding open discussions about issues
  that affect the business community including: economic development, education, workforce development,
  energy and healthcare.

#### Basis of Accounting

The financial statements of the Chamber have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

#### Basis of Presentation

The Chamber reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

- Net assets without donor restrictions are resources available to support operations and not subject to
  donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits
  resulting from the nature of the Chamber, the environment in which it operates, the purposes specified in
  its corporate documents and its application for tax-exempt status, and any limits resulting from contractual
  agreements with creditors and others that are entered into in the course of its operations. Assets
  restricted solely through the actions of the Board of Directors are reported as net assets without donor
  restrictions, board-designated.
- Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some
  donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time
  or use for a purpose specified by the donor. Donor-imposed restrictions are released when a restriction
  expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource
  was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, where
  the donor stipulates that resources be maintained in perpetuity. Donor-restricted endowment earnings are

released when those earnings are appropriated with spending policies and are used for the specified purpose.

#### Cash and Cash Equivalents

The Chamber considers all monies in banks and highly liquid investments with maturities of three months or less from the date of purchase to be cash and cash equivalents. The carrying values of any cash and cash equivalents are deemed to approximate their fair values because of the short maturities of those financial instruments.

#### Certificates of Deposit

The Chamber has a certificate of deposit, bearing interest at 3.00%, maturing January 2025 with an early withdrawal penalty of 360 days of interest. It was renewed again in January 2025 with the same interest rate, maturing January 2026. The total balance of the certificate of deposit at December 31, 2024 and 2023 is \$320,289 and \$309,821, respectively.

#### Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At December 31, 2024 and 2023, the allowance for bad debts was \$7,021 in both years.

#### Property and Equipment

The Chamber capitalizes all expenditures for property, plant and equipment in excess of \$500. Maintenance and repairs are charged to operations when incurred. Major improvements and renewals that extend the life of the asset are capitalized. Purchased property, plant and equipment are carried at cost and are depreciated using the straight-line method based on their estimated useful lives as follows:

Buildings and improvements	39 years
Computers and software	3-5 years
Office equipment	5-7 years
Furniture and fixtures	5-7 years

#### Contributed Nonfinancial Assets

Donated goods are recognized at fair value as contributions when an unconditional commitment is received from the donor. The related expense is recognized as the item is used or sold. All donated goods were utilized by the Organization's programs and supporting services. There were no donor-imposed restrictions associated with the donated services and assets. Contributions of services are recognized when services received (a) create or enhance nonfinancial assets or (b) require specialize skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

#### Deferred Revenue

Income from membership dues and subscription fees received in advance is deferred and recognized over the periods to which the dues and fees relate.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The significant estimates included in the financial statements are the estimates of useful lives used for depreciating property and equipment items.

#### Membership Dues

Membership dues are recognized as revenue ratably over the term of the membership period. Any unearned amounts are included in deferred revenue at the end of each accounting period.

#### Functional Allocation of Expenses

Expenses are categorized in the Statement of Activities as program services, management and general and fundraising. The Chamber's expenses are allocated on a functional basis among these benefited categories:

- Program service expenses: include direct and indirect (allocated) expenses for the various programs
  offered by the Chamber to fulfill member investment expectations. Expenses that can be identified with a
  specific program and support services are allocated directly according to their natural expenditure
  classification. Other expenses, that are common to several functions, are allocated to program services
  based on time and effort.
- Management and general expenses: include those expenses, ranging from office management to financial services, that are not directly identifiable with any other specific function but provide for the overall support and direction of the Chamber. Those expenses include the basic necessities to be an accredited, well rounded, and effective organization.
- Fundraising expenses: represent costs incurred in connection with fundraising efforts to continue the Chamber's mission. The membership dues alone are not adequate enough to accomplish the Chamber's goals; therefore, fundraising events are held to fill the gap between membership dues and total expenses.

#### Income Taxes

The Chamber is operating as a not-for-profit corporation, under Section 501(c)(6) of the Internal Revenue Code, and is not subject to income taxes with the exception of unrelated business income. The Chamber conducted unrelated business activities during the current year. Therefore, the Chamber paid \$6,613 and \$10,542 for federal income taxes in the years ended December 31, 2024 and 2023, respectively.

The Chamber applies the provisions of FASB ASC Topic 740, Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosures and transition. As of December 31, 2024 and 2023, no uncertain tax positions were identified.

#### <u>Leases</u>

The Chamber accounts for leases in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 842, *Leases*. Leases are evaluated using the criteria in FASB ASC 842 to determine whether they will be classified as operating leases or finance leases. The Chamber determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are

changed. The Chamber determines if an arrangement conveys the right to use an identified asset and whether the Chamber obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. The Chamber recognizes a lease liability and right-of-use (ROU) asset at the commencement date of the lease. The Chamber has elected to not recognize ROU assets and lease liabilities for short-term leases that have an initial lease term of 12 months or less and for leases that management deems immaterial.

Lease liabilities - Lease liabilities are measured based on the present value of future lease payments using the risk-free rate.

Right of use (ROU) assets - ROU assets are recognized at the present value of the lease payments at inception of the lease adjusted, as appropriate, for certain other payments and allowances related to obtaining the lease and placing the asset in service. Lease expense is recognized on a straight-line basis as rent expense in the statement of functional expenses.

#### Advertising Cost

Advertising costs are expensed when incurred. Advertising costs for the years ended December 31, 2024 and 2023 amounted to \$11,937 and \$26,922, respectively.

#### **NOTE 2 – LIQUIDITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of December 31, 2024, comprise the following:

- <u>-</u> -	
Financial assets:	
Cash and cash equivalents	\$132,986
Certificate of deposit	320,289
Accounts receivable, net	64,847
Financial assets available to meet cash needs for	
general expenditures within one year	\$518,122

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Chamber considers all expenditures related to its ongoing program activities, as well as the conduct of services undertaken to support those activities, to be general expenditures. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. The Chamber sets a goal of having financial assets on hand to meet a minimum of 90 days of normal operating expenses, which are, on average, around \$70,000. As part of its liquidity management, the Chamber has a policy to structure its financial assets to be available as general expenditures, liabilities, and other obligations become due.

#### **NOTE 3 – CONCENTRATION OF CREDIT RISKS**

The Chamber maintains its cash and certificate of deposit balances in a local bank. These balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Management periodically assesses the financial condition of the financial institutions and believes that any possible credit risk is minimal. As of December 31, 2024 and 2023, the Chamber had approximately \$203,000 and \$284,000, respectively, of cash certificate of deposit balances that were not insured by the FDIC. The Chamber has not experienced any losses in such accounts and believes the risk of future loss is mitigated by monitoring the balances and the financial institutions where the cash is deposited.

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

As of December 31, 2024 and 2023, property, plant and equipment consisted of the following:

	Audited 2024	Reviewed 2023
Building and improvements	\$1,112,383	\$1,112,383
Computers and software	17,517	17,517
Office equipment	14,321	14,321
Furniture and fixtures	17,990	17,990
Land	145,000	145,000
Total property and equipment, gross  Less: Accumulated depreciation	1,307,211 (510,991)	1,307,211 (482,206)
Total property and equipment, net	\$796,220	\$825,005

Depreciation expense for the years ended December 31, 2024 and 2023 was \$28,785 and \$30,115, respectively.

#### **NOTE 5 - RENTAL INCOME**

The Chamber generates rental income from leasing its office space to lessees. As the lessor, the Chamber is required to first determine whether the lease is an operating lease or a finance lease. A finance lease is one in which the risks and rewards inherent in the asset are transferred to the lessee. An operating lease is one in which the risks and rewards inherent in the asset are not transferred to the lessee. Only finance leases are required to be capitalized on the statement of financial position.

The Chamber leases office space to three other organizations as follows and as the risks and reward inherent in the asset are not transferred to the lessee, it has been determined that these leases are operating leases, so these leases have not been capitalized on the statement of financial position:

	Current monthly rent	Lease initiation	Lease expiration	Lease renewal	Renewal expiration
TEDC	\$1,506	9/1/2008	10/31/2013	11/1/2013	10/31/2018
				11/1/2023	10/31/2024
	\$4,560	11/1/2018	10/31/2023	11/1/2024	10/31/2029
TRHF	\$3,869	11/1/2017	10/31/2022	11/1/2022	10/31/2024
	\$1,506			11/1/2024	10/31/2025
Envirocon	\$150	4/1/2016	3/31/2020	4/1/2020	3/31/20241

For the years ended December 31, 2024 and 2023, rental income was \$66,285 and \$64,624 respectively.

Future minimum rentals expected to be collected are as follows:

For the years ending December 31.

\$ 69,780
\$ 54,720
\$ 54,720
\$ 54,720
\$ 45,600
-
\$ 279,540

<sup>&</sup>lt;sup>1</sup> Note that Envirocon continues to lease space at \$150 monthly on a month-to-month basis.

#### **NOTE 6 - LEASE AGREEMENTS**

The Chamber has entered into noncancelable operating leases that expire in 2024 and 2026. For the years ended December 31, 2024 and 2023, the total rental expense under these leases was \$12,862 and \$13,694, respectively. The Chamber's lease arrangements are not recognized in the statement of financial position as they are immaterial. Future minimum lease payments are as follows:

For the years ending December 31,

2025	\$1,969
2026	656
Thereafter	-
Total	\$2,625

#### **NOTE 7 - NOTE PAYABLE**

The Chamber had a note payable due in monthly installments to a financial institution for an office building in the amount of \$6,729 for 83 months beginning January 10, 2010 through November 10, 2016. This note was secured by the Quinn Road office building, with interest at 5% through October 9, 2021. On December 10, 2016, a balloon payment of any unpaid principal and interest became due and payable, at which time the loan was modified to require monthly installments of \$5,595 at the same interest rate and terms and to become due and payable on December 10, 2023. Effective October 10, 2021, the interest rate was modified to 4%, requiring the same monthly installments and due date. In December 2023, the interest rate was modified to 7% and the note is due and payable on demand. If demand is not earlier made, the note shall be due and payable in monthly payments of principal and interest of \$5,224, commencing on January 10, 2024 through December 10, 2026, when the entire amount remaining unpaid shall be due and payable.

As of December 31, 2024 and 2023, the balance was \$240,362 and \$381,706, respectively. Future scheduled maturities of the note payable are as follows:

For the years ending December 31.

2025	\$240,362
Thereafter	<u>-</u>
Total	\$240,362

#### **NOTE 8 - CONCENTRATIONS**

For both years ended December 31, 2024 and 2023, approximately fifty percent (50%) of the Chamber's total revenue and support came from membership dues.

The Chamber conducts its operations solely in the greater Tomball area, and, therefore, is subject to risks from changes in local economic conditions. A downturn in the local economy could cause a decrease in membership dues and revenue.

# Greater Tomball Area Chamber of Commerc Notes to Financial Statements

#### **NOTE 9 - CONTRIBUTED NONFINANCIAL ASSETS**

For the years ended December 31, 2024 and 2023, the Chamber's contributed nonfinancial assets consist of the following:

	Audited	Reviewed
	2024	2023
Advertising	\$ 2,520	\$22,720
Repairs and maintenance	6,600	6,600
Supplies	4,500	4,500
Venues	6,300	6,300
Miscellaneous	3,160	3,348
Total contributed nonfinancial assets	\$23,080	\$43,468

Contributed advertising and repairs and maintenance are used in the Chamber's administrative activities. Contributed supplies are used in the Chamber's fundraising activities. Contributed venue costs are used in the Chamber's program activities and fundraising activities. Other miscellaneous donated assets are used across all Chamber activities. All contributed nonfinancial assets are valued at fair market value at the date of donation.

#### **NOTE 10 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 12, 2025, the date the financial statements were available to be issued. No events were identified that are required to be disclosed or would have a material impact on reported net assets or changes in net assets.

## GREATER TOMBALL AREA CHAMBER OF COMMERCE 2025 BOARD OF DIRECTORS

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#### IMMEDIATE PAST CHAIRMAN OF THE BOARD

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#### Item 6.

#### **EX-OFFICIO BOARD MEMBERS**

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#### **CHAMBER PRESIDENT**

#### Bruce E. Hillegeist

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### (Rev. March 2024) Department of the Treasury Internal Revenue Service

#### Request for Taxpayer **Identification Number and Certification**

Give form to requester. Do not send to the IRS.

Item 6.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Befor	e you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.											
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's entity's name on line 2.)	name (	on line 1,	and (	enter th	ne k	ousine	ss/dis	regarded			
	Greater Tomball Area Chamber of Commerce											
	2 Business name/disregarded entity name, if different from above.											
Print or type. Specific Instructions on page 3.								4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)				
Specific	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classificant you are providing this form to a partnership, trust, or estate in which you have an ownership interest, this box if you have any foreign partners, owners, or beneficiaries. See instructions	checl	ќ <u></u>					ts main ed Stat				
89	5 Address (number, street, and apt. or suite no.). See instructions.	ster's	name an	d adc	iress (c	pti	onal)		'			
•	PO Box 516											
	6 City, state, and ZIP code											
	Tomball, TX 77377											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	So	cial secu	rity n	umbei	<u>.                                    </u>						
	p withholding. For individuals, this is generally your social security number (SSN). However, for a					١	_					
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>		<u> </u>				L					
TIN, la		or										
		Em	ıployer id	lentif	ication	ı nı	ımbe	<u>r</u>				
	If the account is in more than one name, see the instructions for line 1. See also What Name and er To Give the Requester for guidelines on whose number to enter.	7	4 -	1	4 9	9	5	1 2	5			
Par	II Certification											
Under	penalties of perjury, I certify that:											
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for a number	er to	be issu	ed to	me);	an	d					
Ser no l	not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divid onger subject to backup withholding; and											
J   ~ ~	a LLC aitizon or other LLC parson (defined helevé) and											

- 1
- 2
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments for Part II, later.

other than	interest and div	ridenas, yo	u are not i	equ	red to sign the certification, but you must p	rovide your c	orrect II	Ŋ. See t	ne instruci	tions
Sign Here	Signature of U.S. person	Bu		B		Date	5	16,	25	<u></u> )
		-	138	7						

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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#### **FOR TAX YEAR 2023**

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

PE CPA PLLC

32938 TAMINA ROAD STE 202

MAGNOLIA, TX 77354

(281)826-4272

Acknowledgement and General Information for Entities That File Returns Electronically	2023	Item 6.
Name(s) as shown on return	Tax ID Number	
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	**-***5125	
PO BOX 516  TOMBALL, TX 77377  Thank you for participating in IRS e-file.		
1. X 2023 8868-01 income tax return for Federal was filed The electronic filing services were provided by PE CPA PLLC	electronically.	
an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to extra submission ID assigned to this return is		· '
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN	TŌ THE	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RE	TURN.	

EF\_ACK.LD 151

	Acknowledgement and General Information for		Item
	Entities That File Returns Electronically	2023	
Name(s) as shown on return		Tax ID Number	
GREATER TOMBALI	L AREA CHAMBER OF COMMERCE, INC	**-***5125	
PO BOX 516  TOMBALL, TX 7	7377		
Thank you for par	rticipating in IRS e-file.		
1. <b>x</b> 2023 <u>8868</u>	rticipating in IRS e-file.  -07 income tax retum for Federal was ing services were provided by PE CPA PLLC	filed electronically.	
1. <b>x</b> 2023 <u>8868</u>	rederal was ing services were provided by PE CPA PLLC	filed electronically  Personal Identification Number	(PIN) as
1. x 2023 <u>8868</u> The electronic fil  2. x <u>8868-07</u> an electronic sig	rederal was ing services were provided by PE CPA PLLC	ersonal Identification Number	. ,
The electronic file.  8868-07 an electronic sig The submission	income tax retum for	Personal Identification Number ) to enter or generate a PIN sign	. ,

EF\_ACK.LD 152

### Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 154 Item 6.

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

B Creat reprotects   Name of targets   Name of t		For the	2023 calend	lar year, or tax year begin	ning	, 2	023, and end	ing		, 2	0
Advance change					_	·			D Employ		
Name and save (or PC) but for all is not addressed to sheek addressed.   Rockword   Ro						<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PO BOX 516   Cgs transparent products growth and 2P or foreign postal code   Cgs transparent products growth and product growth products growth and product growth products	一		•		v if mail is not delivered to street addre	200)	Boom/or	uito I	E Tolonho		73123
Proceedings   Proceeding   Process	一		•	,	x ii maii is not delivered to street addre	355)	Room/st	ille I	E releption		NE1 7000
Prevented Free	二					1-			• 0		551-1222
Projection pending   F   Name and address of principal efficier.   Migh Seat state coloration   Yes   No   No   Tax-ensempt status   S716(d)   \$\mathbb{Z} \)   \$\mathbb{Z} \	H					ie				receipts	000 466
Tone-enemys status	二								<u> </u>		
Tare-empt status: N/A   S01(c)(3)   \$\overline{2}\$   \$\text{S01(c)}(6)   \$\text{(newtron)}\$   \$\delta \text{(Newtron)}\$   \$\delta (New	Ш	Applicatio	n pending	F Name and address of principal	officer:						
Western   Windows   Wind								┧ ``			
Form   Composition:   Composition:   I composition:   I very of formation:   I year of fo	<u> </u>	Tax-exem	pt status:	501(c)(3) X 501(c) ( <b>6</b>	) (insert no.) 4947(a)(1	) or 527		If "No," a	ttach a list.	See instruct	tions
Part   Summary								H(c) Group ex	xemption nu	umber	
Briefly describe the organization's mission or most significant activities: THE GREATER TOMBALL AREA CHAMBER OF COMMERCE PROVIDES RESOURCES AND FOSTERS RELATIONSHIPS THAT EMPOWER BUSINESSES TO PROSPER IN TOMBALL AND ITS SURROUNDING COMMUNITES.  2 Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   19   4 Number of independent voting members of the governing body (Part VI, line 1b)   4   19   5 Total number of independent voting members of the governing body (Part VI, line 2a)   5   4   19   6 Total number of votinuedus employed in calendary year 2023 (Part V, line 2a)   5   4   19   7 Total number of votinuedus employed in calendary year 2023 (Part V, line 2a)   6   7   7   7   7   7   7   7   7   7					ociation Other	L Year of	formation: 19	<b>65</b> M St	tate of legal	domicile:	TX
PROVIDES RESOURCES AND FOSTERS RELATIONSHIPS THAT EMPOWER BUSINESSES TO PROSPER IN TOMBALL AND ITS SURROUNDING COMMUNITIES.    2	Pa	rt I		•							
TIS SURROUNDING COMMUNITIES.		1	Briefly descr	ibe the organization's missi	on or most significant activitie	es: THE GREAT	TER TOMBA	ALL AREA	CHAMB	ER OF	COMMERCE
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	4.		PROVIDES	RESOURCES AND FO	STERS RELATIONSHIP	S THAT EMPOWE	ER BUSINE	SSES TO	PROSP	ER IN	TOMBALL AND
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	nce		ITS SURR	OUNDING COMMUNITI	ES.						
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	rna										
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	Š	2	Check this be	ox [] if the organization d	iscontinued its operations or	disposed of more th	an 25% of its	net assets.			
Net unrelated business revenue from Fart VIII, column (C), line 12		3	Number of v	oting members of the gove	rning body (Part VI, line 1a)				3		19
Net unrelated business revenue from Fart VIII, column (C), line 12	oŏ vo	4	Number of in	ndependent voting member	s of the governing body (Part	VI, line 1b)			4		19
Net unrelated business revenue from Fart VIII, column (C), line 12	itie	5	Total numbe	er of individuals employed in	calendar year 2023 (Part V,	line 2a)			5		4
Net unrelated business revenue from Fart VIII, column (C), line 12	ίξ	6						_	6		
Box   Net unrelated business taxable income from Form 990-T, Part I, line 11   Net   Prior Year   Current Year	ĕ	7a	Total unrelat	ted business revenue from	Part VIII. column (C), line 12				7a		0
Prior Year   Current Year   108,943   100,008   100,00		Ь	Net unrelate	ed business taxable income	from Form 990-T. Part I. line	11	J N		7b		
8					,					Cui	
9		8	Contributions	s and grants (Part VIII, line	1h)	M M			- 943		
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ø										_
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	nue										
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ě			,							
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ľ			, , , , , , , , , , , , , , , , , , , ,							
Benefits paid to or for members (Part IX, column (A), line 4)   0   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280,211   371,963   16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0   0   0   0   0   0								012	, 940		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280,211   371,963   16a Professional fundraising fees (Part IX, column (A), lines 11e)   0   0   0   0   0   0   0   0   0											
16a Professional fundraising fees (Part IX, column (A), line 11e)   0								200	211		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	S							280	, 211		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	nse										0
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	x							400	201		1.50 100
19   Revenue less expenses. Subtract line 18 from line 12   130,708   97,021	Ш						• •				_
Beginning of Current Year   End of Year						e 25)	• •				
Total assets (Part X, line 16) 1,369,105  20 Total assets (Part X, line 26) 564,025 421,112  21 Total liabilities (Part X, line 26) 564,025 421,112  22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST  Signature of officer Date  BRUCE HILLEGEIST, PRESIDENT  Type or print name and title  Print/Type preparer's name Preparer's signature Date Check if PTIIN  MP ENCALADE CPA MP ENCALADE CPA 07-30-2024 self-employed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Revenue les	ss expenses. Subtract line 1	8 from line 12						
Date   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer   Firm's name   PE CPA PLLC   Primt's address   32938 TAMINA ROAD STE 202   MagNOLIA TX 77354   281-826-4272	ō	Sec								End	
Date	sets	<u>  20</u>					• • •				_
Date   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer   Firm's name   PE CPA PLLC   Primt's address   32938 TAMINA ROAD STE 202   MagNOLIA TX 77354   281-826-4272	A As	일   21		,			• • •				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    BRUCE HILLEGEIST   Date					ine 21 from line 20			889	,281		947,993
BRUCE HILLEGEIST Signature of officer BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Preparer  Preparer's signature Preparer  Preparer's signature Preparer's signature Preparer's signature Preparer  Print/Type preparer's name Preparer's signature Preparer Print/Type preparer's name Preparer Print/Type preparer's signature Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer Print/Type preparer's name Preparer's signature Preparer's sig								odeden endbeld	- 6 14 1-		
Sign   Signature of officer   Date    Here   BRUCE HILLEGEIST, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN    Paid   MP ENCALADE CPA   MP ENCALADE CPA   07-30-2024   self-employed   XXXXXXXXX    Preparer   Firm's name   PE CPA PLLC   Firm's EIN    Use Only   Firm's address   32938 TAMINA ROAD STE 202   Phone no.    MAGNOLIA TX 77354   281-826-4272								wiedge and belie	er, it is		
Sign   Signature of officer   Date    Here   BRUCE HILLEGEIST, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN    Paid   MP ENCALADE CPA   MP ENCALADE CPA   07-30-2024   self-employed   XXXXXXXXX    Preparer   Firm's name   PE CPA PLLC   Firm's EIN    Use Only   Firm's address   32938 TAMINA ROAD STE 202   Phone no.    MAGNOLIA TX 77354   281-826-4272											
Here  BRUCE HILLEGEIST, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  PTIN  PTIN  PTIN  PTIN  PREPARER'S signature  O7-30-2024  PREPARER  Firm's name  PE CPA PLLC  Firm's lin  Use Only  Firm's address  32938 TAMINA ROAD STE 202  MAGNOLIA TX 77354  Phone no.  281-826-4272	C:~										
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Check if PTIN  Self-employed XXXXXXXXXX  Preparer  Firm's name  PE CPA PLLC  Firm's address  32938 TAMINA ROAD STE 202  MAGNOLIA TX 77354  Phone no.  281-826-4272	_		Signature of office	cer					Date		
Print/Type preparer's name Preparer's signature Date Check if PTIN  Preparer's signature O7-30-2024 Self-employed XXXXXXXXXX  Preparer Firm's name PE CPA PLLC Firm's EIN  Use Only Firm's address 32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354 Phone no. 281-826-4272	He	re			SIDENT						
Paid MP ENCALADE CPA MP ENCALADE CPA 07-30-2024 self-employed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Type or print nar	me and title							
Preparer Use Only         Firm's name         PE CPA PLLC         Firm's EIN           MAGNOLIA TX 77354         Phone no.           281-826-4272			Print/Type pre	eparer's name	Preparer's signature	Date		Check	if F	PTIN	
Use Only   Firm's address   32938 TAMINA ROAD STE 202   Phone no.   281-826-4272	Pai	id	MP ENCA	ALADE CPA	MP ENCALADE CPA	07-30	-2024	self-emp	loyed	XXXX	xxxxx
MAGNOLIA TX 77354 281-826-4272	Pre	parer	Firm's name	PE CPA P	LLC			Firm's EIN			
	Us	e Only	Firm's addres	s 32938 TA	MINA ROAD STE 202			Phone no.			
		•		MAGNOLIA	TX 77354				281-8	26-427	2
May the IRS discuss this return with the preparer shown above? See instructions	May	the IRS	S discuss this								Yes No

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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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 L	3		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		х
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		х
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	х	
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		х
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		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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			
	Schedule D, Parts XI and XII	12a		Х
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		Х
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	4.46		
15	foreign investments valued at \$100,000 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	15		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		37
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		Х
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
ıJ	If "Yes," complete Schedule G, Part III	19		v
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
zua 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		x
			-	

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Part IV Checklist of Required Schedules (continued)

			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		х
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		X
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		X
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	24-		
	to defease any tax-exempt bonds?	24c		-
d 250	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	ZJa		<u> </u>
D	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			<u> </u>
	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		х
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		х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		X
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,	33		X
J-T	or IV, and Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Par	t V 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
<b>2</b> a	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	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х	
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	х	
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		Х
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?	t t	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	T T	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	• • • •	5с		
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		Х
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).				
а	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		Х
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 for which it was		<b>-</b> -		
	required to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	T T	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	T T	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	T T	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		0		
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a	Did the sponsoring organization make any taxable distributions under section 4966?	T T	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
	Initiation fees and capital contributions included on Part VIII, line 12				
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
b 11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
b	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		
u	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?	<u>.</u>	13a		
	<b>Note:</b> 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				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	T T	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?	. <b></b>	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	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				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedule O.	See ii	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Se	ction 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	1a 19			
	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 in line 1a, above, who are independent	1b 19			
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	2	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	х	
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 Q		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
		·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
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 filing	the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?		14		х
15	Did the process for determining compensation of the following persons include a review and approval by				
	in demandent account of the data and contains a substantiation of the deliberation and decision?				

<ul> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"</li> <li>describe on Schedule O how this was done</li></ul>	x	
describe on Schedule O how this was done		
120		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?		х
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?		
a The organization's CEO, Executive Director, or top management official	х	
b Other officers or key employees of the organization		х
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 taxable entity during the year?		х
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?		

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be fi
--

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request

Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

19 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. 20

BRUCE HILLEGEIST (281)351-7222, PO BOX 516, TOMBALL, TX 77377

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Item 6.

Part VII

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee **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 employees."
- 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.
- · 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.

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

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

			•		•				
				(C)					
(A)	(B)	7-1		osition		(D)	(E)	(F)	
Name and title	Average	'	not check of the characters of			Reportable	Reportable	Estimated an	nount
	hours		cer and a			compensation from the	compensation from related	of othe compensa	
	per week (list any					organization (W-2/	organizations (W-2/	from the	
	hours for	or director	Inst	Key en	Highest compensated employee	1099-MISC/	1099-MISC/	organization	n and
	related	recto		emp	lest o	1099-NEC)	1099-NEC)	related organi	izations
	organizations	٦ <u></u>	naltr	Key employee	Comp				
	below dotted line)	900	Institutional trustee	0	ensa				
	dotted line)		o o		ated				
(1)BRUCE HILLEGEIST	50.00								
PRESIDENT			x	:		125,244	0		0
(2)KIM LAURENCE SALSER	2.00								
DIRECTOR		x				0	0		0
(3) SCOTT MARQUARDT	2.00		·						
DIRECTOR		х				0	0		0
(4)URIAH ORTIZ	2.00								
DIRECTOR		х				0	0		0
(5)DR MARTHA SALAZAR-ZAMORA	2.00								
DIRECTOR		x				0	0		0
(6)KEITH BARBER	2.00								
DIRECTOR		х				0	0		0
(7)AL HERRARA	2.00								
DIRECTOR		х				0	0		0
(8) DAWNA DYSON	2.00								
DIRECTOR		х				0	0		0
(9)KYLE_BERTRAND	2.00								
DIRECTOR		х				0	0		0
(10)MIKELYN CORKRAN	2.00								
DIRECTOR		х				0	0		0
(11)RAYMOND FRANCOIS	2.00								
DIRECTOR		х				0	0		0
(12)JANNA_HOGLUND	2.00								
DIRECTOR		x				0	0		0
(13)KELLY_VIOLETTE	2.00								
EX OFFICIO		х				0	0		0
(14)DYANNA MCCOY	2.00								
EX OFFICIO		х				0	0		_
EEA								Form <b>990</b>	159

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(A)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  (B)  Average hours per week (list any hours for related organizations below dotted line)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-NEC)  (D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-NEC)							ation ated as (W-2/ SC/	org	(F) mated am of other ompensati from the anization ad organiz	ion and			
(15)ALLISON MUNDY	2.00												
DIRECTOR (16)ROB MARMERSTEIN	2.00	Х				_		0		0			0
DIRECTOR	2.00	x						0		0			0
(17)CURTIS MORRIS	2.00												
DIRECTOR (49); ANDON DEED	2 00	Х				-		0		0			0
(18)LANDON REED DIRECTOR	2.00	x						0		0			0
(19)RENEE LESLIE	2.00									-			
DIRECTOR		х						0		0			0
<u>(20)</u>													
<u>(21)</u>					1				7				
(22)					1								
(23)													
(24)													
(25)													
1b Subtotal				٠.									
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)								105 044		0			
d Total (add lines 1b and 1c)	ot limited to							125,244 received more the	l nan \$100,				0_
reportable compensation from the organization	tion												1
3 Did the organization list any former officer, direct	tor truotoo l	(O) ( On	anla.	00	or hi	iahoot	000	nanaatad				Yes	No
employee on line 1a? If "Yes," complete Schedul		-				-					3		x
4 For any individual listed on line 1a, is the sum of re	eportable cor	npens	ation a	and	othe	er com	pens	sation from the					
organization and related organizations greater th													
<ul><li>individual</li></ul>										• • • •	4		X
for services rendered to the organization? If "Yes						_					5		х
Section B. Independent Contractors										100.00			
<ol> <li>Complete this table for your five highest cor compensation from the organization. Repor</li> </ol>	-	-										s tax v	ear
(A)	t componer	20011			<u> </u>	luai y	oui	(B)		organii.	(C)	-	<u> </u>
Name and business addres	s							Description of service	es		Compen	sation	
-													
2 Total number of independent contractors (in	ncluding bu	t not	limite	ed to	the	ose lis	sted	d above) who					
received more than \$100,000 of compensation	tion from th	e org	aniza	atio	n								

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a Membership dues . . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts 1c **d** Related organizations . . . . . . . 1d Government grants (contributions) . . 1e 35,000 All other contributions, gifts, grants, and similar amounts not included above 1f 65,008 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . . . . 1g | \$ 29,008 Total. Add lines 1a-1f 100,008 **Business Code** 2a MEMBERSHIP DUES 900099 400,278 400,278 **Program Service** b banquet 722320 40,016 40,016 59,601 c GOLF CLASSIC 713990 59,601 d FIRST FRIDAY 722210 41,857 41,857 e TOMBALL PAGEANT 711300 33,470 33,470 f All other program service revenue . . . . . 900099 142,621 142,621 717,843 Investment income (including dividends, interest, and 12,619 12,619 Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . . . . 22,433 22,433 (i) Real (ii) Personal 6a Gross rents . . . . . . 6a 77,010 **b** Less: rental expenses . . 6b c Rental income or (loss) 77,010 d Net rental income or (loss) 77,010 77,010 (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) . . . 7c d Net gain or (loss) . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . 9a **b** Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . 10a **b** Less: cost of goods sold ..... 10b c Net income or (loss) from sales of inventory . . . . . . . . . . **Business Code** 11a OTHER REVENUE 511140 2,553 2,553 **Miscellanous** Revenue b **2,5**53 e Total. Add lines 11a-11d

932,466

832,458

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#### 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 r				` ′
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	125,244	125,244		
6	Compensation not included above to disqualified	123,211	120,211		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,692	183,692		
8	Pension plan accruals and contributions (include	103,032	103,032		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,277	37,277		
10	Payroll taxes	25,750	25,750		
11	Fees for services (nonemployees):	25,750	23,130		
''	Management				
b	Legal				
C	Accounting	21,886	21,886		
d	Lobbying	21,880	21,000		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	21,067	21,067		
12	Advertising and promotion	26,923	26,923		
13	Office expenses	20,323	20,323		
14	Information technology				
15	Royalties				
16	Occupancy	38,464	38,464		
17	Travel	720	720		
18	Payments of travel or entertainment expenses	720	720		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,433	6,433		
20	Interest	10,164	10,164		
21	Payments to affiliates	10,104	10,104		
22	Depreciation, depletion, and amortization	20 162	20 162		
23	Insurance	20,163	20,163		
24	Other expenses. Itemize expenses not covered	2,342	2,342		
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.)				
_	EQUIPMENT RENTAL AND MAINT	22 014	22 014		
a		22,914	22,914		
b	TELEPHONE  DANK AND MEDCHANT FEEC	7,015 13,534	7,015 13,534		
c d	BANK AND MERCHANT FEES SUPPLIES	_	5,693		
		5,693			
e 25	All other expenses  Total functional expenses Add lines 1 through 34e	266,164	266,164		
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	835,445	835,445	0	0
20	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** 

31

32

33

Part X **Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 48,885 51,993 2 539,203 2 481,817 3 Pledges and grants receivable, net .............. 3 4 4 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . 6 7 7 8 8 9 Prepaid expenses and deferred charges ........ 10,098 10,291 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 1,307,212 10b b 855,120 10c 482,208 825,004 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) ....... 16 1,453,306 16 1,369,105 17 17 18 19 19 20 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, Liabilities 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 . . . . . . . . 23 527,582 381,707 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 36,443 25 39,405 26 26 564,025 421,112 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

EEA Form 990 (2023)

Retained earnings, endowment, accumulated income, or other funds

947,993

947,993

1,369,105

31

889,281

889,281

1,453,306

orm	1 990 (2023) GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74	-149512	5		iom 6
Pa	rt XI Reconciliation of Net Assets				tem 6.
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	932,	466
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	335,	445
3	Revenue less expenses. Subtract line 2 from line 1	3		97,	021
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	389 <b>,</b>	281
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		(38,	309)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9	947,	993
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	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				
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 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA

Form **990** (2023)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		DMB No. 154 Item 6.
For calendar year 2023 or other tax year beginning, 2023, and ending, 20	_	
Department of the Treasury Internal Revenue Service  Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		en to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.  B Exempt under section  Type  Name of organization ( Check box if name changed and see instructions.)  Check box if name changed and see instructions.)  GREATER TOMBALL AREA CHAMBER OF COMMERCE  Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 516	Employer id 4-1495:	mption number
408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code  TOMBALL, TX 77377  F	Check	hov if
529(a) 529A C Book value of all assets at end of year	_	ended return.
G Check organization type x 501(c) corporation 501(c) trust 401(a) trust Other trust State co 6417 (d)(1)(A) Applicable entity		
H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment		
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation  Let the number of attached Schedules A (Form 990-T)		1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the name and identifying number of the parent corporation		
L The books are in care of BRUCE HILLEGEIST PO BOX 516 TOMBALL TX 77377Telephone number (2	81)351	-7222
Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	30,297
2 Reserved	2	
3 Add lines 1 and 2	3	30,297
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	30,297
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from line 5	7	30,297
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions		_
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		·
enter zero	. 11	29,297
Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,152
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on		7,23
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions		
4 Other tax amounts. See instructions		
5 Alternative minimum tax		
6 Tax on noncompliant facility income. See instructions		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies		6,152
Part III Tax and Payments		,
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b Other credits (see instructions)		
c General business credit. Attach Form 3800 (see instructions)		
d Credit for prior year minimum tax (attach Form 8801 or 8827)		
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	6,152

3a

3b

3с

3d

3е

Check if includes tax previously deferred under

Total amounts due. Add lines 3a through 3e

Total tax. Add lines 2 and 3 (see instructions).

Other amounts due (see instructions)

За

b

c d

e f

4

Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . . . . . .

165

3f

**4 5** 

4-1495125	4	-1	4	9	51	L 2	5
-----------	---	----	---	---	----	-----	---

Part I	II Tax and Payments (continued)							
6a	Payments: Preceding year's overpayment credited	to the current year	6a					
b	Current year's estimated tax payments. Check if se	ction 643(g) election						
	applies		6b					
С	Tax deposited with Form 8868		6c	7,60	0			
d	Foreign organizations: Tax paid or withheld at source	ce (see instructions)	6d					
е	Backup withholding (see instructions)		6e					
f	Credit for small employer health insurance premium	s (attach Form 8941)	6f					
g	Elective payment election amount from Form 3800		6g					
h	Payment from Form 2439		6h					
i	Credit from Form 4136		6i					
-	,		6j					
7	Total payments. Add lines 6a through 6J					7	7,	600
8	Estimated tax penalty (see instructions). Check if Fe	orm 2220 is attached		. <b></b> [		8		
	Tax due. If line 7 is smaller than the total of lines				_	9		
	Overpayment. If line 7 is larger than the total of lines		d			10	1,	448
	Enter the amount of line 10 you want: Credited to		1,4	_	1	11		
Part I								
	At any time during the 2023 calendar year, did the o	_					Yes	No
	over a financial account (bank, securities, or other)							
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter the na	me of the	ne foreign country				
	here						_	X
	During the tax year, did the organization receive a c		f, or tra	nsferor to, a foreign	n trustí	?		X
	If "Yes," see instructions for other forms the organiz							
	Enter the amount of tax-exempt interest received or						_	
	Enter available pre-2018 NOL carryovers here	\$ Do not includ			ryover			
	shown on Schedule A (Form 990-T). Don't reduce t	ne NOL carryover shown here by any	deduct	ion reported on				
	Part I, line 6.		N	David made				
	Post-2017 NOL carryovers. Enter the Business Act							
	the amounts shown below by any NOL claimed on					, o , o =	-	
	Business Activity	Code		able post-2017 NO	L carry	ovei	-	
							-	
							-	
							-	
6a	Reserved for future use						_	
							•	
Part \						<del></del>	•	
	any additional information. See instructions							
								_
Sign	Under penalties of perjury, I declare that I have examin- belief, it is true, correct, and complete. Declaration of pr	ed this return, including accompanying sche eparer (other than taxpayer) is based on al	edules a I informa	nd statements, and to ation of which prepare	o the be er has a	est of my kn any knowled	owiedge ar ge.	na
Here		PRESIDEN	ΙΤ					
					wi	ay the IRS dis	er shown belo	ow
	Signature of officer	Date Title			(se	ee instructions	s)? X Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN	
Paid	MP ENCALADE CPA	MP ENCALADE CPA		07-30-2024	self-em	ployed	xxxxx	xxx
Prepa					Firm's E	EIN 82-	066656	
Use O		STE 202			Phone i	no.		
	MAGNOLIA TX 77354					281	-826-4	272

EEA Form **990-T** (2023)

## Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 154

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

	i the organization		Employer identification number
	zation type (check one):	CHAMBER OF COMMERCE, INC	74-1495125
Organiz	cation type (check one).		
Filers of	t:	Section:	
Form 99	0 or 990-EZ	▼ 501(c)( 6 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	your organization is cov	ered by the General Rule or a Special Rule.	
		8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See
instructio			
General	Rule		
X	=	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for deterbutions.	
Special	Rules		
	regulations under section 16b, and that received 1	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, ling rom any one contributor, during the year, total contributions of the greater of (1) and (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	e 13, 16a, or 55,000; or
	contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, total contributions of more than \$1,000 exclusively for religious, charitable, surposes, or for the prevention of cruelty to children or animals. Complete Parts I (exad of the contributor name and address), II, and III.	cientific,
	contribution, during the y contributions totaled mo during the year for an e General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were reexclusively religious, charitable, etc., purpose. Don't complete any of the parts unled this organization because it received nonexclusively religious, charitable, etc., conduring the year	occived ess the contributions
must a	inswer "No" on Part IV, li	on't covered by the General Rule and/or the Special Rules doesn't file Schedule Ene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form efiling requirements of Schedule B (Form 990).	,

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	N/A N/A	\$38,394	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A N/A	\$ 63,750	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A N/A	\$ 6,800	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A N/A	\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A N/A	\$29,937	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A N/A	\$12,433	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7_	N/A N/A	\$28,945	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A N/A	\$13,350	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 9_	N/A N/A	\$ 7,050	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10_	N/A N/A	\$5,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	N/A N/A	\$10,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12_	N/A	\$	Person X Payroll Complete Part II for noncash contributions.)

EEA

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_	N/A N/A	\$8,625	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14_	N/A N/A	\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

## 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.

OMB No. 154 Item 6.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public
nspection

Name o	the organization	Employer identification number						
GREA1	ER TOMBALL AREA CHAMBER OF COMMERCE, I	INC	74-1495125					
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts							
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.						
		(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	n writing that the assets held in donor advised	I					
	funds are the organization's property, subject to the organization	zation's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed					
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpose	e					
	conferring impermissible private benefit?							
Part								
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).						
	Preservation of land for public use (for example, recreat		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 held a qua	lified 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 historic s	structure included on line 2a	2c					
d	Number of conservation easements included on line 2c, ac	quired after July 25, 2006, and not						
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the o	organization during the					
	tax year							
4	Number of states where property subject to conservation e	asement is located						
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements	it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conservatio	n easements during the year					
8	Does each conservation easement reported on line 2d abo	ve satisfy the requirements of section 170(h)						
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conserve	ation easements in its revenue and expense s	statement and balance					
	sheet, and include, if applicable, the text of the footnote to the	he organization's financial statements that des	scribes the					
	organization's accounting for conservation easements							
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or C	Other 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, not to report in its revenue statement and	d balance sheet works					
	of art, historical treasures, or other similar assets held for $\boldsymbol{p}$	ublic exhibition, education, or research in furth	herance of public					
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and ba	alance sheet works of					
	art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in further	rance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(ii) Assets included in Form 990, Part X		\$					
2	If the organization received or held works of art, historical to	reasures, or other similar assets for financial	gain, provide the					
	following amounts required to be reported under FASB AS	C 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X		\$					

_		AREA CHAMBER OF CO		74-1495		Item 6.
Par		· · · · · · · · · · · · · · · · · · ·			sets (con	
3	Using the organization's acquisition, accession	n, and other records, check a	ny of the following that	make significant use of its		
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange p	orogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how they	further the organizatio	n's exempt purpose in Part		
	XIII.					
5	During the year, did the organization solicit or r	receive donations of art, histo	orical treasures, or othe	r similar		
	assets to be sold to raise funds rather than to	be maintained as part of the	organization's collection	n?	Yes	☐ No
Par	t IV Escrow and Custodial Arrang					
	Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line	9, or reported an amo	ount on Fo	orm
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary for cor	ntributions or other asse	ets not		
	included on Form 990, Part X?				. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following tak	ole.			
				Amo	ount	
С	Beginning balance			. 1c		
d	Additions during the year			. 1d		
е	Distributions during the year			. 1e		
f	Ending balance			. 1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21, for es	crow or custodial accor	unt liability?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. 0	Check here if the explanation	has been provided on	Part XIII		
Par	t V Endowment Funds					
	Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line	2 10.		
		(a) Current year (b) Pri	or year (c) Two year	s back (d) Three years back	(e) Four yea	ars 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					
g	End of year balance					
2	Provide the estimated percentage of the currer	nt year end balance (line 1g,	column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3a	Are there endowment funds not in the possess	sion of the organization that a	are held and administer	ed for the		
	organization by:				Ye	es No
	(i) Unrelated organizations?				. 3a(i)	
	(ii) Related organizations?				. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as required on Sc	hedule R?		3b	
4	Describe in Part XIII the intended uses of the	organization's endowment fu	nds.			
Par	t VI Land, Buildings, and Equipm	nent				
	Complete if the organization ar		n 990, Part IV, line	e 11a. See Form 990,	Part X, line	e 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book va	
	, , ,	(investment)	(other)	depreciation	` '	
1a	Land	. 58,000	87,000		14	5,000
b	Buildings		531,026	327,804		7,240
С	Leasehold improvements		211,594	94,119		1,720
d	Equipment		31,839	30,795		1,044
e	Other STMD1E .		17,990	29,490	<u> </u>	_,
	Add lines 1a through 1e. (Column (d) must equ				82	5,004
EEA			· · · · · · · · · · · · · · · · · · ·		edule D (Form	
				30110	\	

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities	d "Voo" on For	000 Dow	. IV / Iim a	. 11b C		OOO Dort V line 10	_
	Complete if the organization answered	d res on For	n 990, Pan	iv, iine	110.5	ee Form	990, Part X, line 12	-
	(a) Description of security or category (including name of security)		(b) Book va	lue			thod of valuation: l-of-year market value	
(1) Financial of	derivatives							
(2) Closely-he	eld equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col.(B	))						
Part VIII	Investments - Program Related							
	Complete if the organization answered	d "Yes" on Forr	m 990, Part	IV, line	11c. S	ee Form	990, Part X, line 13.	
	(a) Description of investment		(b) Book va	lue			thod of valuation: l-of-year market value	
(1)						Cost of end	-or-year market value	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, line 13, col. (E	3))						
Part IX	Other Assets		222 2			_	000 5 4 1/4 1/4 4 =	
	Complete if the organization answere		n 990, Part	IV, line	11d. S	ee Form		
	(a) D	escription					(b) Book value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
$\overline{}$	n (b) must equal Form 990, Part X, line 15 col. (B	9))						
Part X	Other Liabilities							
	Complete if the organization answered	d "Yes" on For	m 990, Part	IV, line	11e or	11f. See	e Form 990, Part X,	
	line 25.							
1.	(a) Description of liability	(b) Book v	alue					
(1) Federal i	ncome taxes							
(2)LAST MC	ONTH RENT		4,150					
(3SECURIT	TY DEPOSIT		4,150					
(4\$CHOLAF	RSHIPS		31,105					
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column )	(b) must equal Form 990, Part X, line 25 col. (B))		39,405					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2023 GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

EEA Schedule D (Form 990) 2023

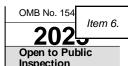
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#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	Name of the organization Employer identification number							
GREA	REATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125							
Par	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
	Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organization rais	sed funds through a	any of the fol	lowing activit	ties. Check all that ap	pply.		
а	Mail solicitations		e	Solicitation	of non-government	grants		
b	☐ Internet and email solicitations		f	Solicitation	of government grant	ts		
С	Phone solicitations		g		ndraising events			
d	In-person solicitations		_		Ū			
2a	Did the organization have a written or	r oral agreement w	ith anv indivi	dual (includin	na officers, directors,	trustee	es.	
	or key employees listed in Form 990,	-	-					☐ Yes ☐ No
b	If "Yes," list the 10 highest paid individ				-			
	compensated at least \$5,000 by the o		, р		,			
	σοπ.ροποατου ατ τουοι φο,σου ω <i>γ</i> πτο τ	gaa						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	10)	Amount paid to retained by) raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
		-						

Item 6.

Pa	rt II						
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b.	List events with	
		gross receipts greater than	ֆ5,000. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
an							
Revenue	1	Gross receipts					
œ	2	Less: Contributions					
	3	Gross income (line 1					
		minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment					
	9	Other direct expenses					
	10 11	Direct expense summary. Add line Net income summary. Subtract lin					
Pa	rt III	Gaming. Complete if the or				ore than	
		\$15,000 on Form 990-EZ, li	ne 6a.			_	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
es	2	Cash prizes	A + 1				
Expens	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs				_	
_	5	Other direct expenses					
	6	Volunteer labor	Yes %  No	☐ Yes % ☐ No	☐ Yes % No		
	7	Direct expense summary. Add line					
	8	Net gaming income summary. Su	btract line 7 from line 1, cc	olumn (d)			
_	_						
9		nter the state(s) in which the organiz the organization licensed to conduct					
		HAI H I I					
	_						
10	a \^	Vere any of the organization's asmin	a licenses revoked sugar	aded or terminated during t	he tay year?	Yes No	
<ul><li>Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</li><li>b If "Yes," explain:</li></ul>							
	_						

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

Item 6. OMB No. 154

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . . . 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . 9 Securities - Publicly traded . . . . . . 10 Securities - Closely held stock . . . . Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures . . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . . 16 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . 18 19 Food inventory . . . . . . . 20 Drugs and medical supplies . . 21 22 Historical artifacts . . . 23 Scientific specimens 24 Archeological artifacts . . . . 25 Other ( REPAIRS AND MAI 6,600 26 Other ( DUES AND SUBSCR X 225 27 Other ( MEMBERSHIP MISC x 463 28 Other ( ADVERTISING х 21,720 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

## SCHEDULE O (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.

OMB No. 154 Item 6.

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Open to Public

Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 01. Officer, directors, etc. family relationship (Part VI, line 2) INSURANCE IS PROVIDED TO BOARD MEMBER(S) BY OTHER BOARD MEMBERS 02. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION'S PROCESS IS TO HAVE FORM 990 REVIEWED BY THE ENTIRE BOARD OF DIRECTORS. 03. Conflict of interest policy compliance (Part VI, line 12c) OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALY SIGN A FORM THAT DISCLOSES ANY POTENTIAL CONFLICTS OF INTEREST. 04. CEO, executive director, top management comp (Part VI, line 15a) WHICH IS THE CHAMBER PRESIDENT, IS APPROVED BY THE COMPENSATION PROCESS FOR TOP OFFICIAL, BOARD OF DIRECTORS AS A PART OF THE BUDGET PROCESS 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) ADJ TO BRING RETURN INLINE WITH CASH BOOKS 07. List of other expenses (Part IX, line 24e) COLLECTION EXPENSES, HEALTH COMMITTEE, FIRST FRIDAY, NETWORKING BREAKFAST, WOMENS COMMITTEE, DUES AND SUBSCRIPTIONS, EMPLOYEE DEVELOPMENT, POSTAGE, INCOME TAX, TOMBALL LEADERSHIP DAY, BANQUET, GOLF CLASSIC, TOMBALL NIGHT, HOLIDAY PARADE, MISS TOMBALL

## Form **4562**

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Name(s) shown on return			s or activity to wh	Identifying number				
GREATER TOMBALL AREA CHAMBER OF			FORM	74-1495125				
Par	t I Election To Expense Certain							
	Note: If you have any listed property, complete Part V before you complete Part I.							
1	Maximum amount (see instructions) .					1		
2	Total cost of section 179 property place	2						
3	Threshold cost of section 179 property I	ns)	3					
4	Reduction in limitation. Subtract line 3 fi	rom line 2. If zero	o or less, ente	er -0		4		
5	Dollar limitation for tax year. Subtract lir	ne 4 from line 1.	lf zero or less	, enter -0 If i	married filing			
	separately, see instructions					5		
6	(a) Description of property		(b) Cost (busine		(c) Elected cost			
7	Listed property. Enter the amount from	line 29		7				
8	Total elected cost of section 179 proper	ty. Add amounts	in column (c	), lines 6 and	7	8		
9	Tentative deduction. Enter the smaller	of line 5 or line 8				9		
10	Carryover of disallowed deduction from	line 13 of your 2	022 Form 45	62		10		
11	Business income limitation. Enter the smaller	of business income	e (not less than	zero) or line 5.	See instructions	11		
12	Section 179 expense deduction. Add lin	es 9 and 10, but	don't enter n	nore than line	11	12		
13	Carryover of disallowed deduction to 20					•		
Note	: Don't use Part II or Part III below for lis	sted property. Ins	stead, use Pa	irt V.				
Par					clude listed property. Se	ee instructions.)		
14	Special depreciation allowance for quali	ified property (ot	her than listed	d property) pla	aced in service			
	during the tax year. See instructions					14		
15	Property subject to section 168(f)(1) ele					15		
	Other depreciation (including ACRS) .					16 578		
	t III MACRS Depreciation (Don't in							
		S	ection A					
17	MACRS deductions for assets placed in	service in tax ye	ears beginnin	g before 2023	3	17 18,940		
18	If you are electing to group any assets p	placed in service	during the ta	x year into on	e or more general	·		
	asset accounts, check here							
	Section B - Assets Placed in					System		
	Classification of property (b) Month and year (c) E	Basis for depreciation	(d) Recovery	(1) 0	(0.14.4)	(.) D		
(a)	Classification of property placed in service (business)	ness/investment use nly-see instructions)	period	(e) Convention	n (f) Method	(g) Depreciation deduction		
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property	<u> </u>						
f	20-year property							
g	25-year property		25 yrs.		S/L			
h	Residential rental		27.5 yrs.	MM	S/L			
	property		27.5 yrs.	MM	S/L			
i	Nonresidential real		39 yrs.	MM	S/L			
	property			MM	S/L			
	Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System							
20a	Class life				S/L			
b	12-year		12 yrs.		S/L			
	30-year		30 yrs.	MM	S/L			
	40-year		40 yrs.	MM	S/L			
Par			, , -			1		
	Listed property. Enter amount from line	28				21		
	<b>Total.</b> Add amounts from line 12, lines		nes 19 and 20	) in column (a	), and line 21. Enter			
	here and on the appropriate lines of you	-			•	22 19,518		
23	For assets shown above and placed in		-	-		25,510		
	portion of the basis attributable to section	_	-		23			

# Form **4562**

Department of the Treasury

Internal Revenue Service

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return GREATER TOMBALL AREA CHAMBER OF FORM 990T - 1 74-1495125 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 9,953 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property **d** 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 9,953 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

#### Form 8879-TE

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

202

, 20

OMB No. 154

Item 6.

Department of the Treasury

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service Name of filer **EIN or SSN** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Name and title of officer or person subject to tax BRUCE HILLEGEIST, PRESIDENT Part I Type of Return and Return Information 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 . . . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 8868 check here . . . . 6a Form 990-T check here . . . . x 7a Form 4720 check here . . . . b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . . Form 5227 check here . . . . 8a Form 5330 check here . . . . 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 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 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 PE CPA PLLC x I authorize 95125 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros 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. Signature of officer or person subject to tax 06-24-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 799164 68510 Do not enter all zeros 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. 07-30-2024 ERO's signature Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

## Form **8879-TE**

#### **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 154

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Item 6.

Name of filer		EIN or SSN	
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC  Name and title of officer or person subject to tax		74-1495125	
BRUCE HILLEGEIST, PRESIDENT			
Part I Type of Return and Return Information			
Check the box for the return for which you are using this Form 8879-TE and enter the applicable a 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole doll	ars only. If y	ou check the box on	n line <b>1a, 2a,</b>
<b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , <b>7a</b> , <b>8a</b> , <b>9a</b> , or <b>10a</b> below, and the amount on that line for the return being filed wi <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10b</b> , whichever is applicable, blank (do not enter -0-). But, if you e applicable line below. <b>Do not</b> complete more than one line in Part I.			
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, co	olumn (A), lir	ne 12)	1b 932,466
2a Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line 9)			2b
3a Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)			3b
4a Form 990-PF check here D b Tax based on investment income (Form 99	90-PF, Part \	V, line 5)	4b
<b>5a Form 8868</b> check here <b>b Balance due</b> (Form 8868, line 3c)			5b
6a Form 990-T check here D b Total tax (Form 990-T, Part III, line 4)			6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)			7b
8a Form 5227 check here D b FMV of assets at end of tax year (Form 52.			8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)			9b
10a Form 8038-CP check here D b Amount of credit payment requested (Form			10b
Part II Declaration and Signature Authorization of Officer or Person			
		subject to tax with re	espect to (name
of entity) , (EIN)		and that I have exami	
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any difference the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Again (direct debit) entry to the financial institution account indicated in the tax preparation software for preturn, and the financial institution to debit the entry to this account. To revoke a payment, I must be 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorocessing of the electronic payment of taxes to receive confidential information necessary to ans the payment. I have selected a personal identification number (PIN) as my signature for the electronic funds withdrawal.  PIN: check one box only	elay in proce gent to initiate payment of the ontact the U.S prize the finant wer inquiries	essing the return or rean electronic funds e federal taxes owed S. Treasury Financia ncial institutions invo and resolve issues	refund, and <b>(c)</b> s withdrawal d on this al Agent at lved in the related to
	r my PIN	95125	as my signature
ERO firm name	•	Enter five numbers, b	_ , ,
Zito itili italio		do not enter all zeros	
on the tax year 2023 electronically filed return. If I have indicated within this return that a copagency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen.	aforemention	ed ERO to enter my	PIN on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my sig filed return. If I have indicated within this return that a copy of the return is being filed with a of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen	state agency		
Signature of officer or person subject to tax		Date 06-24-2	024
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  799164	68510		_
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically find am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File Providers for Business Returns.		dicated above. I con	
ERO's signature	Date	07-30-2024	

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

tem	6.
COLL	u.

Federal Supporting Statements	<b>2023</b> PG01
Name(s) as shown on return	Tax ID Number
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	74-1495125

990-T SCHEDULE A PART V - LINE 3B OTHER DEDUCTIONS Statement #13

Form 990-T Schedule A: OFFICE RENTAL

Property:OFFICE RENTAL, Address: 29201 QUINN RD TOMBALL TX 77375

DESCRIPTION	AMOUNT
INTEREST	6,776
INSURANCE	3,186
TAXES	6,318
REPAIRS	6,121
CLEANING	3,842
ELECTRICITY	 4,981
TOTAL	31,224

FOR YOUR RECORDS ONLY

PG01

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION	COST/BASIS	COST/BASIS		BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
BUILDOUT	11,500	0	11,294	206
FURNITURE	0	17,990	18,196	(206)
TOTAL	11,500	<u> 17,990</u>	29,490	0

Item 6.

#### Federal Supporting Statements

2023
Tax ID Number

74-1495125

PG01

Name(s) as shown on return

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

990-T Schedule A Part V - Dual-use Debt-financed Property Statement

Statement #14

Form 990-T Schedule A: OFFICE RENTAL

Percent allocable Avg. acquisition debt Percent Allocable Adjusted basis allocable to debt-financed on debt-financed Avg. of Acquisition to debt-financed to debt-financed Property Discription indebtedness property property Adjusted basis debt-financed property property OFFICE RENTAL 135,916 100.00000@ 135,916 154,611 100.000000% 154,611

		Item 6.
70	1	

	990	Overflow Statement	2023	
990		(This page is not filed with the return. It is for your records only.)	Page 1	
	Name(s) as shown on return		FEIN	
	GREATER TOM	BALL AREA CHAMBER OF COMMERCE, INC	74-14951	25

#### OTHER

Description	Amount
COLLECTION EXPENSES	\$ 8,094
CONTRACTOR	66,448
DUES	4,869
EMPLOYEE DEVELOPMENT	12,264
FIRST FRIDAY	37,020
GOLF CLASSIC	<u>19,868</u>
HEALTH COMMITTEE	11,046
HOLIDAY PARADE	<u>25,726</u>
INCOME TAX	10,542
NETWORKING BREAKFAST	1,617
POSTAGE	2,889
TOMBALL NIGHT	<u> </u>
TOMBALL PAGEANT	14,541
WOMENS COMMITTEE	15,748
BANQUET	12,562
TOMBALL PAGEANT SCHOLARSHIPS	10,000
TOMBALL LEADERSHIP DAY	2,375
Total:	\$ 266,164

#### FORM 990-T - SCH E - LN 4 - AVERAGE ACQUISITION DEBT1

Description					Amount
AVERAGE ACQUISITION DEBT				\$	135,916
			Total: \$	S	135,916

#### SCH E - LN 5 - AVERAGE ADJUSTED BASIS

<u>Description</u>		Amount
AVERAGE BASIS	\$	154,611
	Total: \$	154,611

Item 6.

# Estimated Tax Worksheet on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

2024

(This page is not filed with the return. It is for your records only.) 6,152 4 6,152 6 6,152 7 8 6,152 Credit for federal tax paid on fuels. See instructions 9 **10a** Subtract line 9 from line 8. **Note:** If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see 10a 6,152 b Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount 6,152 c 2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c 10c 6,152 (a) (b) (c) (d) Installment due dates. See 11 11 instructions . . . . . 04-15-2024 06-17-2024 09-16-2024 12-16-2024 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." . . . . . . 1,538 1,538 1,538 1,538 2023 Overpayment. See 13 13 362 362 362 362 Payment due (Subtract line 13

1,176

1,176

1,176

from line 12) . . . . . . . . . . . . . . . . . .

14

1,176

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

Item 6.

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

ame of organ	Employer identification number		
	TOMBALL AREA CHAMBER OF COMMERCE, INC		74-1495125
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITY OF TOMBALL  401 MARKET STREET  TOMBALL TX 77375	38,394	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HEALTH FOUNDATION	Total Continuations	Type of contribution
2	29201 QUINN RD STE A TOMBALL TX 77375	63,750	Person X Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ENVIROCON TERMITE & PEST, INC 23306 ROBERTS CEMETERY	6,800	Person 🗓
	HOCKLEY TX 77447		Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total Contributions	Type of contribution
4	HCA HOUSTON HEATLHCARE TOMBALL  605 HOLDERRIETH  TOMBALL TX 77375	49,425	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	TOMBALL ECONOMIC DEVELOPMENT CORP PO BOX 820 TOMBALL TX 77377	29,937	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	SOUTHCOMM PUBLISHING CO. 7766 EWING BLVD., SUITE 200	12,433	Person 🗓 Payroll 🗌 Noncash
	FLORENCE KY 41042		(Complete Part II for noncash contributions.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

Item 6.

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

ame of orgar			Employer identification number
	TOMBALL AREA CHAMBER OF COMMERCE, INC		74-1495125
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	HOUSTON METHODIST WILLOWBROOK HOSPI  18220 SH 249  HOUSTON TX 77070	28,945	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	ALOHA NAILS & SPA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	701 E MAIN STE 125B TOMBALL TX 77375	13,350	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	SHELL FEDERAL CREDIT UNION		Person X
	6232 FM 2920	7,050	Payroll
	SPRING TX 77379		(Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	Total Contributions	Type of contribution
10	MEMORIAL HERMAN THE WOODLANDS 9250 PINECROFT DR SPRING TX 77380	5,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	COMMUNITY MATTERS INC  PO BOX 5900  FRISCO TX 75035	10,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	KLEIN FUNERAL HOMES & MEMORIAL PARK 16131 CHAMPION FOREST	7,150	Person X Payroll  Noncash
	SPRING TX 77379		(Complete Part II for noncash contributions.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

Item 6.

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

me of orga			Employer identification number
	TOMBALL AREA CHAMBER OF COMMERCE, INC (b)	(c)	74-1495125 (d)
(a) No.		Total contributions	Type of contribution
	Name, address, and ZIP + 4	Total contributions	Type or contribution
13	TWFG INSURANCE SERVICES 722 W MAIN	8,625	Person X Payroll  Noncash
	TOMBALL TX 77375		(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	RSC RIVERSIDE CONSTRUCTION		Person <u>x</u>
	210 SPRING CREEK TRAIL	5,000	Payroll
	SPRING TX 77373		(Complete Part II for noncash contributions.)
a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person  Payroll
			Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			noncash contributions.)

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

#### **Depreciation Detail Listing**

2023

Item 6.

PAGE 1

Program Services (This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

	(-,													,		
(	REATER TOMBALL AREA CH	HAMBER OF COI	MMERCE, INC						I	1			74	-1495125		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Meth	nod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	COMPUTER & SERVER EQU	10-14-2013	15,503		100.00			15,503	5			0	15,503		15,503	
2	BUILDING - QUINN ROAD	09-30-2008	531,026		100.00			531,026	39	SL	MM	2.564	190,968	13,616	204,584	
3	IMPROVEMENTS	10-31-2008	203,369		100.00			203,369	39	SL	MM	2.564	76,434	5,214	81,648	
4	A/C UNIT	03-27-2012	4,300		100.00			4,300	39	SL	MM	2.564	1,245	110	1,355	
5	LAND	10-31-2008	145,000	145,000	100.00			0	0			0				
9	2017 LAPTOP	12-05-2017	851		100.00			851	5			0	851		851	
10	PHONE SYSTEM	09-04-2001	6,976		100.00			6,976	7			0	6,974		6,974	
11	FURNITURE	11-01-2008	17,990		100.00			17,990	7			0	18,196		18,196	
12	QUINN BLDG IMPROVEMEN	12-01-2012	3,925		100.00			3,925	39			2.564	1,067	101	1,168	
13	2019 PHONE SYSTEM	01-31-2019	6,126		100.00			6,126	3			0	5,207		5,207	
14	2020 COMPUTER	03-15-2020	1,165		100.00			1,165	5	SL	HY	20	583	233	816	
15	2022 COMPUTER	09-22-2022	1,219		100.00			1,219	5	SL	ну	20	122	244	366	
	Totals		937,450					792,450					317,150	19,518	336,668	40:
	ITULAIS	<u> </u>	93/,450	l				192,450				l	31/,150	19,518	330,668	191

937,450

19,518

\* Item is included in UBIA for Section 199A calculations.

#### **Depreciation Detail Listing** 990 T

2023

Item 6.

PAGE 1

See "UBIA" in lower right corner. (This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Basis Business Section Prior Depreciable Current Accumulated AMT Bonus No. Description Cost Life Method Rate Basis Depreciation Depreciation Depreciation Current Adjustment percentage 179 depreciation 6 BUILDING (RENTAL PORT 09-30-2008 354,018 100.00 354,018 39 SL 2.564 127,310 9,077 136,387 MM BUILDOUT - TOMBALL RE 12-01-2012 11,500 100.00 11,500 15 SL MQ 6.667 5,235 767 6,002 A/C UNIT (RENTAL) 06-27-2014 4,245 100.00 4,245 39 SL MM 2.564 3,886 109 3,995 Totals 369,763 369,763 136,431 9,953 146,384

369,763

9,953

192

Item 6.

**Next Year's Depreciation Worksheet** 

(This page is not filed with the return. It is for your records only.)

2023

		(This page is not flied wit	h the return. It is for yo	ur records only.)				
ıe(s) as	s shown on retur	rn					Tax ID	Number
EATI	ER TOMBA	LL AREA CHAMBER OF COMMERCE, II		I	1		74-1	495125
	Multi-Form	Description	Date	Basis	Method		Life	Deduction
G	1	COMPUTER & SERVER EQUIPM	10-14-2013	Ī			5	
G	1	BUILDING - QUINN ROAD	09-30-2008		SL	MM		13,61
G	1	IMPROVEMENTS	10-31-2008		SL	MM		5,21
3	1	A/C UNIT	03-27-2012		SL	MM		11
3	1	LAND	10-31-2008				0	
	1	BUILDING (RENTAL PORTION	09-30-2008		SL	MM		9,07
	1	BUILDOUT - TOMBALL REG H	12-01-2012		SL	MQ		76
,	1	A/C UNIT (RENTAL)	06-27-2014		SL	MM		10
3	1	2017 LAPTOP	12-05-2017				5	
3	1	PHONE SYSTEM	09-04-2001				7	
3	1	FURNITURE	11-01-2008		ат	367	7	10
3	1	QUINN BLDG IMPROVEMENTS	12-01-2012		SL	MM		10
3	1 1	2019 PHONE SYSTEM	01-31-2019 03-15-2020		GT.	7732	3	23
3	1	2020 COMPUTER	09-22-2022		SL SL	HY HY		24
7		2022 COMPUTER	09-22-2022	1,219	ъп	пі	5	24
		TOTAL						29,47
		IOIAL						23,47
				/				
							1	
-								
1								

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545

Item 6.

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

74-1495125

GREA'	TER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125	74-1495125				
<b>C</b> Un	related business activity code (see instructions) 531190 D Sequence:	1	of 1			
F De	scribe the unrelated trade or business OFFICE RENTAL					
Pa	Tt I Unrelated Trade or Business Income (A) Income (B) Expense	:S	(C) Net			
1a	Gross receipts or sales					
b	Less returns and allowances c Balance 1c					
2	Cost of goods sold (Part III, line 8)					
3	Gross profit. Subtract line 2 from line 1c					
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions					
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions					
С	Capital loss deduction for trusts					
5	Income (loss) from a partnership or an S corporation (attach					
	statement)					
6	Rent income (Part IV)					
7	Unrelated debt-financed income (Part V)	448	40,250			
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)					
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)					
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12         13         67,698         27,698		40,250			
Par		s mus	st be			
	directly connected with the unrelated business income.					
1	Compensation of officers, directors, and trustees (Part X)	1				
2	Salaries and wages	2				
3	Repairs and maintenance	3				
4	Bad debts	4				
5	Interest (attach statement). See instructions	5				
6	Taxes and licenses	6				
7	Depreciation (attach Form 4562). See instructions	01				
8	Less depreciation claimed in Part III and elsewhere on return	8b	9,953			
9	Depletion	9				
10	Contributions to deferred compensation plans	10				
11	Employee benefit programs	11				
12		12				
13 14	Excess readership costs (Part IX)	13 14				
15	Total deductions. Add lines 1 through 14	15	0.053			
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	10	9,953			
10	column (C)	16	30 005			
17	Deduction for net operating loss. See instructions	17	30,297			
17 10	·	-	30 207			
18	Unrelated business taxable income. Subtract line 17 from line 16	18	30,297			

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

1+am	~
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	le A (Form 990-T) 2023 GREATER TOMBALL AR:	EA CHAMBER OF C	OMMERCE, INC	74-149512	5 <i>nem o.</i>
Part	III Cost of Goods Sold Enter	method of inventory val	uation		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter h				☐ Yes ☐ No
Part	Do the rules of section 263A (with respect to property pro  IV Rent Income (From Real Property and				☐ Tes ☐ NO
1	Description of property (property street address, city, stat	•			
·	A OFFICE RENTAL, Address: 29201 Q	•		Ono.	
	В [				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D				
	•				
3	Total rents received or accrued. Add line 2c, columns A t	hrough D. Enter here ar	nd on Part I, line 6, colu	mn (A)	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. En	ter here and on Part I,	ine 6, column (B)		
Part	V Unrelated Debt-Financed Income (see	instructions)			
1	Description of debt-financed property (street address, city		k if a dual-use. See ins	structions	
•	A OFFICE RENTAL, Address: 29201 Q			3. 40.01.01	
	В				<del>-</del>
	c 🗆				
	D 🗌				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property	77,010			
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a b	Straight line depreciation (attach statement)	t #13 31,224			
	Total deductions (add lines 3a and 3b,	T #13 31,224			
С	columns A through D)	31,224			
4	Amount of average acquisition debt on or allocable	31,221			
•	to debt-financed property (attach statement) Statement	t #14 135,916			
5	Average adjusted basis of or allocable to debt-	_			
	financed property (attach statement) Statement	t #14 154,611			
6	Divide line 4 by line 5	87.90800 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	67,698			
8	Total gross income (add line 7, columns A through D).	Enter here and on Par	t I, line 7, column (A) .		67,698
9	Allocable deductions. Multiply line 3c by line 6	27,448		_	
10	Total allocable deductions. Add line 9, columns A thro		on Part Lline 7 colum	ın (B)	27,448
		_		_	
	Total dividends - received deductions included in line	10		<u> </u>	195

74-1495125

Part	VI Interest, Annuiti	es, Royaltie	s, and Rents	fron	n Controlled Orga	anizations (see instruc	ctions	)
						ontrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	ss)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
		l	Nonexem	pt Co	ntrolled Organization	ns		
	7. Taxable income	inco	t unrelated me (loss) structions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota				· · ·		Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	columns 6 and 11. r here and on Part I, ine 8, column (B).
Part				7), (9	), or (17) Organiz		1	
	Description of income	<b>2.</b> Amou	int of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	Add amounts in column 2. Enter here and on Part I, line 9, column (A).						Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
Part	VIII Fynloited Fyer	nnt Activity	Income Oth	er Ti	nan Advertising l	ncome (see instruction	ns)	
1	Description of exploited ac		inocine, our	J. 11	ian Autordonig II	iloonio (occ iliotiactioi		
2	Gross unrelated business i		e or business F	nter he	ere and on Part I line 10	O. column (A)	2	
3								
3	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
4	Net income (loss) from unre		*				3	
4					_	· · · · · · · · · · · · · · · · · · ·	4	
5	-						5	
	5 Gross income from activity that is not unrelated business income							
	Expenses attributable to inc		line 5	'			6	
6		come entered on					6	
	Expenses attributable to inc Excess exempt expenses. 4. Enter here and on Part II	come entered on Subtract line 5 fr	om line 6, but do	not e	nter more than the amou	unt on line	7	

Schedule A (Form 990-T) 2023

74-1495125

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two or	more periodicals on a co	onsolidated basis.		
	A 🗌				
	В				
	c 🗆				
	D 🗌				
Enter a	amounts for each periodical listed above in the correspond	ding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (B)			·
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6 7	Circulation income				
	than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of the Part II, line 13				
Part					•
i ait	X Compensation of Officers, Directors,	and musices (se	c instructions)	2 Dercentore	4 Componentian
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)				%	
(2)				%	
(3)				%	
(4)				%	
			1		
	Enter here and on Part II, line 1				
Part	XI Supplemental Information (see instr	ructions)			

Schedule A (Form 990-

# City Council Meeting Agenda Item Data Sheet

Data S	Sheet		N	Meeting Date: August 26, 20	)25
Topic:					
	ation of the application formber of Commerce for the			cy Tax Funds for the Greater	Tomball
Backgro	und:				
	on for FY 2025-2026 Hotce for the Visitor Center.	el Occupancy	Tax Funds for the	e Greater Tomball Area Chan	nber of
Originat	ion: Marketing and Fina	nce			
Recomm	endation:				
Staff reco	ommends the Committee J	proceed with t	the consideration of	of this application.	
Party(ies	s) responsible for placing	g this item on	agenda: Bragg F	Farmer, Finance Director	
Are funds Yes:	No: ds will be transferred from	m account: #	If yes, specify Ac	To Account: #	
Signed:	Staff Member	Date	_Approved by: _	City Manager	Date



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

#### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B — Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

#### **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- 1. The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

#### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

#### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

#### Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

VIA EMAIL

City of Tomball

Finance@tomballtx.gov

ATTN: Director of Finance

501 James Street Tomball, TX 77375



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or <a href="mailto:PCarrasco@tomballtx.gov">PCarrasco@tomballtx.gov</a>.

#### **Section I: Organization Information**

Name of Organia	zation/Business:	Greater Tomba	ıll Area Ch	namber of Comi	merce ———
Street Address:	29201 Quinn R	oad, Ste. B			
City:Tomball		State:	(	Zip Code: <u>7</u>	7375
Contact Name:	Brandy Beyer				
Role with Organi	zation/Business:	Vice Preside	ent		
Phone Number:	281.351.7222	Email: _	bbeyer@	tomballchamb	er.org
Type of Organiz	ation/Business	☐ Private/For	Profit	☐ Non-Profit	
Purpose of Orga	nization/Busines	s:			
	omball Area Cha nat empower bus		•		

## Section II: Event/Program Information

Event/Program Name:
Date(s) of Event/Program: Monday - Friday, 8:30am - 5pm
Location of Event/Program (Provide the address or a general location):
29201 Quinn Road, Suite B
Website for Event/Program:www.tomballchamber.org
Is this a new event/program?
If this is not a new event/program, how long has the event/program operated?
Open for 60 years
Provide a detailed description of the event/program.
daily handling of walk-ins, calls and emails from people looking to visit Tomball for events as well as making trips to look at homes for relocating
Estimated Local Attendees at Event/Program:
Estimated Out of Town Attendees at Event/Program: 500

# Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 10,000			
Total operating budget for event/program.	ş 69,174			
Percent of event/program to be funded by grant.	6.9 %			
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$			
Provide a detailed description of how grant funds will be used if ap can be added if necessary).	proved (additional pages			
reimbursement for visitor center costs of maintaining the office packets, staff to handle visitors	supplies for mailing visitor			
Please indicate all promotion/advertising efforts your organization to the event/project/program.	will use to alert visitors			
Paid Advertising Radio Television  Social Media Newspaper Online/Digital Ads  Other (please specify)	Brochures Press Release			
Provide a description of how you intend to advertise or promote you overnight stays in Tomball.	ur event/program to gain			
As a visitor center, chambers of commerce have a long standin place visitors stop when they come to a new town. The GTACO website, in the World Chamber of Commerce Directory, as a m of Commerce, the Texas Association of Business, Texas Cham Executives, and the American Chamber of Commerce Executives.	is publicized through the ember of the US Chamber of Commerce			
How will you measure the impact of your event on local overnight a	ccommodations?			
by tracking calls and email requests for local hotel information				

#### Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

	YES, the event/program expenditure meets the Part One test.
	NO, the event/program expenditure does not meet the Part One test

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

<b>/</b>	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
	Advertising, solicitations, and promotions that attract tourists or convention delegates.
	Encouragement, promotion, improvement, and application of the arts.
	Historical restoration or preservation programs.
	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

#### **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

#### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature:	Brandy Beyer	Digitally signed by Brandy Beyer Date: 2025.07.08 16:26:00 -05'00'
Applicant Printed Name	: Brandy Beyer	
Date of Application: 7/8	3/2025	

# Visitor Center Budget

Rent	25,974.00
CAM Expense	12,000.00
Office Supplies/Postage	1,200.00
Personnel	30,000.00

Total Expenses: 69,174.00

Grant Request: 10,000.00

#### Item 7.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview

January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Ordinary Income/Expense													
Income													
Income													
Rent Income	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	74,592.00
Capital Campaign	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	36,000.00
Health & Wellness	1,500.00	1,000.00		1,500.00	3,000.00	4,000.00	1,000.00	3,000.00	2,000.00	3,000.00			20,000.00
Hotel/Motel Tax									45,000.00				45,000.00
First Friday	3,500.00	3,500.00	3,500.00	3,000.00	3,000.00	3,000.00	2,000.00	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	450.00	450.00	500.00	500.00	5,100.00
Women's Committee	0.00	1,000.00	1,500.00	1,500.00	1,000.00	1,000.00	0.00	0.00	13,000.00	0.00	0.00	1,000.00	20,000.00
Interest Income	2,500.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	13,100.00
Membership Dues													
New	10,000.00	10,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	10,000.00	10,000.00	10,000.00	10,000.00	5,000.00	100,000.00
Allowance Non-Renewal	-6,227.83	-7,412.58	-3,473.08	-4,129.33	-2,466.83	-3,250.08	-3,133.58	-3,578.08	-4,010.33	-4,900.58	-3,271.83	-2,961.58	-48,815.75
Renewal	62,278.33	74,125.83	34,730.83	41,293.33	24,668.33	32,500.83	31,335.83	35,780.83	40,103.33	49,005.83	32,718.33	29,615.83	488,157.46
<b>Total Membership Dues</b>	66,050.50	76,713.25	38,257.75	44,164.00	29,201.50	36,250.75	35,202.25	42,202.75	46,093.00	54,105.25	39,446.50	31,654.25	539,341.71
Miscellaneous Income	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	2,640.00
Publications/Products													
Magazine/Map/Website		400.00		1,000.00	15,000.00		500.00	6,000.00		4,000.00	1,100.00		28,000.00
Total Publications	0.00	400.00	0.00	1,000.00	15,000.00	0.00	500.00	6,000.00	0.00	4,000.00	1,100.00	0.00	28,000.00
Special Events													
Banquet	10,000.00	20,000.00											30,000.00
Golf Classic		10,000.00	20,000.00	5,000.00		5,000.00							40,000.00
Family Reunion					5,000.00								
Tomball Night						10,000.00	22,000.00	5,000.00					37,000.00
Holiday Parade						15,000.00			3,000.00	15,000.00	12,000.00		45,000.00
Miss Tomball Pageant									2,000.00	15,000.00	13,000.00		30,000.00
Total Special Events	10,000.00	30,000.00	20,000.00	5,000.00	5,000.00	30,000.00	22,000.00	5,000.00	5,000.00	30,000.00	25,000.00	0.00	187,000.00
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Gross Profit	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
_													
Expense													
Building Expense	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	0.000.00
Cleaning	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	8,880.00
Electricity	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	12,660.00
Building Interest	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	17,700.00
Reimbursed by tenants	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-20,736.00
Repairs/Maintenance	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	12,000.00
Total Building Expense	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	207

#### Item 7.

TOTAL

#### Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													IUIAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Accounting Expense	4,000.00	7,500.00	4,000.00			2,500.00							18,000.00
Advertising							2,000.00	3,000.00		1,000.00	4,000.00		10,000.00
Bad Debt Expense	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	10,000.00	4,000.00	20,000.00	70,000.00
Health & Wellness		1,500.00			1,500.00			5,000.00	2,000.00	4,000.00			14,000.00
First Friday	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,500.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	200.00	200.00	200.00	100.00	150.00	200.00	100.00	100.00	200.00	200.00	150.00	200.00	2,000.00
Women's Committee		500.00	500.00	500.00	500.00	1,000.00	0.00	0.00	2,000.00	0.00	0.00	10,500.00	15,500.00
Young Professionals	200.00			200.00			200.00			200.00			800.00
Bank Fees	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	16,200.00
Board of Directors	500.00								3,000.00	3,700.00	300.00		7,500.00
Dues and Subscriptions	1,150.00				500.00			750.00				1,112.00	3,512.00
Employee Expense													
SUTA	1,700.00	600.00											2,300.00
Development	600.00	1,600.00		3,000.00	0.00	4,000.00	3,000.00	1,000.00	300.00	1,500.00			15,000.00
FUTA	140.00	30.00											170.00
Group Insurance	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	4,000.00	4,000.00	4,000.00	4,000.00	43,600.00
Cell Phone Allowance	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	5,040.00
Payroll Services	550.00	600.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	6,650.00
Payroll Taxes	2,080.00	2,100.00	2,100.00	2,080.00	2,080.00	2,080.00	2,080.00	2,100.00	2,080.00	2,080.00	2,150.00	3,200.00	26,210.00
Salaries													
TACC	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	36,166.25	441,195.00
Bonus												18,265.00	18,265.00
Total Salaries	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	54,431.25	459,460.00
Total Employee Expense	45,106.25	46,516.25	42,686.25	47,216.25	42,666.25	46,666.25	45,666.25	45,236.25	43,516.25	44,716.25	45,836.25	62,601.25	558,430.00
Insurance		47.50	47.50	47.50	47.50	47.50	47.50	47.50	17.50	17.50	47.50	47.50	570.00
Worker's Compensation	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	570.96
Officer & Director Liability	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	1,761.96
General Liab.	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	8,552.04
Total Insurance	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	10,884.96
Membership/Misc. Expense	10,000.00	5,000.00	2,500.00	2,000.00	800.00	500.00	1,000.00	1,000.00	500.00	600.00	800.00	4,000.00	28,700.00
Office Equipment Expense													
Database	6,250.00												6,250.00
Computer Maintenance	400.00	400.00	1,000.00	400.00	400.00	1,500.00	400.00	400.00	400.00	400.00	400.00	400.00	6,500.00
Copier Lease	600.00	800.00	800.00	700.00	700.00	700.00	500.00	600.00	400.00	800.00	800.00	600.00	8,000.00
Pitney Bowes			600.00			600.00			600.00			600.00	2,400.00
Total Office Equip Expense	7,250.00	1,200.00	2,400.00	1,100.00	1,100.00	2,800.00	900.00	1,000.00	1,400.00	1,200.00	1,200.00	1,600.00	23,150.00
Office Supplies	700.00	5,000.00	500.00	700.00	500.00	500.00	600.00	800.00	250.00	500.00	250.00	200.00	10,500.00
Postage & Delivery	500.00	0.00	1,000.00	0.00	0.00	0.00	500.00	500.00	0.00	0.00	0.00	0.00	2,500.00
Property Tax Expense	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	17,469.00
Income Tax Expense	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	04
•													208

#### Item 7.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Rent	145.00	145.00	145.00	145.00	145.00	145.00	160.00	160.00	160.00	160.00	160.00	160.00	1,830.00
Special Events													
Banquet		12,000.00	1,000.00										13,000.00
Golf Classic			1,000.00	18,000.00									19,000.00
Family Reunion					5,000.00								
Tomball Night							1,000.00	11,000.00					12,000.00
Holiday Parade									1,000.00	1,000.00	21,000.00	1,000.00	24,000.00
Miss Tomball Pageant													
Scholarship Expense											13,000.00		13,000.00
Pageant - Other											5,000.00	2,000.00	7,000.00
Total Miss Tomball										0.00	18,000.00	2,000.00	20,000.00
Total Special Events	0.00	12,000.00	2,000.00	18,000.00	5,000.00	0.00	1,000.00	11,000.00	1,000.00	1,000.00	39,000.00	3,000.00	93,000.00
Telephone Expenses	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	6,720.00
Travel & Entertainment	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	960.00
Total Expense	84,279.50	94,589.50	70,459.50	84,489.50	67,389.50	68,839.50	66,654.50	83,074.50	68,554.50	78,304.50	106,224.50	113,901.50	986,761.00
Net Ordinary Income	9,107.00	28,059.75	2,834.25	-15,489.50	-1,152.00	15,447.25	6,883.75	-13,835.75	56,124.50	28,686.75	-27,542.00	-68,111.25	21,012.71
Principal Building Payment	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	45,000.00
xDepreciation Expense	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	21,756.00
Net Income	3,544.00	22,496.75	-2,728.75	-21,052.50	-6,715.00	9,884.25	1,320.75	-19,398.75	50,561.50	23,123.75	-33,105.00	-73,674.25	-45,743.29

Independent Auditors' Report and Financial Statements for the Year Ended December 31, 2024 (Audited) (with comparative totals for 2023 - Reviewed)



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Tipton & Company LLC 134 Vintage Park Blvd. Ste. A #106 Houston, TX 77070 www.nonprofitacctg.com

#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Greater Tomball Area Chamber of Commerce
Tomball, Texas

We have audited the accompanying financial statements of Greater Tomball Area Chamber of Commerce (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Tomball Area Chamber of Commerce as of December 31, 2024, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Greater Tomball Area Chamber of Commerce and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that
  are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of Greater Tomball Area Chamber of Commerce's internal control. Accordingly, no such
  opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
  raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a
  going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

#### **Report on Summarized Comparative Information**

The 2023 financial statements were reviewed by us and our report thereon, dated March 4, 2024, stated we were not aware of any material modifications that should be made to those financial statements for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements. The summarized comparative information presented herein as of and for the year ended December 31, 2023, is consistent, in all material respects, with the reviewed financial statements from which it has been derived.

Tipton & Company LLC Certified Public Accountants

Tipton : Company LLC

Houston, Texas

March 12, 2025

## Statement of Financial Position

As of December 31, (with comparative totals for 2023)		Audited 2024		Reviewed 2023
Assets	7.00.000			
Cash and cash equivalents	\$	132,986	\$	223,989
Certificate of deposit		320,289		309,821
Accounts receivable, net		64,847		44,907
Prepaid expenses		10,677		10,291
Property and equipment, net		796,220		825,005
Total Assets	\$	1,325,019	\$	1,414,013
Liabilities and Net Assets				
Liabilities				
Accrued expenses	\$	30,248	\$	31,031
Deferred revenues	·	•	•	
Note payable		•		
Deposits		4,150		8,300
Total Liabilities		467,075		613,352
Net Assets				
Without donor restrictions		857,944		800,661
Total Net Assets		857,944		800,661
Total Liabilities and Net Assets	\$	1,325,019	\$	1,414,013

### Statement of Activities

Year ended December 31, (with comparative totals for 2023)	Audited 2024	Reviewed 2023
Without Donor Restrictions		
Revenue and Support		
Membership dues	\$ 513,014	\$ 483,92
Special events revenue	208,974	204,01
Direct benefit to donor	(26,578)	(22,95
Capital improvement campaign	30,000	36,00
First Friday luncheon	33,225	42,42
Networking Breakfast	5,245	5,37
Women's Committee	15,712	26,35
City of Tomball hotel tax revenue	45,000	35,00
Rental income	66,285	64,62
Tenent reimbursements	15,086	12,38
Ads and ad commission	18,334	25,40
Contributed nonfinancial assets	9,470	29,00
Interest and investment income	12,494	12,61
Other income	49,187	16,73
Total Revenue and Support	995,448	970,90
Expenses		
Program Services		
Business resources	339,930	325,81
Advocacy	335,393	328,34
Total Program Services	675,323	654,16
Supporting Services		
General and administrative	123,028	127,02
Fundraising	139,814	137,21
Total Supporting Services	262,842	264,23
	· · · · · · · · · · · · · · · · · · ·	,
Total Expenses	938,165	918,39
Change in Net Assets	57,283	52,51
Net Assets, Beginning of Year	800,661	748,14
Net Assets, End of Year	\$ 857,944	\$ 800,66

#### Statement of Functional Expenses

			Progr	am Services	3				Suppo	rting Service	ces		_	Audited	F	Reviewed
Year ended December 31,	Bu	siness	_		Tot	al Program	Ger	General and				tal Supporting		2024		2023
(with comparative totals for 2023)	Res	sources	Α	dvocacy	,	Services	Adm	inistrative	Fur	ndraising		Services		Total		Total
Payroll and related expenses																
Salaries	\$	138,831	\$	138,831	\$	277,662	\$	34,708	\$	34,708	\$	69,416	\$	347,078	\$	312,048
Payroll taxes		11,473		11,473		22,946		2,868		2,868		5,736		28,682		26,044
Employee benefits		16,974		16,974		33,948		4,244		4,244		8,488		42,436		37,278
Total payroll and related expenses		167,278		167,278		334,556		41,820		41,820		83,640		418,196		375,370
Other expenses																
Advertising		1,194		1,194		2,388		1,194		8,355		9,549		11,937		26,922
Bad debt		19,043		19,043		38,086		19,043		19,042		38,085		76,171		69,471
Bank fees		1,457		1,457		2,914		5,829		5,829		11,658		14,572		13,532
Board expenses		-		-		-		8,824		-		8,824		8,824		6,305
Computer maintenance		2,638		2,638		5,276		659		659		1,318		6,594		4,642
Contract labor		22,596		22,596		45,192		5,649		5,649		11,298		56,490		66,448
Depreciation		11,514		11,514		23,028		2,878		2,879		5,757		28,785		30,115
Dues and subscriptions		1,454		1,454		2,908		364		364		728		3,636		4,870
Employee development		6,606		6,606		13,212		1,651		1,651		3,302		16,514		12,264
Equipment lease		4,480		4,480		8,960		1,120		1,120		2,240		11,200		12,212
First Friday		33,831		· -		33,831		· -		· -		· -		33,831		37,020
Health committee		13,281		_		13,281		_		_		_		13,281		11,046
Insurance		4,200		4,200		8,400		1,050		1,050		2,100		10,500		10,306
Interest		8,536		8,536		17,072		2,134		2,133		4,267		21,339		16,940
Miscellaneous		6,321		7,460		13,781		5,595		_,		5,595		19,376		21,062
Networking breakfast		2,580		-,		2,580		-		_		-		2,580		1,617
Office supplies		2,222		2,222		4,444		556		556		1,112		5,556		5,692
Payroll service		2,581		2,581		5,162		645		645		1,290		6,452		5,880
Postage and delivery		572		286		858		286		763		1.049		1,907		2,888
Professional fees		- 012		200		-		10,100		700		10,100		10,100		16,005
Rent		665		665		1,330		166		166		332		1,662		1,482
Repairs and maintenance		7,191		7,191		14,382		1,798		1,798		3,596		17,978		25,194
Software		2,291		2,291		4,582		572		572		1,144		5,726		5,986
Special events		2,514		36,626		39,140		312		67,620		67,620		106,760		95,802
Taxes - income		2,514		30,020		39,140		6,613		07,020		6,613		6,613		10,542
Taxes - income Taxes - property		6,988		6,988		13,976		1,747		1,746		3,493		17,469		15,796
The state of the s				2,787		,		1,747		697		,				7,014
Telephone		2,787		2,787		5,574				697		1,394		6,968		
Travel and entertainment						40.000		760		4.070		760		760		720
Utilities		5,110		5,110		10,220		1,278		1,278		2,556		12,776		12,452
Womens Committee		172,652		10,190		10,190 340,767		81,208		124,572		205,780		10,190		15,748
Total other expenses		172,052		168,115		340,767		81,208		124,572		205,780		546,547		565,973
Subtotal		339,930		335,393		675,323		123,028		166,392		289,420		964,743		941,343
Less: Direct benefit to donor		-		-		-		-		(26,578)		(26,578)		(26,578)		(22,952
Total Expenses	\$	339,930	\$	335,393	¢	675,323	\$	123,028	\$	139,814	¢	262,842	¢	938,165	¢	918,391

The accompanying notes are an integral part of these financial statements.

## Statement of Cash Flows

Year Ended December 31, (with comparative totals for 2023)	Audited 2024	Reviewed 2023
Cash Flows From Operating Activities		
Change in net assets	\$ 57,283	\$ 52,515
Adjustments to reconcile change in net assets to		
net change in operating activities:		
Unrealized (gain)/loss on certificate of deposit	289,530	(9,821)
Depreciation	28,785	30,115
Bad debt expense	76,171	69,471
Changes in assets and liabilities:		
Accounts receivable	(96,111)	(79,129)
Prepaid expenses	(386)	(193)
Accrued expenses	(783)	2,302
Deferred revenues	-	16,517
Other Liabilities	(4,150)	
Total Adjustments	293,056	29,262
Net Change in Operating Activities	350,339	81,777
Oach Flaur Franchischer Aufrich		
Cash Flows From Investing Activities  Purchases of certificate of deposit	(200,000)	(200,000)
Purchases of certificate of deposit  Purchases of property and equipment	(300,000)	(300,000)
Fulchases of property and equipment		
Net Change in Investing Activities	(300,000)	(300,000)
Cash Flows From Financing Activities		
Payments on note payable	(141,345)	(145,876)
Net Change in Financing Activities	(141,345)	(145,876)
Net Change in Cash and Cash Equivalents	(91,006)	(364,099)
Cash and Cash Equivalents, beginning of year	223,989	588,088
Cash and Cash Equivalents, end of year	\$ 132,983	\$ 223,989
Supplemental Disclosures:		
Interest paid	\$ 21,339	\$ 16,940
Federal income taxes paid	\$ 6,613	\$ 10,542

#### NOTE 1 - NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Operations

The Greater Tomball Area Chamber of Commerce (the "Chamber") is a not-for-profit organization of citizens who are investing their time and money in a community development program working together to improve the economic, civic, and cultural fortitude of the region, community, or area. The Chamber's mission is to provide resources and foster relationships that empower businesses to prosper in Tomball and its surrounding communities.

The Chamber is supported through membership dues, contributions, rental income and other miscellaneous revenue. The Chamber conducts the following programs:

- Business resources The Business Resources Division is dedicated to providing and promoting value added, quality networking events to the Chamber's diverse membership, by ensuring inclusion through new member mentorship programs and by presenting opportunities for personal and business growth. This division invites members to become involved in the Chamber's programs that will allow relationships to be formed and sustained through a variety of networking events.
- Advocacy The Advocacy Division is committed to being a strong voice for the Chamber's members and
  the greater Tomball area community. This will be accomplished by addressing public policy issues with
  participation from the public, members and elected officials, and holding open discussions about issues
  that affect the business community including: economic development, education, workforce development,
  energy and healthcare.

#### Basis of Accounting

The financial statements of the Chamber have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

#### Basis of Presentation

The Chamber reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

- Net assets without donor restrictions are resources available to support operations and not subject to
  donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits
  resulting from the nature of the Chamber, the environment in which it operates, the purposes specified in
  its corporate documents and its application for tax-exempt status, and any limits resulting from contractual
  agreements with creditors and others that are entered into in the course of its operations. Assets
  restricted solely through the actions of the Board of Directors are reported as net assets without donor
  restrictions, board-designated.
- Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or use for a purpose specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-restricted endowment earnings are

released when those earnings are appropriated with spending policies and are used for the specified purpose.

#### Cash and Cash Equivalents

The Chamber considers all monies in banks and highly liquid investments with maturities of three months or less from the date of purchase to be cash and cash equivalents. The carrying values of any cash and cash equivalents are deemed to approximate their fair values because of the short maturities of those financial instruments.

#### Certificates of Deposit

The Chamber has a certificate of deposit, bearing interest at 3.00%, maturing January 2025 with an early withdrawal penalty of 360 days of interest. It was renewed again in January 2025 with the same interest rate, maturing January 2026. The total balance of the certificate of deposit at December 31, 2024 and 2023 is \$320,289 and \$309,821, respectively.

### Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At December 31, 2024 and 2023, the allowance for bad debts was \$7,021 in both years.

#### Property and Equipment

The Chamber capitalizes all expenditures for property, plant and equipment in excess of \$500. Maintenance and repairs are charged to operations when incurred. Major improvements and renewals that extend the life of the asset are capitalized. Purchased property, plant and equipment are carried at cost and are depreciated using the straight-line method based on their estimated useful lives as follows:

Buildings and improvements	39 years
Computers and software	3-5 years
Office equipment	5-7 years
Furniture and fixtures	5-7 years

#### Contributed Nonfinancial Assets

Donated goods are recognized at fair value as contributions when an unconditional commitment is received from the donor. The related expense is recognized as the item is used or sold. All donated goods were utilized by the Organization's programs and supporting services. There were no donor-imposed restrictions associated with the donated services and assets. Contributions of services are recognized when services received (a) create or enhance nonfinancial assets or (b) require specialize skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

#### Deferred Revenue

Income from membership dues and subscription fees received in advance is deferred and recognized over the periods to which the dues and fees relate.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The significant estimates included in the financial statements are the estimates of useful lives used for depreciating property and equipment items.

#### Membership Dues

Membership dues are recognized as revenue ratably over the term of the membership period. Any unearned amounts are included in deferred revenue at the end of each accounting period.

#### Functional Allocation of Expenses

Expenses are categorized in the Statement of Activities as program services, management and general and fundraising. The Chamber's expenses are allocated on a functional basis among these benefited categories:

- Program service expenses: include direct and indirect (allocated) expenses for the various programs
  offered by the Chamber to fulfill member investment expectations. Expenses that can be identified with a
  specific program and support services are allocated directly according to their natural expenditure
  classification. Other expenses, that are common to several functions, are allocated to program services
  based on time and effort.
- Management and general expenses: include those expenses, ranging from office management to
  financial services, that are not directly identifiable with any other specific function but provide for the
  overall support and direction of the Chamber. Those expenses include the basic necessities to be an
  accredited, well rounded, and effective organization.
- Fundraising expenses: represent costs incurred in connection with fundraising efforts to continue the Chamber's mission. The membership dues alone are not adequate enough to accomplish the Chamber's goals; therefore, fundraising events are held to fill the gap between membership dues and total expenses.

#### Income Taxes

The Chamber is operating as a not-for-profit corporation, under Section 501(c)(6) of the Internal Revenue Code, and is not subject to income taxes with the exception of unrelated business income. The Chamber conducted unrelated business activities during the current year. Therefore, the Chamber paid \$6,613 and \$10,542 for federal income taxes in the years ended December 31, 2024 and 2023, respectively.

The Chamber applies the provisions of FASB ASC Topic 740, Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosures and transition. As of December 31, 2024 and 2023, no uncertain tax positions were identified.

#### <u>Leases</u>

The Chamber accounts for leases in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 842, *Leases*. Leases are evaluated using the criteria in FASB ASC 842 to determine whether they will be classified as operating leases or finance leases. The Chamber determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are

changed. The Chamber determines if an arrangement conveys the right to use an identified asset and whether the Chamber obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. The Chamber recognizes a lease liability and right-of-use (ROU) asset at the commencement date of the lease. The Chamber has elected to not recognize ROU assets and lease liabilities for short-term leases that have an initial lease term of 12 months or less and for leases that management deems immaterial.

Lease liabilities - Lease liabilities are measured based on the present value of future lease payments using the risk-free rate.

Right of use (ROU) assets - ROU assets are recognized at the present value of the lease payments at inception of the lease adjusted, as appropriate, for certain other payments and allowances related to obtaining the lease and placing the asset in service. Lease expense is recognized on a straight-line basis as rent expense in the statement of functional expenses.

#### Advertising Cost

Advertising costs are expensed when incurred. Advertising costs for the years ended December 31, 2024 and 2023 amounted to \$11,937 and \$26,922, respectively.

#### **NOTE 2 – LIQUIDITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of December 31, 2024, comprise the following:

Financial assets:	
Cash and cash equivalents	\$132,986
Certificate of deposit	320,289
Accounts receivable, net	64,847
Financial assets available to meet cash needs for	
general expenditures within one year	\$518,122

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Chamber considers all expenditures related to its ongoing program activities, as well as the conduct of services undertaken to support those activities, to be general expenditures. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. The Chamber sets a goal of having financial assets on hand to meet a minimum of 90 days of normal operating expenses, which are, on average, around \$70,000. As part of its liquidity management, the Chamber has a policy to structure its financial assets to be available as general expenditures, liabilities, and other obligations become due.

#### **NOTE 3 – CONCENTRATION OF CREDIT RISKS**

The Chamber maintains its cash and certificate of deposit balances in a local bank. These balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Management periodically assesses the financial condition of the financial institutions and believes that any possible credit risk is minimal. As of December 31, 2024 and 2023, the Chamber had approximately \$203,000 and \$284,000, respectively, of cash certificate of deposit balances that were not insured by the FDIC. The Chamber has not experienced any losses in such accounts and believes the risk of future loss is mitigated by monitoring the balances and the financial institutions where the cash is deposited.

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

As of December 31, 2024 and 2023, property, plant and equipment consisted of the following:

	Audited 2024	Reviewed 2023
Building and improvements	\$1,112,383	\$1,112,383
Computers and software	17,517	17,517
Office equipment	14,321	14,321
Furniture and fixtures	17,990	17,990
Land	145,000	145,000
Total property and equipment, gross  Less: Accumulated depreciation	1,307,211 (510,991)	1,307,211 (482,206)
Total property and equipment, net	\$796,220	\$825,005

Depreciation expense for the years ended December 31, 2024 and 2023 was \$28,785 and \$30,115, respectively.

#### **NOTE 5 - RENTAL INCOME**

The Chamber generates rental income from leasing its office space to lessees. As the lessor, the Chamber is required to first determine whether the lease is an operating lease or a finance lease. A finance lease is one in which the risks and rewards inherent in the asset are transferred to the lessee. An operating lease is one in which the risks and rewards inherent in the asset are not transferred to the lessee. Only finance leases are required to be capitalized on the statement of financial position.

The Chamber leases office space to three other organizations as follows and as the risks and reward inherent in the asset are not transferred to the lessee, it has been determined that these leases are operating leases, so these leases have not been capitalized on the statement of financial position:

	Current monthly rent	Lease initiation	Lease expiration	Lease renewal	Renewal expiration
TEDC	\$1,506	9/1/2008	10/31/2013	11/1/2013	10/31/2018
				11/1/2023	10/31/2024
	\$4,560	11/1/2018	10/31/2023	11/1/2024	10/31/2029
TRHF	\$3,869	11/1/2017	10/31/2022	11/1/2022	10/31/2024
	\$1,506			11/1/2024	10/31/2025
Envirocon	\$150	4/1/2016	3/31/2020	4/1/2020	3/31/20241

For the years ended December 31, 2024 and 2023, rental income was \$66,285 and \$64,624 respectively.

Future minimum rentals expected to be collected are as follows:

For the years ending December 31,

\$ 69,780
\$ 54,720
\$ 54,720
\$ 54,720
\$ 45,600
-
\$ 279,540

<sup>&</sup>lt;sup>1</sup> Note that Envirocon continues to lease space at \$150 monthly on a month-to-month basis.

#### **NOTE 6 - LEASE AGREEMENTS**

The Chamber has entered into noncancelable operating leases that expire in 2024 and 2026. For the years ended December 31, 2024 and 2023, the total rental expense under these leases was \$12,862 and \$13,694, respectively. The Chamber's lease arrangements are not recognized in the statement of financial position as they are immaterial. Future minimum lease payments are as follows:

For the years ending December 31,

2025	\$1,969
2026	656
Thereafter	-
Total	\$2,625

### **NOTE 7 - NOTE PAYABLE**

The Chamber had a note payable due in monthly installments to a financial institution for an office building in the amount of \$6,729 for 83 months beginning January 10, 2010 through November 10, 2016. This note was secured by the Quinn Road office building, with interest at 5% through October 9, 2021. On December 10, 2016, a balloon payment of any unpaid principal and interest became due and payable, at which time the loan was modified to require monthly installments of \$5,595 at the same interest rate and terms and to become due and payable on December 10, 2023. Effective October 10, 2021, the interest rate was modified to 4%, requiring the same monthly installments and due date. In December 2023, the interest rate was modified to 7% and the note is due and payable on demand. If demand is not earlier made, the note shall be due and payable in monthly payments of principal and interest of \$5,224, commencing on January 10, 2024 through December 10, 2026, when the entire amount remaining unpaid shall be due and payable.

As of December 31, 2024 and 2023, the balance was \$240,362 and \$381,706, respectively. Future scheduled maturities of the note payable are as follows:

For the years ending December 31.

2025	\$240,362
Thereafter	<u>-</u>
Total	\$240,362

#### **NOTE 8 - CONCENTRATIONS**

For both years ended December 31, 2024 and 2023, approximately fifty percent (50%) of the Chamber's total revenue and support came from membership dues.

The Chamber conducts its operations solely in the greater Tomball area, and, therefore, is subject to risks from changes in local economic conditions. A downturn in the local economy could cause a decrease in membership dues and revenue.

#### **NOTE 9 – CONTRIBUTED NONFINANCIAL ASSETS**

For the years ended December 31, 2024 and 2023, the Chamber's contributed nonfinancial assets consist of the following:

	Audited	Reviewed
	2024	2023
Advertising	\$ 2,520	\$22,720
Repairs and maintenance	6,600	6,600
Supplies	4,500	4,500
Venues	6,300	6,300
Miscellaneous	3,160	3,348
Total contributed nonfinancial assets	\$23,080	\$43,468

Contributed advertising and repairs and maintenance are used in the Chamber's administrative activities. Contributed supplies are used in the Chamber's fundraising activities. Contributed venue costs are used in the Chamber's program activities and fundraising activities. Other miscellaneous donated assets are used across all Chamber activities. All contributed nonfinancial assets are valued at fair market value at the date of donation.

#### **NOTE 10 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 12, 2025, the date the financial statements were available to be issued. No events were identified that are required to be disclosed or would have a material impact on reported net assets or changes in net assets.

## GREATER TOMBALL AREA CHAMBER OF COMMERCE 2025 BOARD OF DIRECTORS

## CHAIR OF THE BOARD Rob Marmerstein\*

HCA Houston Healthcare Tomball
605 Holderrieth
Tomball, TX 77375
281.401.7601
409.550.8679 cell

Robert.marmerstein@hcahealthcare.com

## **Retiring in 2025**

## **Eric Lunsford**

Worthley's TV & Appliances 1404 W. Main Street Tomball, TX 77375 281.351.5166 281.352.5660 cell eric@worthleys.com

## **Kyle Bertrand**

Civil Systems Engineering 10857 Kuykendahl, Ste. 250 The Woodlands, TX 77382 832.444.5918

cell

kbertrand@cseengineers.com

## Mikelyn Corkran

Sunflower Bank 1150 W. Main St. Tomball, TX 77375 281.351.1020 281.743.0063 cell

Mikelyn.corkran@sunflowerbank.com

### Al Herrera

Pristal's Automotive 21600 Telge Rd. Tomball, TX 77377 281.351.9990 832.334.6450 cell apristals@yahoo.com

## Kim Laurence Salser\*

Emerge Marketing Consultants
5922 Capella Park Dr.
Spring, TX 77379
713.256.7364 cell
kim@emergeintoview.com

## Retiring in 2026

#### **Charles Herd**

Herd Dispute Resolution, LLC 19500 Tomball Parkway, Ste. 250 Houston, TX 77070 713.955.4299 281.507.9973 cell charles.herd@herdlawfirm.com

\*Executive Board Members

### Teresa Latsis\*

Hutson Group 9431 Rosie Lane, Ste. 100 Magnolia, TX 77354 503.348.0718 cell t.latsis@hutsongroup.com

## **Scott Marquardt**

Clarity Hearing 11439 Spring Cypress, Unit B Tomball, TX 77377 936.273.4437

\_\_\_\_\_cell

smarquardt@hearingwithclarity.com

## **Ron Hoyle (replaced Cody Meredith)**

CORE Integrated Wealth
994 Village Square Dr.
Bldg 2, Condos C&D
Tomball, TX 77375
281.370.0300
\_\_\_\_\_\_\_cell
ron@coreiw.com

## Jessica Rogers

City of Tomball 401 Market St. Tomball, TX 77375 281.351.5484 254.493.4897 cell jrogers@tomballtx.gov

## **Retiring in 2027**

### Jerrod Clunn

Clunn Acoustical Systems
27809 Decker Prairie Rosehill, #1
Magnolia, TX 77355
281.356.5777
281.904.2337 cell
jclun@clunnacoustical.com

### Kentrie LeDee

Lone Star College-Tomball
30555 Tomball Parkway
Tomball, TX 77375
281.401.1813
\_\_\_\_\_\_\_cell

Catharina Martinucci

kledee@lonestar.edu

## Catherine Martinucci *The Original Rib Tickler*

28930 Tomball Parkway Tomball, TX 77375 281.255.8119

cell

ribtickler@theoriginalribtickler.com

## **Angie Tippit**

Houston Methodist Willowbrook Hospital
18220 SH 249
Houston, TX 77070
281.737.4602
713.826.7211 cell
artippit@houstonmethodist.org

### **Ross Winkler**

Winkler Public Relations
PO Box 73404
Houston, TX 77273-3404
832.689.8031

cell ross@winklerpr.com

## IMMEDIATE PAST CHAIRMAN OF THE BOARD

## **Raymond Francois\***

Hampton Inn & Suites
14100 Medical Complex Dr.
Tomball, TX 77377
281.357.1500
352.215.8497 cell
raymond.francois@hilton.com

#### Item 7.

## **EX-OFFICIO BOARD MEMBERS**

## **Dyanna McCoy**

First State Bank of Texas 27920 SH 249, Ste. 260 Tomball, TX 77375 713.962.7750 713.419.0769 cell dmccoy@fsboftx.com

## **Kelly Violette**

Tomball Economic
Development Corp.
29201 Quinn Rd., Ste. A
PO Box 820
Tomball, TX 77377-0820
281.401.4086
281.889.1687 cell
kviolette@tomballtxedc.org

## **CHAMBER PRESIDENT**

## Bruce E. Hillegeist

Greater Tomball Area Chamber of Commerce P.O. Box 516 Tomball, TX 77377-0516 281.351.7222 281.782.1408 cell bruceh@tomballchamber.org

## **CHAMBER STAFF**

## **Brandy Beyer**

Vice President
Greater Tomball Area
Chamber of Commerce
P.O. Box 516
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281.351.7222
713.594.3449 cell
bbeyer@tomballchamber.org

## **Amy Mason**

Communications Director
Greater Tomball Area
Chamber of Commerce
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## Kim Pedicini

Membership Engagement Director

Greater Tomball Area

Chamber of Commerce

P.O. Box 516

Tomball, TX 77377-0516

281.351.7222

419.345.0787 cell

kpedicini@tomballchamber.org

### Alex Wellbrock

Membership Development Director

Greater Tomball Area

Chamber of Commerce

P.O. Box 516

Tomball, TX 77377-0516

281.351.7222

979.665.9188 cell

awellbrock@tomballchamber.org

## Request for Taxpayer **Identification Number and Certification**

send to the IRS. Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to requester. Do not

Item 7.

(Rev. March 2024) Department of the Treasury Internal Revenue Service

Befor	e you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.					• • • •					
	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's nam	∍ on li	ne 1, ar	d ente	r the	e busi	ness,	/disre	garc	led
	Greater Tomball Area Chamber of Commerce										
	2 Business name/disregarded entity name, if different from above.										_
n page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership	d on line 1. C		0	xempt ertain ee inst	enti	tles, n	ot In	divid	uals;	
Ö.	LLC, Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) , .			Fye	mpt pa	avee	e code	· (if ar	างใ		
Print or type. Specific Instructions on page	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead the box for the tax classification of its owner.  Other (see instructions)		priate	Exe Coi	mption npliante	n fro	om Fo	reign	Acco		
P Z				_	•	• •					_
Specifi	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tar and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions	interest, che	ck _	] 6	Appiles outsi		accou the Un				1
88	5 Address (number, street, and apt. or suite no.). See instructions,	Requester	s nam	e and a	ddres	s (or	otiona	ıl)			
Ø	PO Box 516										
	6 City, state, and ZIP code	1									
	Tomball, TX 77377	ļ									
	7 List account number(s) here (optional)	·									
Par	Taxpayer Identification Number (TIN)		'								
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid S	ocial	securit	/ num	ber					
	ip withholding. For individuals, this is generally your social security number (SSN). However, t		T			Π	7				
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			ΙΙ.	'		-				
	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a or			<u> </u>						
TIN, la	uer.	E	mplo	/er ider	tificat	ion	numt	oer			
	If the account is in more than one name, see the instructions for line 1. See also What Name er To Give the Requester for guidelines on whose number to enter.	and 7	4	]-[	1 4	9	5	1	2	5	
Par	t II Certification			<u> </u>							
Unde	penalties of perjury, I certify that:										
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for	a number t	to be	issued	to m	e); a	and				
2. I an Ser	n not subject to backup withholding because (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	I have not	been	notifie	d by	the	Inter				
3. I an	n a U.S. citizen or other U.S. person (defined below); and										
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is correc	at.								
becau acquis	ication instructions. You must cross out item 2 above if you have been notified by the IRS that y se you have falled to report all interest and dividends on your tax return. For real estate transacti- sition or abandonment of secured property, cancellation of debt, contributions to an individual returns the particular of the cartification, but you must provide we	ons, item 2 irement arr	does anger	not ap nent (II	ply, Fo RA), ai	or m nd,	nortg: gene	age i rally,	intere	est p men	its

## General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

Date

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## **FOR TAX YEAR 2023**

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

PE CPA PLLC

32938 TAMINA ROAD STE 202

MAGNOLIA, TX 77354

(281)826-4272

Acknowledgement and General Information for		Item 7
Entities That File Returns Electronically	2023	
Name(s) as shown on return	Tax ID Number	
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	**-***5125	
TOMBALL, TX 77377  Thank you for participating in IRS e-file.		
1. X 2023 8868-01 income tax return for Federal was filed The electronic filing services were provided by PE CPA PLLC	electronically.	
2. X 8868-01 income tax return was accepted on 05-10-2024 using a Personan electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to example 10 to the submission ID assigned to this return is	onal Identification Number ( enter or generate a PIN sig	` '
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN	TO THE	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RE	TURN.	

EF\_ACK.LD 230

Entities That File Returns Electronically  e(s) as shown on return  EATER TOMBALL AREA CHAMBER OF COMMERCE, INC	2023 Tax ID Number
	Tax ID Number
GATER TOMBALL AREA CHAMBER OF COMMERCE, INC	
	**-***5125
y address	
O BOX 516	
OMBALL, TX 77377	
ınk you for participating in IRS e-file.	
,	
	s filed electronically.
The electronic filing services were provided by PE CPA PLLC	· ·
8868-07 income tax return was accepted on 05-10-2024 using a	Personal Identification Number (PIN)
an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERC	
The submission ID assigned to this return is	
DI EAGE DO NOT CEND A DADED CODY OF ENTITYIN DETI	IRN TO THE
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETU	71 X1 X 1 🗸 1 I I I 🗕

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## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 154

202

Item 7.

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

B Creat reprotects   Name of targets   Name of t		For the	2023 calend	lar year, or tax year begin	ning	, 2	023, and end	ing		, 2	0		
Advance change					_	·			D Employ				
Name and save (or PC) but for all is not addressed to sheek addressed.   Rockword   Ro						<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PO BOX 516   Cgs transparent products growth and 2P or foreign postal code   Cgs transparent products growth and product growth products growth and product growth products	一		•		v if mail is not delivered to street addre	200)	Boom/or	uito I	E Tolonho		73123		
Proceedings   Proceeding   Process	一		•	,	x ii maii is not delivered to street addre	355)	Room/st	ille I	E releption		NE1 7000		
Prevented Free	二					1-			• 0		551-1222		
Projection pending   F   Name and address of principal efficier.   Migh Seat state coloration   Yes   No   No   Tax-ensempt status   S716(d)   \$\mathbb{Z} \)   \$\mathbb{Z} \	H					ie				receipts	000 466		
Tone-enemys status	二								<u> </u>				
Tare-empt status: N/A   S01(c)(3)   \$\overline{2}\$   \$\text{S01(c)}(6)   \$\text{(newtron)}\$   \$\delta \text{(Newtron)}\$   \$\delta (New	Ш	Applicatio	n pending	F Name and address of principal	officer:								
Western   Windows   Wind								┧ ``					
Form   Composition:   Composition:   I composition:   I very of formation:   I year of fo	<u> </u>	Tax-exem	pt status:	501(c)(3) X 501(c) ( <b>6</b>	) (insert no.) 4947(a)(1	) or 527		If "No," a	ttach a list.	See instruct	tions		
Part   Summary								H(c) Group ex	xemption nu	umber			
Briefly describe the organization's mission or most significant activities: THE GREATER TOMBALL AREA CHAMBER OF COMMERCE PROVIDES RESOURCES AND FOSTERS RELATIONSHIPS THAT EMPOWER BUSINESSES TO PROSPER IN TOMBALL AND ITS SURROUNDING COMMUNITES.  2 Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   19   4 Number of independent voting members of the governing body (Part VI, line 1b)   4   19   5 Total number of independent voting members of the governing body (Part VI, line 2a)   5   4   19   5 Total number of votinuedus employed in calendary year 2023 (Part V, line 2a)   5   4   19   6 Total number of votinuedus employed in calendary year 2023 (Part V, line 2a)   6   7a   0   7 To Total number of votinuedus employed in calendary year 2023 (Part V, line 2a)   6   7a   0   7 To Total number of votinuess (estimate if necessary)   6   7a   0   8 Contributions and grants (Part VIII, line 1h)   108, 943   100, 988   100, 9					ociation Other	L Year of	formation: 19	<b>65</b> M St	tate of legal	domicile:	TX		
PROVIDES RESOURCES AND FOSTERS RELATIONSHIPS THAT EMPOWER BUSINESSES TO PROSPER IN TOMBALL AND ITS SURROUNDING COMMUNITIES.    2	Pa	rt I		•									
TIS SURROUNDING COMMUNITIES.		1	Briefly descr	ibe the organization's missi	on or most significant activitie	es: THE GREAT	TER TOMBA	ALL AREA	CHAMB	ER OF	COMMERCE		
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7			PROVIDES	RESOURCES AND FO	STERS RELATIONSHIP	S THAT EMPOWE	ER BUSINE	SSES TO	PROSP	ER IN	TOMBALL AND		
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	nce		ITS SURR	OUNDING COMMUNITI	ES.								
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	rna												
4 Number of independent voting members of the governing body (Part VI, line 1b)   5   7   7   7   7   7   7   7   7   7	Š	2	Check this be	ox [] if the organization d	iscontinued its operations or	disposed of more th	an 25% of its	net assets.					
Net unrelated business revenue from Fart VIII, column (C), line 12		3	Number of v	oting members of the gove	rning body (Part VI, line 1a)				3		19		
Net unrelated business revenue from Fart VIII, column (C), line 12	oŏ vo	4	Number of in	ndependent voting member	s of the governing body (Part	VI, line 1b)			4		19		
Net unrelated business revenue from Fart VIII, column (C), line 12	itie	5	Total numbe	er of individuals employed in	calendar year 2023 (Part V,	line 2a)			5		4		
Net unrelated business revenue from Fart VIII, column (C), line 12	ίξ	6						_	6				
Box   Net unrelated business taxable income from Form 990-T, Part I, line 11   Net   Prior Year   Current Year	ĕ	7a	Total unrelat	ted business revenue from	Part VIII. column (C), line 12				7a		0		
Prior Year   Current Year   108,943   100,008   100,00		Ь	Net unrelate	ed business taxable income	from Form 990-T. Part I. line	11	J N		7b				
8					,					Cui			
9		8	Contributions	s and grants (Part VIII, line	1h)	M M			- 943				
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ø							_					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	nue												
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ě												
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ľ			, , , , , ,									
Benefits paid to or for members (Part IX, column (A), line 4)   0   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280,211   371,963   16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0   0   0   0   0   0								012	, 940				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   280,211   371,963   16a Professional fundraising fees (Part IX, column (A), lines 11e)   0   0   0   0   0   0   0   0   0													
16a Professional fundraising fees (Part IX, column (A), line 11e)   0								200	211				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	S							280	, 211				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	nse										0		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 130,708 97,021  Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 453,306 1, 369,105 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block Under penalties of perijur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST Signature of officer  BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Paid MP ENCALADE CPA Preparer Use Only Firm's address  32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354  281-826-4272	x							400	201		1.50 100		
19   Revenue less expenses. Subtract line 18 from line 12   130,708   97,021	Ш						• •				_		
Beginning of Current Year   End of Year						e 25)	• •						
Total assets (Part X, line 16) 1,369,105  20 Total assets (Part X, line 26) 564,025 421,112  21 Total liabilities (Part X, line 26) 564,025 421,112  22 Net assets or fund balances. Subtract line 21 from line 20 889,281 947,993  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  BRUCE HILLEGEIST  Signature of officer Date  BRUCE HILLEGEIST, PRESIDENT  Type or print name and title  Print/Type preparer's name Preparer's signature Date  MP ENCALADE CPA MP ENCALADE CPA 07-30-2024 self-employed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Revenue les	ss expenses. Subtract line 1	8 from line 12								
Date   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer   Firm's name   PE CPA PLLC   Primt's address   32938 TAMINA ROAD STE 202   MagNOLIA TX 77354   281-826-4272	ō	Sec								End			
Date	sets	<u>  20</u>					• • •				_		
Date   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer   Firm's name   PE CPA PLLC   Primt's address   32938 TAMINA ROAD STE 202   MagNOLIA TX 77354   281-826-4272	AS	일   21		,			• • •						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    BRUCE HILLEGEIST   Date					ine 21 from line 20			889	,281		947,993		
BRUCE HILLEGEIST Signature of officer BRUCE HILLEGEIST, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Preparer  Preparer's signature Preparer  Preparer's signature Preparer's signature Preparer's signature Preparer  Print/Type preparer's name Preparer's signature Preparer Print/Type preparer's name Preparer Print/Type preparer's signature Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's signature Preparer Print/Type preparer's name Preparer's signature Prepa								odedes and ball	- 6 14 1-				
Sign   Signature of officer   Date    Here   BRUCE HILLEGEIST, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN    Paid   MP ENCALADE CPA   MP ENCALADE CPA   07-30-2024   self-employed   XXXXXXXXX    Preparer   Firm's name   PE CPA PLLC   Firm's EIN    Use Only   Firm's address   32938 TAMINA ROAD STE 202   Phone no.    MAGNOLIA TX 77354   281-826-4272								wiedge and belie	er, it is				
Sign   Signature of officer   Date    Here   BRUCE HILLEGEIST, PRESIDENT   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN    Paid   MP ENCALADE CPA   MP ENCALADE CPA   07-30-2024   self-employed   XXXXXXXXX    Preparer   Firm's name   PE CPA PLLC   Firm's EIN    Use Only   Firm's address   32938 TAMINA ROAD STE 202   Phone no.    MAGNOLIA TX 77354   281-826-4272													
Here  BRUCE HILLEGEIST, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  PTIN  PTIN  PTIN  PTIN  PREPARER'S signature  O7-30-2024  PREPARER  Firm's name  PE CPA PLLC  Firm's lin  Use Only  Firm's address  32938 TAMINA ROAD STE 202  MAGNOLIA TX 77354  Phone no.  281-826-4272	C:~												
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Check if PTIN  Self-employed XXXXXXXXXX  Preparer  Firm's name  PE CPA PLLC  Firm's address  32938 TAMINA ROAD STE 202  MAGNOLIA TX 77354  Phone no.  281-826-4272	_		Signature of office	cer					Date				
Print/Type preparer's name Preparer's signature Date Check if PTIN  Preparer's signature O7-30-2024 Self-employed XXXXXXXXXX  Preparer Firm's name PE CPA PLLC Firm's EIN  Use Only Firm's address 32938 TAMINA ROAD STE 202 MAGNOLIA TX 77354 Phone no. 281-826-4272	He	re			SIDENT								
Paid MP ENCALADE CPA MP ENCALADE CPA 07-30-2024 self-employed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Type or print nar	me and title									
Preparer Use Only         Firm's name         PE CPA PLLC         Firm's EIN           MAGNOLIA TX 77354         Phone no.           281-826-4272			Print/Type pre	eparer's name	Preparer's signature	Date		Check	if F	PTIN			
Use Only         Firm's address         32938 TAMINA ROAD STE 202         Phone no.           MAGNOLIA TX 77354         281-826-4272	Pai	id	MP ENCA	ALADE CPA	MP ENCALADE CPA	07-30	-2024	self-emp	loyed	XXXX	xxxxx		
MAGNOLIA TX 77354 281-826-4272	Pre	parer	Firm's name	PE CPA P	LLC			Firm's EIN					
	Us	e Only	Firm's addres	s 32938 TA	MINA ROAD STE 202			Phone no.					
		•		MAGNOLIA	TX 77354				281-8	26-427	2		
May the IRS discuss this return with the preparer shown above? See instructions	May	the IRS	S discuss this								Yes No		

## 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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 L	3		Х
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		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		X
,	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		х
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	х	
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		х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	4.0		
	Schedule D, Parts XI and XII	12a		_ X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		X
b	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		х
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 I.V	15		x
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 JV	16		х
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		х
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 JI	18		х
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		х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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		Х

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Checklist of Required Schedules (continued) Part IV

22 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), in c. 2 If "Yes," complete Schedule I, Parts I and IX.  23 bit the organization arease "Yes" to Part VII. Suction A, Inio 3.4, or 5, about compression of the organization schedule I.  24 bit the organization arease "Yes" to Part VII. Suction A, Inio 3.4, or 5, about compression of the organization schedule I.  25 bit the organization have a tax exceemed bond is severed bonds beyond a temporary period exception?  26 bit the organization marked are proceeds of tax excented bonds beyond a temporary period exception?  27 bit the organization marked are access account of their an enforting cover at any firm during the year to defease any fax excentery bonds?  28 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  29 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  20 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  21 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  22 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  23 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25 bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  26 bit the organization act that a thought of the organization and outstanding the year and the department of active active the company of the organization and outstanding the year and the department of active the year and the organization active the active the organization partment of the organization active the year and the organization partment of the organization partment of any				Yes	No
22 Did the organization answer "Yes" to Part VI, Section A, Inic 3, 4, or 5, about compensation of the organizations current and forms cofficions. directors, studies, by employees, and injects compensated and properly and the properly of the properly and an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Devember 31, 2002? If "Yes," answer times 24b through 24d and compiles Schedule K. If "Nic", to be ine 25a.  b Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  C Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  Did the organization meets any proceeds of tox-exempt bonds beyond a temporary period exception?  24d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former offices, directors, hussees, key employees, and highest componisated employees? If "Yes," completes Schedule J., and the construction of the constructio		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
amployees? If Yes,** (complete Schedule J.  24 Dit the organization have at text exempt bord issue with an outstanding principal amount of more than \$100,000 as of the lists day of the year, that was issued after December 31, 2002? If "Yes,* answer Intel 240 through? 244 and complete Schedule K. If "Nis." or pion Intel 256.  25 Dit the organization minest any proceeds of the everypt bonds beyond a temporary period exception?.  26 Dit the organization minest any proceeds of the everypt bonds beyond a temporary period exception?.  26 Dit the organization minest any proceeds of the everypt bonds beyond a temporary period exception?.  26 Dit the organization minest any proceeds of the everypt bonds outstanding at any time during the year?  27 Dit the organization minest any proceeds of the everypt bonds outstanding at any time during the year?  28 Section 901((9), 301((9)4), and 901(()20) organizations. Did the organization grap in an outcess benefit transaction with a designation wave many the regarded in an excess benefit transaction what a disqualified person during the year?  28 Section 901((9), 301((9)4), and 901(()20) organizations. Did the organization propries 20 periods to 20 periods of 20 periods Schedule I. Part I.  29 Did the organization report any amount on Part X. line 5 or 22, for receivables from or psyables to any curior or former office, direct, trustees, key emptyee, creator or founder, substantial cornibutor, or 35% cornorlied entity or family member of any of these persons? If "Yes," complete Schedule I. Part II.  29 Did the organization provide a grant or other assistance in any current or former office, direct, trustee, key emptyee, creator or founder, substantial cornibutor, or 35% cornorlied entity or thing and or the assistance in any current or former office, direct, trustee, key emptyee, creator or founder, substantial cornibutor in year (19 periods).  29 Did the organization provide a grant or other assistance in any current or former office, direct, trustee, key emptyee, creator or fo	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
24a   Did the organization have a tax-exempt bond issue with an outstanding principal amount of more then \$10,000 as of the last day of the year. that was sixued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.					
\$100.000 as of the lest day of the year, that was issued after December 31, 2002? If "Yea" arraws times 24b through 24d and completes Schodule Is It Not you be time 25a.  b Old the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization maintain an escorum account other than a refunding escorum at any time during the year to defease any tax-exempt bonds?  d Did the organization that are as an included of issuer for bonds outstanding at any time during the year?  24d		employees? If "Yes," complete Schedule J	23		х
through 24d and complete Schedule K. If No." go to line 25a.  b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part I.  25a I b Is the organization accessed any accessed benefit transaction with a disqualified person during the year? If Yes," complete Schedule I, Part I.  25b I b I be organization accessed to any order organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprome 390 or 990-E2?  If Yes," complete Schedule I, Part II.  25b 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 of rounder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes," complete Schedule I, Part III.  27c Did the organization approvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of rounder, substantial contributor, or 35% corrupted entity (including an employee thereof, a grant selection committee member, or to a 35% cortrolled entity of order and entity of the organization provide a grant or other assistance to any current of former officer, director, trustee, key and proper trustee organization committee and entity (including a employee) creater of any otherse persons? If Yes, complete Schedule I, Part IV.  27d Did the organization provide on the substantial contributor? If Yes, complete Schedule I, Part IV.  28d A Sthictorial Schedule I, Part IV.  29d Did the organiza	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   26c   26d   2					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trace-cerept formods?  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 disquisited person during the year? If "Yes," complete Schedule L. Part I.  25a   2			24a		х
to defease any tax-exampt bonds?  24d   Did the organization acts as no'ne helat of 'issuer for bonds outstanding at any time during the year?  24d   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? It 'Yes,' complete Schedule L, Part I.  25a   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27   If 'Yes,' complete Schedule L, Part I.  25b   If 'Yes, 'complete Schedule L, Part I.  26c   Yes, 'Complete Schedule L, Part I.  27c   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 contribution or 35%; controlled entity for family member of any of these persons? If 'Yes,' complete Schedule L, Part II.  27c   Did the organization provide a great or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee hereof, or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.  28c   Was the organization aparty to a business transaction with one of the following parties (See the Schedule L, Part II.)  29c   A family member of any individual described in line 28a' If 'Yes,' complete Schedule L, Part II.  29c   A family member of any individual described in line 28a' If 'Yes,' complete Schedule II.  29c   Yes,' complete Schedule L, Part II.  29c   A family member of any individual described in line 28a' If 'Yes,' complete Schedule II.  29c   Yes,'	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?.  5a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part 1.  5b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction when his not been reproted on any of the organization for Forms 990 or 990-E27  If "Yes," complete Schedule 1, Part 1.  50 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, creatro or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule 1, Part II.  50 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor or employee, creatro or founder, substantial contributor or employee expensions? If "Yes," complete Schedule 1, Part II.  50 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, or substantial gontributor? If "Yes," complete Schedule 1, Part IV.  51 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule 1, Part IV.  52 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II.  52 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II.  53 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II.  54 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule II.  55 Did the organization receive more than \$25,000 in noncash contributions? If "Ye	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
25a Section 501(c)(3), 901(c)(4), and 501(c)(2) 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 to that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the Tarasaction has not been reported on any of the organization's prior Forms 990 or 990-E27  if "Yes," complete Schedule L, Part I. 25b  10 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curent or former officer, director, trustee, key employes, creation or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L Part II. 26  20 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 confirmative member, or to a 3% controlled entity (including an employee thereof), or family miember of any of these persons? If "Yes," complete Schedule L Part II. 3  20 Was the organization provide a Schedule L. Part II. 3  21 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV. 28b  22 A A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV. 28b  22 A Tamily member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV. 28b  23 X  b) Id the organization receive more than \$25,000 in noncash contribution? If "Yes," complete Schedule M. 29 X  25 Did the organization receive more than \$25,000 in noncash contribution? If "Yes," complete Schedule M. 29 X  26 Did the organization receive more than \$25,000 in noncash contribution? If "Yes," complete Schedule M. 29 X  27 Did the organization receive more than \$25,000 in noncash contribution? If "Yes," complete		•			
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-E27 / 25b / 25	d		24d		
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-E27 / 11 "Yes," complete Schedule I, Part I / 25b	25a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?  If "Yes," complete Schedule L, Part I			25a		
8 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, trusse, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II.  26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trusse, key employee, creator of 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 I, Part III.  28 Was the organization a party to a business transaction with one of the following parties; (See the Schedule I, Part IV instructions for applicable fling thresholds, conditions, and exceptions).  a A current or former officer, director, trusse, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV.  28 A family member of any individual discrebed in line 28a? If "Yes," complete Schedule I, Part IV.  28 A family member of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV.  28 A family member of any individual discrebed in line 28a? If "Yes," complete Schedule I, Part IV.  28 Did the organization receive more than \$25,000 in ponçash contributions? If "Yes," complete Schedule II. Part IV.  30 Did the organization receive contributions of air, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. Part IV.  31 Did the organization liquidate, terminate, or dissolve and case operations? If "Yes," complete Schedule IV. Part II.  32 Did the organization liquidate, terminate, or dissolve and cases operations? If "Yes," complete Schedule IV. Part II.  32 Did the organization receive contributions of air, historical treasures, or other similar assets? If "Yes," co	b				
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. Pārt.II.  26					
or former officer, director, frustee, 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.  27 Did the organization provide a grant or other assistance to any current or former officer, dijedor, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finctioning an employee thereof, a grant selection committee member, or to a 35% controlled entity finctioning an employee thereof, a grant selection committee member, or to a 35% controlled entity founding an employee thereof, a family member of any of these persons? If "Yes," complete Schedule L, Part IV.  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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in poncash contributions? If "Yes," complete Schedule II.  30 Did the organization receive more than \$25,000 in poncash contributions? If "Yes," complete Schedule M.  31 Did the organization inquidate, termingle, or dissolve and cease operations? If "Yes," complete Schedule M.  32 Did the organization inquidate, termingle, or dissolve and cease operations? If "Yes," complete Schedule N. Part II.  33 Did the organization inquidate, termingle, or dissolve and cease operations? If "Yes," complete Schedule N. Part II.  34 Was the organization related to any bax-exempt or toxable entity? If "Yes," complete Schedule R. Part II, III.  35 Did the organization related to any bax-exempt or toxable entity? If "Yes," complete Schedule R. Part II, III.  36 Ordanization or P			25b		
controlled entity or family member of any of these persons? // "Yes," complete Schedule (L. Part IV.  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), at family member of any of these persons? if "Yes," complete Schedule (L. Part IV.   27   X   X   X   X   X   X   X   X   X	26				
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 salection sommittee member, or to a 35% controlled entity (including an employee thereof) or family interiber of any of these persons? If "Yes," complete Schedule L, Part III.  27 x  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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 x  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28 b x  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 x  30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, 29 x  31 Did the organization receive contributions of aff, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I, 31 x  32 Did the organization iliquidate, terminate, or dissolve and cease, operations? If "Yes," complete Schedule M, Part I, 31 x  33 Did the organization on 100% of an enity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.770					
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 IV. Instructions for applicable filing thresholds, conditions, and exceptions).  A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  BA A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  BO Id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation. The organization inquidate, terminate, or disasfive and cease, operations? If "Yes," complete Schedule N, Part IJ.  Did the organization sell: exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part IJ.  Joil 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 L.  Joil 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.  Joil the organization have a controlled entity within the meaning of section 512(b)(13)?  Joil the organization have a controlled entity within the meaning of section 512(b)(13)?  Joil the organization complete Schedule R, Part V, line 2.  Joil the organization complete Schedule R, Part V, line 2.  Joil the organization complete Schedule C, Part V, line 2.  Joil the organization complete Schedule C and provide explanations on Schedule O for Part VI, line 2.  Joil the organization complete Schedule C and pr			26		X
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Pse," complete Schedule I., Part III	27				
persons? If "Yes," complete Schedule L, Part III					
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 of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV.  28a			0.7		
L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, key employee, creator of founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28b	00		27		X
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  Bit the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of airt, historical treasures, or other similar assets, or qualified conservation contributions? If." Yes," complete Schedule M.  Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 pt "Yes," complete Schedule R, Part I .  A 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 .  Sa5 Did 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 .  Sa6 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 .  Sa6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2 .  Sa7 Did the organization complete Schedule R, Part V, line 2 .  Sa8 Did the organization complete Schedule R, Part V, line 2 .  Sa8 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of	28				
"Yes," complete Schedule L, Part IV. 28b x  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b x  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c x  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 x  30 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If, "Yes," complete Schedule M. 30 x  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 x  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 x  32 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 II, III, or IV, and Part V, line 1	_				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c x  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 x  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 x  31 Did the organization liquidate, terminate, or dissofte and cease operations? If "Yes," complete Schedule N, Part I 31 x  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 x  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 I, III, or IV, and Part V, line 1	а		200		
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c x  30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  30 Lid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J.  31 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part J.  32 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 II.  33 Ly X  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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  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 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 V, line 2  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 (flers are are required to complete Schedule O.  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to a	<b>h</b>				
"Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If. "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 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 X  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  10 The organization complete Schedule O contains a response or note to any line in this Part V  11 Statements Regarding Other IRS Filings and Tax Compliance  12 Check if Schedule O contains a response or note to any line in this Part V  13 Enter the number rep			200		_ X
Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.  Did 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.  Did 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.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization are a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  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.  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  Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Test Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Test Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Did the organization complete Schedul	C		280		v
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.  May 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.  Sab Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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.  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  Satements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes Note: The number of Forms W-2G included in line 1a. Enter -0- if not applicable.  Be Enter the number of Forms W-2G included in 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?	20		-	v	_ A
conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J.  31 X  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 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II.  33 X  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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 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 its treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 X  Part V  Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  5 Term 900 filers are required to prize winners?  5 Term 900 files are required to prize winners?  5 Term 900 files are required to prize winners?			29		
31   Did the organization liquidate, terminate, or dissofve and cease operations? If "Yes," complete Schedule N, Part I   31   x	30		30		v
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		-		
complete Schedule N. Part II			31		
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 L.  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	32		32		v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33	33		32		
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	00		33		x
or IV, and Part V, line 1	34				- 1
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			34		x
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	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		, , , , , , , , , , , , , , , , , , ,			
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			35b		
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			36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37				
19? Note: All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
19? 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			38	x	
Check if Schedule O contains a response or note to any line in this Part V	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			<u></u> .	<u></u> .	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Form 990	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Form <b>990</b> 235		reportable gaming (gambling) winnings to prize winners?	1c	х	
	EEA		Forn	n <b>990</b>	235

Item 7.

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC.
Regarding Other IRS Filings and Tax Compliance (conf.)

Par	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				
	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	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х	
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	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
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 (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \   \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?}  .  .$		5b		х
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? $\dots \dots$		6a		х
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).				
а	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		х
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 for which it was				
	required to file Form 8282?		7c		х
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 benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	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			
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	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? $\dots \dots \dots$		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 1			
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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		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		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	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				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** EEA 236

74-1495125

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for Part VI

	To to thank of the second of t
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section A.	Governing Body and Management

Je	Ction A. Governing Body and Management			1	.,	
10	Enter the number of veting members of the governing hady at the and of the tay year	1-	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	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 in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10	1 19			
_	any other officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct				41	
•				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		x
6	Did the organization have members or stockholders?			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?			7a		x
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	<b>4</b> .		8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
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 Q			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reve	nue Code.)	-		
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the	torm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40		
l2a ⊾	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	DIFFICTS!	12b	х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			120	v	
13	describe on Schedule O how this was done			12c	X	
∣3 ∣4	Did the organization have a written whisteblower policy?			14	Х	
1 <del>4</del> 15	Did the process for determining compensation of the following persons include a review and approval by			14		X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Λ	x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			.55		41
6a	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		х
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		
Sec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	sectio	n 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Sch	edule	O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the control of the conflict of the conf	erest p	olicy,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords.				
	BRUCE HILLEGEIST (281)351-7222, PO BOX 516, TOMBALL, TX 77377				_	

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74-	1	4	9	5	1	2	5
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Item 7

## Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee **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 employees."
- 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.
- · 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.

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

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

							1	1	
				(C)					
(A)	(B)	7.1.		osition		(D)	(E)	(F)	
Name and title	Average	,	not check c, unless pe			Reportable	Reportable	Estimated an	nount
	hours		cer and a			compensation from the	compensation from related	of othe compensa	
	per week (list any					organization (W-2/	organizations (W-2/	from the	
	hours for	or director	Inst	Officer	Highest compensated employee	1099-MISC/	1099-MISC/	organization	
	related	recto		emp	lest c	1099-NEC)	1099-NEC)	related organi	izations
	organizations	) H	nal tr	Key employee	g om				
	below dotted line)	, d	Institutional trustee		ensa				
			ů		ated				
(1)BRUCE HILLEGEIST	50.00								
PRESIDENT			x	:		125,244	0		0
(2)KIM LAURENCE SALSER	2.00								
DIRECTOR		x				0	0		0
(3) SCOTT MARQUARDT	2.00		<b>\</b>						
DIRECTOR		х				0	0		0
(4)URIAH ORTIZ	2.00								
DIRECTOR		x				0	0		0
(5)DR MARTHA SALAZAR-ZAMORA	2.00								
DIRECTOR		х				0	0		0
(6)KEITH BARBER	2.00								
DIRECTOR		x				0	0		0
(7)AL HERRARA	2.00								
DIRECTOR		х				0	0		0
(8) DAWNA DYSON	2.00								
DIRECTOR		х				0	0		0
(9)KYLE_BERTRAND	2.00								
DIRECTOR		х				0	0		0
(10)MIKELYN CORKRAN	2.00								
DIRECTOR		Х				0	0		0
(11)RAYMOND FRANCOIS	2.00								
DIRECTOR		Х				0	0		0
(12)JANNA HOGLUND	2.00								
DIRECTOR		х				0	0		0
(13)KELLY_VIOLETTE	2.00								
EX OFFICIO		х				0	0		0
(14)DYANNA MCCOY	2.00								
EX OFFICIO		X				0	0	_	
EEA								Form <b>990</b>	238

Form 99			GREATER TOM										74-149		<b>—</b>   ,	Item 7
Part '	VII	Section A	. Officers, Direc	tors, T	rustees,	Key	Em	plo	yee	s, ar	nd F	Highest Comp	ensated Emp	loyees	(d	
		Name	(A) e and title		(B)  Average hours per week (list any	offi	cer ar	Po heck m ess per nd a di	rson is rector	nan one s both a /trustee)	n )	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	coi	(F) nated and of other mpensation the	r
					hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	nization d organi	
(15)ALI		N MUNDY			2.00	x						0	0			0
(16)ROI	3 <b>MA</b>	RMERSTEIN			2.00	)										
DIREC (17)CUI		MORRIS			2.00	) X						0	0			0
DIREC						x						0	0			0
(18)LAN		REED			2.00	х						0	0			0
(19)REI		LESLIE			2.00	x						0	0			0
(20)			. – – – – – – –								N					
(21)																
(22)						I										
(24)																
(25)							1									
	Subto Total		ation sheets to Part		· · · · · · · tion A ·											
d		(add lines 1b										125,244	0			0
2			ndividuals (includirensation from the o	_		o thos	se lis	sted	abo	ve) w	vho	received more th	nan \$100,000 o	f	ı	ı
3	Did th	ne organization	n list any <b>former</b> offic	er, direc	ctor, trustee,	key eı	mplo	yee,	or h	ighest	t cor	npensated			Yes	No
	emplo	oyee on line 1	a? If "Yes," complete	Schedu	ile J for such	indivi	dual							3		x
4		-	sted on line 1a, is the lated organizations g													
5			d on line 1a receive o									ation or individual		4		X
			ed to the organization		s," complete	Sche	dule	J for	suc	h pers	son			5		х
			ent Contractors			مادا ا		4 ما ما ام		.44		th at was a in ord was	th \$4.00 0	20 -4		
1		-	ole for your five higom the organization	. Repo	-							r ending with or		ization's	tax y	/ear.
			(A Name and busin		ss							(B)  Description of service	ces	(C) Compens	sation	
			3 and 2401									xp === 1		poric		

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any li	ne in this Part V	III		
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues 1b					
nts its		Fundraising events 1c					
Gra	ч С	Related organizations 1d					
ts, (	d		35 000				
ia gi	e	,	35,000				
Sim	f	All other contributions, gifts, grants,	65.000				
e eti		and similar amounts not included above 1f	65,008				
를등	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts	L	lines 1a-1f 1g	\$ 29,008	100 000			
	h	Total. Add lines 1a-1f		100,008			
	2-		Business Code	400.000	400.050		
ø		MEMBERSHIP DUES	900099	400,278	400,278		
و څ		BANQUET	722320	40,016	40,016		
en.		GOLF CLASSIC	713990	59,601	59,601		
ran ?ev	a	FIRST FRIDAY	722210	41,857	41,857		
Program Service Revenue	e	TOMBALL PAGEANT	711300	33,470	33,470		
<u>.</u>	Ţ		900099	142,621	142,621		
	g	Total. Add lines 2a-2f		717,843			
	3	Investment income (including dividends, interest, a	and	10 (10	10 (10		
		other similar amounts)		12,619	12,619		
	4	Income from investment of tax-exempt bond proce		20, 422	20, 422		
	5	Royalties		22,433	22,433		
	60	(i) Real	(ii) Personal				
	6a _	Gross rents 6a	77,010		, in the second		
		Less: rental expenses 6b  Rental income or (loss) 6c	FF 010				
			77,010	77 010	77 010		
		` ′		77,010	77,010		
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	Less: cost or other basis					
ø.	b	and sales expenses 7b					
even ue		Gain or (loss) 7c					
		Net gain or (loss)					
Other R		Gross income from fundraising					
)the	oa	events (not including \$					
O		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	h	Less: direct expenses 8b	<del> </del>				
		Not in some on (loss) from five decision avenue					
		Gross income from gaming					
	Ju	activities. See Part IV, line 19 9a					
	h	Less: direct expenses 9b	<del> </del>				
		Not in a success on (local) for an area in a catilities					
	TUA	Gross sales of inventory, less returns and allowances					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	-				
			Business Code				
w	11a	OTHER REVENUE	511140	2,553	2,553		
Jou Le	b	OTHER REVENUE		2,555	2,333		
Miscellanous Revenue	C						
isce Re		All other revenue					
Σ		Total. Add lines 11a-11d		2,553			
		Total revenue See instructions		932 466	832 458	0	

#### 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).

300	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response or r			·····	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	125,244	125,244		
6	Compensation not included above to disqualified	123,244	123,211		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,692	102 602		
	Pension plan accruals and contributions (include	103,092	183,692		
8					
0	section 401(k) and 403(b) employer contributions)	35 35	25.055		
9	Other employee benefits	37,277	37,277		
10	Payroll taxes	25,750	25,750		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	21,886	21,886		
d	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.)	21,067	21,067		
12	Advertising and promotion	26,923	26,923		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,464	38,464		
17	Travel	720	720		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,433	6,433		
20	Interest	10,164	10,164		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,163	20,163		
23	Insurance	2,342	2,342		
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.)				
а	EQUIPMENT RENTAL AND MAINT	22,914	22,914		
b	TELEPHONE	7,015	7,015		
С	BANK AND MERCHANT FEES	13,534	13,534		
d	SUPPLIES	5,693	5,693		
e	All other expenses	266,164	266,164		
25	Total functional expenses. Add lines 1 through 24e	835,445	835,445	0	C
26	Joint costs. Complete this line only if the	223,113	223,113		
-	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

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

		Check if Schedule O contains a response of note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	48,885	1	51,993
	2	Savings and temporary cash investments	539,203	2	481,817
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		5	
	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)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	10,098	9	10,291
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,307,212			
	b	Less: accumulated depreciation 10b 482,208	855,120	10c	825,004
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,453,306	16	1,369,105
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Ė		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	527,582	23	381,707
	24	Unsecured notes and loans payable to unrelated third parties		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	36,443	25	39,405
	26	Total liabilities. Add lines 17 through 25	564,025	26	421,112
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.		0.7	
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.		20	
S OI	29	Capital stock or trust principal, or current funds		29 30	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	000 001	31	047 003
t As	31 32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	889,281 889,281	32	947,993
Š	33	Total liabilities and net assets/fund balances			947,993
	აა	Total habilities and het assets/fully balances	1,453,306	33	1,369,105

EEA Form **990** (2023)

orm	990 (2023) GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74	1-149	5125		Ι,	· 7
Pai	rt XI Reconciliation of Net Assets					tem 7.
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		:	932,	466
2	Total expenses (must equal Part IX, column (A), line 25)	2		:	835,	445
3	Revenue less expenses. Subtract line 2 from line 1	3			97,	021
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		:	889,	281
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			(38,	309)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		:	947,	993
Pai	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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
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.					
	X 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 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 oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
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?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits			3h		

EEA

Form **990** (2023)

Form <b>990-T</b>		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OMB No. 154 Item 7.
	For cale	endar year 2023 or other tax year beginning , 2023, and ending , 20		2023
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	•	Open to Public Inspection for 501(c)(3)
Internal Revenue Service	ı	Oo not enter SSN numbers on this form as it may be made public if your organization is a 501(c		Organizations Only
A Check box if				r identification number
address changed.	Print		74-149	
B Exempt under section	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group ex (see instr	emption number
<u>X</u> 501( c ) ( 6 )	Туре	PO BOX 516	(	,
408(e) 220(e)	.,,,,,	City or town, state or province, country, and ZIP or foreign postal code		
☐ 408A ☐ 530(a)			_	ck box if
529(a) 529A		value of all assets at end of year		mended return.
G Check organization t		x 501(c) corporation 501(c) trust 401(a) trust Other trust State of 6417 (d)(1)(A) Applicable entity		
H Check if filing only to			ent amour	nt from Form 3800
		ation filing a consolidated return with a 501(c)(2) titleholding corporation		
		Schedules A (Form 990-T)		1
		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		. Yes 🗓 Yes
		dentifying number of the parent corporation		
		RUCE HILLEGEIST PO BOX 516 TOMBALL TX 77377Telephone number (	281)35	1-7222
		ed Business Taxable Income		
		ss taxable income computed from all unrelated trades or businesses (see instructions) .	. 1	30,297
			. 2	
		see instructions for limitation rules)		
		taxable income before net operating losses. Subtract line 4 from line 3		30,297
		ng loss. See instructions	. 6	
		ess taxable income before specific deduction and section 199A deduction.		
		5		30,297
		rally \$1,000, but see instructions for exceptions)		1,000
		eduction. See instructions		
		ines 8 and 9	. 10	1,000
		table income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
			. 11	29,297
Part II Tax Co				
		as corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	6,152
		rates. See instructions for tax computation. Income tax on the amount on	_	
Part I, line 11 fro		Tax rate schedule or Schedule D (Form 1041)		
		nstructions		
		instructions		
		acility income. See instructions		
	•	ph 6 to line 1 or 2, whichever applies		6 152
Part III Tax an			<u>· ' '</u>	6,152
		rations attach Form 1118; trusts attach Form 1116) 1a		
<b>b</b> Other credits (se				
		Attach Form 3800 (see instructions)		
		mum tax (attach Form 8801 or 8827)		
		1a through 1d	1e	
		t II, line 7		6,152
		_ ,	/	·,

3a

3b

3с

3d

3е

Check if includes tax previously deferred under

Total amounts due. Add lines 3a through 3e

Total tax. Add lines 2 and 3 (see instructions).

Other amounts due (see instructions)

Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . . . . .

244

3f

4 5

За

b

С d

е f

4

74	-14	951	25	
, -			20	

Part I	II Tax and Payments (continued)							
6a	Payments: Preceding year's overpayment credit	ed to the current year	6a					
b	Current year's estimated tax payments. Check if	section 643(g) election						
	applies		6b					
С	Tax deposited with Form 8868		6c	7,60	00			
d	Foreign organizations: Tax paid or withheld at se	ource (see instructions)	6d					
е	Backup withholding (see instructions)		6e					
f	Credit for small employer health insurance prem	ums (attach Form 8941)	6f					
g	Elective payment election amount from Form 38	00	6g					
h	Payment from Form 2439		6h					
i	Credit from Form 4136		6i					
j	Other (see instructions)		6j					
7	Total payments. Add lines 6a through 6J					7	7,	600
8	Estimated tax penalty (see instructions). Check i	f Form 2220 is attached		[	╗┞	8		
	Tax due. If line 7 is smaller than the total of line					9		
	Overpayment. If line 7 is larger than the total of				_	10	1,	448
	Enter the amount of line 10 you want: Credited			448 Refunded		11		
Part I	V Statements Regarding Certain	<b>Activities and Other Informati</b>	on (s	ee instructions)				
1	At any time during the 2023 calendar year, did the	ne organization have an interest in or a sign	gnature	or other authority			Yes	No
	over a financial account (bank, securities, or oth	er) in a foreign country? If "Yes," the orga	anizatio	n may have to file				
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the na	me of t	he foreign country				
	here							x
2	During the tax year, did the organization receive	a distribution from, or was it the grantor o	of, or tra	ansferor to, a foreign	n trust	t?		х
	If "Yes," see instructions for other forms the orga	inization may have to file.						
	Enter the amount of tax-exempt interest received			\$				
4	Enter available pre-2018 NOL carryovers here	\$ . Do not include	de any p	post-2017 NOL car	ryove	r		
	shown on Schedule A (Form 990-T). Don't redu	ce the NOL carryover shown here by any	deduct	tion reported on				
	Part I, line 6.							
5	Post-2017 NOL carryovers. Enter the Business	Activity Code and available post-2017 NO	OL carr	yovers. Don't reduc	ce			
	the amounts shown below by any NOL claimed	on any Schedule A, Part II, line 17 for the	tax yea	ar. See instructions				
	Business Activ	ity Code	Availa	able post-2017 NO	L carr	yover		
			\$					
			\$					
			\$				_	
			\$					
6a	Reserved for future use							
						<u></u>		
Part \								
Provide	any additional information. See instruction	ns.						
	Under penalties of perjury, I declare that I have example	mined this return, including accompanying sch	edules a	and statements, and to	o the b	est of my kr	nowledge ar	nd
Sign	belief, it is true, correct, and complete. Declaration of	of preparer (other than taxpayer) is based on a	ll informa	ation of which prepare	er has	any knowled	dge.	
Here		PRESIDEN	VT.		_ [N	May the IRS di	iscuss this ret	urn
	0				w	vith the prepar	rer shown bel	ow
	Signature of officer	Date Title		1_		see instruction		No
D - ' '	Print/Type preparer's name	Preparer's signature		Date	Check	_	PTIN	
Paid	MP ENCALADE CPA	MP ENCALADE CPA		07-30-2024	sen-en	nployed	XXXXXX	
Prepa					Firm's		-066656	1
Use O					Phone			
	MAGNOLIA TX 7735	4				281	L-826-4	272

EEA Form **990-T** (2023)

## Schedule B (Form 990)

## **Schedule of Contributors**

OMB No. 154

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

	GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC		74-1495125
	zation type (check one)		
Filers of	f:	Section:	
i iici 5 Ci	•	CCCCCC.	
Form 99	90 or 990-EZ	▼ 501(c)( 6 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	lation
		527 political organization	
Form 99	00-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	f your organization is co	vered by the General Rule or a Special Rule.	
		(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
instruction	ons.		
General	Rule		
X	=	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions to property) from any one contributor. Complete Parts I and II. See instructions for ibutions.	_
Special	Rules		
	regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Parform any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	rt II, line 13, 16a, or of <b>(1)</b> \$5,000; or
	contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, total contributions of more than \$1,000 exclusively for religious, charit purposes, or for the prevention of cruelty to children or animals. Complete Patead of the contributor name and address), II, and III.	cable, scientific,
	contributor, during the contributions totaled m during the year for an <b>General Rule</b> applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but no ore than \$1,000. If this box is checked, enter here the total contributions that vexclusively religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received nonexclusively religious, charitable, etc., during the year	no such were received rts unless the etc., contributions
must a	answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Scheline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it the filing requirements of Schedule B (Form 990).	

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

74-1495125

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	N/A	\$38,394	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 63,750	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A N/A	\$ 6,800	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A N/A	\$49,425	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5_	N/A N/A	\$29,937	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A N/A	\$12,433	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

74-1495125

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7_	N/A	\$28,945	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A N/A	\$ 13,350	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$ 7,050	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	N/A N/A	\$5,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	N/A N/A	\$10,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12_	N/A N/A	\$7,150	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

74-1495125

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_	N/A	\$8,625	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	N/A	\$5,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

## 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.

OMB No. 154 Item 7.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	of the organization	Employer identification number
GREA1	TER TOMBALL AREA CHAMBER OF COMMERCE, INC	74-1495125
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(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	- 4.2 4
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		on of a historically important land area
	Protection of natural habitat	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the formal contribution contribu	orm 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 historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated l	by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
		- ,
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements	
Part	t III Organizations Maintaining Collections of Art, Historical Treasures	s, or Other 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, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these	•
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>\$</b>
	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar assets for fin	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	anda gan, provide ne
а	Revenue included on Form 990, Part VIII, line 1	\$
a b	Assets included in Form 990, Part X	
	Accorded and design and Accorded and Accorde	ψ

_		AREA CHAMBER OF CO		74-14951		Item 7.
Par		·			sets (con	
3	Using the organization's acquisition, accession	n, and other records, check a	ny of the following that	make significant use of its		
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange p	orogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how they	further the organizatio	n's exempt purpose in Part		
	XIII.					
5	During the year, did the organization solicit or r					_
	assets to be sold to raise funds rather than to	· · · · · · · · · · · · · · · · · · ·	organization's collectio	<u>n? </u>	Yes	No
Par						
	Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line	9, or reported an amo	ount on Fo	rm
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary for cor	ntributions or other asse	ets not	_	_
					Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following tab	ole.			
				Amo	unt	
С	Beginning balance			. 1c		
d	Additions during the year			1d		
е	Distributions during the year			. 1e		
f	Ending balance			. 1f		
2a	Did the organization include an amount on For				<del></del>	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	has been provided on	Part XIII		
Par						
	Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line	10.		
		(a) Current year (b) Prio	or year (c) Two year	s back (d) Three years back	(e) Four yea	rs 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					
g	End of year balance					
2	Provide the estimated percentage of the currer	nt year end balance (line 1g,	column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment%					
С	Term endowment%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3a	Are there endowment funds not in the possess	sion of the organization that a	are held and administer	ed for the		
	organization by:				Ye	s No
	(i) Unrelated organizations?				3a(i)	
	(ii) Related organizations?				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as required on Sc	hedule R?		3b	
4	Describe in Part XIII the intended uses of the	organization's endowment fu	nds.			
Par	VI Land, Buildings, and Equipm	nent				
	Complete if the organization ar	nswered "Yes" on Forn	n 990, Part IV, line	11a. See Form 990, F	Part X, line	10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book val	ue
		(investment)	(other)	depreciation		
1a	Land	. 58,000	87,000		145	,000
b	Buildings	. 354,018	531,026	327,804		,240
С	Leasehold improvements	4,245	211,594	94,119	121	,720
d	Equipment		31,839	30,795		,044
е	Other		17,990	29,490		
Total.	Add lines 1a through 1e. (Column (d) must equ				825	,004
EEA	, , , ,		. ,		dule D (Form	-

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities
Part VII	investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12			
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 1	2.

		, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII Investments - Program Related	<u>'</u>	
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must occus Form 000, Part V, line 15 and (P))	

Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))...............

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)LAST M	ONTH RENT	4,150
(3SECURI	TY DEPOSIT	4,150
(4)SCHOLA	RSHIPS	31,105
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990, Part X, line 25 col. (B))	39,405

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

EEA Schedule D (Form 990) 2023

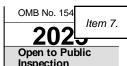
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#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.



Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

name or	the organization					Emplo	yer identification	n number
REA	TER TOMBALL AREA CHAMBER	OF COMMERCE	, INC				74-14951	25
Part				ation answ	vered "Yes" on	Form 990.		
	Form 990-EZ filers are n					,	,,	
1	Indicate whether the organization rais				ios. Chock all that a	annly		
		eu iunus iniougnia	_	_				
а	Mail solicitations		e _		of non-government	-		
b	Internet and email solicitations		f _		of government gran	nts		
С	Phone solicitations		g	Special fun	draising events			
d	☐ In-person solicitations							
2a	Did the organization have a written or	r oral agreement w	ith any individ	dual (includin	g officers, directors	s, trustees,		
	or key employees listed in Form 990,	Part VII) or entity i	n connection	with profess	sional fundraising se	ervices?		Yes No
b	If "Yes," list the 10 highest paid individ				•		iser is to be	
	compensated at least \$5,000 by the compensation							
	temperiorited at least 40,000 by the c	rigarii zatiorii.						
						(v) Amount	t paid to	
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(or retaine		(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of utions?	from activity	fundraiser l		(or retained by) organization
			COTICID	duono.		col. (i	i)	organization
			Yes	No				
1								
2								
3								
3								
4								
5								
6								
7								
-								
8								
0								
9								
10								
Total .								
3	List all states in which the organization	n is registered or li	censed to so	licit contribu	tions or has been n	otified it is exe	empt from	
-	registration or licensing.	, g						
	registration of heeristing.							

		gross receipts greater than \$		a gross income on romi	990-EZ, lines 1 and 6b	List events with
		g. coo recepto g. cate: mairi	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
en						
Revenue	1	Gross receipts				
ž	•	Less: Contributions				
	2 3	Less: Contributions Gross income (line 1				
		minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
		Tronoadii pii 200				
	6	Rent/facility costs				
Direct Expenses	_					
Ť Ž	7	Food and beverages				
)irec	8	Entertainment				
П						
	9	Other direct expenses				
	10	Direct expense summary. Add line	e 4 through 0 in column (	4)		
	11	Net income summary. Subtract lin				
Pa	rt III	Gaming. Complete if the org	ganization answered "	es" on Form 990, Part I	V, line 19, or reported m	ore than
		\$15,000 on Form 990-EZ, lir	ne 6a.			
ene			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
	•					
S		0 1				
ses	2	Cash prizes	AHI			
beuse	3	Cash prizes				
t Expenses						
Direct Expense	3	Noncash prizes				
	3	Noncash prizes	Yes %	Yes %	☐ Yes %	
	3	Noncash prizes	Yes%	☐ Yes% No	☐ Yes % ☐ No	
	3 4 5	Noncash prizes	No	□ No	No No	
	3 4 5	Noncash prizes	No	□ No	No No	
	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line	No S 2 through 5 in column (		No	
	3 4 5 6 7	Noncash prizes	No S 2 through 5 in column (		No	
Direct	3 4 5 6 7 8 En	Noncash prizes	No s 2 through 5 in column (outract line 7 from line 1, contact conducts gaming action conducts gaming actions a	No  d)	No	
Direct	3 4 5 6 7 8 En a ls	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Sul  nter the state(s) in which the organization licensed to conduct	No s 2 through 5 in column (outract line 7 from line 1, column action conducts gaming actigaming activities in each	No d)	No	
Direct	3 4 5 6 7 8 En a ls	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Sul  ther the state(s) in which the organization licensed to conduct	No s 2 through 5 in column (outract line 7 from line 1, contact conducts gaming action conducts gaming actions a	No d)	No	
Direct	3 4 5 6 7 8 En a ls	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Sul  nter the state(s) in which the organization licensed to conduct	No s 2 through 5 in column (outract line 7 from line 1, column action conducts gaming actigaming activities in each	No d)	No	
Direct	3 4 5 6 7 8 En ls b lf "	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Sul  nter the state(s) in which the organization licensed to conduct  "No," explain:  ere any of the organization's gaming	No s 2 through 5 in column (or otract line 7 from line 1, contact conducts gaming activities in each	No d)	No	Yes No
Direct	3 4 5 6 7 8 En ls b lf "	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Sul  nter the state(s) in which the organization licensed to conduct "No," explain:  ere any of the organization's gaming	No s 2 through 5 in column (or otract line 7 from line 1, contact conducts gaming activities in each	No  d)	No	Yes No

EEA Schedule G (Form 990) 2023

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#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

Item 7. OMB No. 154

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . . . 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . 9 Securities - Publicly traded . . . . . . 10 Securities - Closely held stock . . . . Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures . . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . . 16 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . 18 19 Food inventory . . . . . . . 20 Drugs and medical supplies . . 21 22 Historical artifacts . . . 23 Scientific specimens 24 Archeological artifacts . . . . 25 Other ( REPAIRS AND MAI 6,600 26 Other ( DUES AND SUBSCR X 225 27 Other ( MEMBERSHIP MISC x 463 28 Other ( ADVERTISING х 21,720 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

## SCHEDULE O (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.

OMB No. 154

202

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization	Employer identification number
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	74-1495125
01. Officer, directors, etc. family relationship (Part VI, line 2)	
INSURANCE IS PROVIDED TO BOARD MEMBER(S) BY OTHER BOARD MEMBERS	
02. Form 990 governing body review (Part VI, line 11)	
THE ORGANIZATION'S PROCESS IS TO HAVE FORM 990 REVIEWED BY THE ENTIRE	BOARD OF DIRECTORS.
03. Conflict of interest policy compliance (Part VI, line 12c)	
OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALY SIGN A FORM THAT DISCL	OSES ANY POTENTIAL
CONFLICTS OF INTEREST.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
COMPENSATION PROCESS FOR TOP OFFICIAL, WHICH IS THE CHAMBER PRESIDENT	, IS APPROVED BY THE
BOARD OF DIRECTORS AS A PART OF THE BUDGET PROCESS	
05. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,	AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
06. Explanation of other changes in net assets or fund balances (Part	XI, line 9)
ADJ TO BRING RETURN INLINE WITH CASH BOOKS	
07. List of other expenses (Part IX, line 24e)	
COLLECTION EXPENSES, HEALTH COMMITTEE, FIRST FRIDAY, NETWORKING BREAK	FAST, WOMENS
COMMITTEE, DUES AND SUBSCRIPTIONS, EMPLOYEE DEVELOPMENT, POSTAGE, INC	OME TAX, TOMBALL
LEADERSHIP DAY, BANOUET, GOLF CLASSIC, TOMBALL NIGHT, HOLIDAY PARADE.	MISS TOMBALL

## Form **4562**

Department of the Treasury

Internal Revenue Service

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return GREATER TOMBALL AREA CHAMBER OF FORM 990 - 1 74-1495125 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 578 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18,940 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property **d** 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year С 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 19,518 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

## Form **4562**

Department of the Treasury

Internal Revenue Service

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return GREATER TOMBALL AREA CHAMBER OF FORM 990T - 1 74-1495125 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 9,953 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property **d** 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 9,953 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

#### Eorm 8879-TE

#### IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 154

Item 7.

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Name and title of officer or person subject to tax BRUCE HILLEGEIST, PRESIDENT Part I Type of Return and Return Information 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 . . . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . . 4a Form 8868 check here . . . . b Balance due (Form 8868, line 3c)......... 6a Form 990-T check here . . . . x 7a Form 4720 check here . . . . b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . . Form 5227 check here . . . . 8a Form 5330 check here . . . . 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 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 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 PE CPA PLLC x I authorize 95125 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros 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. Signature of officer or person subject to tax 06-24-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 799164 68510 Do not enter all zeros 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. 07-30-2024 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

### Form **8879-TE**

#### **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 154

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Item 7.

Name of filer	EIN or SSN
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	74-1495125
Name and title of officer or person subject to tax	
BRUCE HILLEGEIST, PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If yo 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form w. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on applicable line below. Do not complete more than one line in Part I.	u check the box on line 1a, 2a, as blank, then leave line 1b, 2b,
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12) <b>1b</b> 932,466
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	3b
Part II Declaration and Signature Authorization of Officer or Person Subject to Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person s	ubject to tax with respect to (name
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and beli complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic retintermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS a acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries at the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal.	um. I consent to allow my and to receive from the IRS (a) an assing the return or refund, and (c) an electronic funds withdrawal federal taxes owed on this are actions. Treasury Financial Agent at cial institutions involved in the and resolve issues related to
PIN: check one box only	
X I authorize PE CPA PLLC to enter my PIN	95125 as my signature
	Enter five numbers, but lo not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementione 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 filed return. If I have indicated within this return that a copy of the return is being filed with a state agency of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	n is being filed with a state and ERO to enter my PIN on the tax year 2023 electronically
Signature of officer or person subject to tax	Date 06-24-2024
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  799164 68510  Do not enter a I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicant am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information Providers for Business Returns.	icated above. I confirm that I
ERO's signature Date	07-30-2024
FDO Must Datain This Form Cos Instructions	

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

tem	7.	

					1
			Federal Supporting Statements	<b>2023</b> PG01	
Name(s) as shown on return	1			Tax ID Number	
GREATER TOMBAI	L AREA	CHAMBER	OF COMMERCE, INC	74-1495125	
		990-T	SCHEDULE A PART V - LINE 3B OTHER DEDUCTIONS	Statement	#13
Form 990-T Sch	nedule	A: OFFICE	RENTAL		
Property: OFFIC	CE RENT	AL, Addr	ess: 29201 QUINN RD TOMBALL TX 77375		
DESCRIPTION				AMOUNT	
INTEREST				6,776	
INSURANCE				3,186	
TAXES				6,318	
REPAIRS				6,121	

FOR YOUR RECORDS ONLY

PG01

3,842

4,981

31,224

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION	COST/BASIS	COST/BASIS	•	BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
BUILDOUT	11,500	0	11,294	206
FURNITURE	0	17,990	18,196	(206)
TOTAL	11,500	<u> 17,990</u>	29,490	0

CLEANING ELECTRICITY

TOTAL

Item	7.	

#### **Federal Supporting Statements**

2023
Tax ID Number

74-1495125

PG01

Name(s) as shown on return

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

990-T Schedule A Part V - Dual-use Debt-financed Property Statement

Statement #14

Form 990-T Schedule A: OFFICE RENTAL

Percent allocable Avg. acquisition debt Percent Allocable Adjusted basis allocable to debt-financed on debt-financed to debt-financed Avg. of Acquisition to debt-financed Property Discription indebtedness property property Adjusted basis debt-financed property property OFFICE RENTAL 135,916 100.00000@ 135,916 154,611 100.000000% 154,611

Item	7
110111	

990	Overflow Statement	2023	m 7.
330	(This page is not filed with the return. It is for your records only.)	<b>2023</b> Page 1	
Name(s) as shown on return		FEIN	
GREATER TOM	BALL AREA CHAMBER OF COMMERCE, INC	74-1495125	

#### OTHER

Description	Amount
COLLECTION EXPENSES	\$ 8,094
CONTRACTOR	66,448
DUES	4,869
EMPLOYEE DEVELOPMENT	12,264
FIRST FRIDAY	37,020
GOLF CLASSIC	19,868
HEALTH COMMITTEE	11,046
HOLIDAY PARADE	25,726
INCOME TAX	10,542
NETWORKING BREAKFAST	1,617
POSTAGE	2,889
TOMBALL NIGHT	10,555
TOMBALL PAGEANT	14,541
WOMENS COMMITTEE	15,748
BANQUET	12,562
TOMBALL PAGEANT SCHOLARSHIPS	10,000
TOMBALL LEADERSHIP DAY	2,375
Total:	\$ <u>266,164</u>

#### FORM 990-T - SCH E - LN 4 - AVERAGE ACQUISITION DEBT1

Description					Amount
AVERAGE ACQUISITION DEBT				\$	135,916
			Total: \$	S	135,916

#### SCH E - LN 5 - AVERAGE ADJUSTED BASIS

Description	<u>Amount</u>	
AVERAGE BASIS	\$ 154,6	11
	Total: \$ 154,6	11

## Estimated Tax Worksheet on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

2024

(This page is not filed with the return. It is for your records only.) 6,152 4 6,152 6 6,152 7 8 6,152 Credit for federal tax paid on fuels. See instructions 9 **10a** Subtract line 9 from line 8. **Note:** If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see 10a 6,152 b Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount 6,152 c 2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c 10c 6,152 (a) (b) (c) (d) Installment due dates. See 11 11 instructions . . . . . 04-15-2024 06-17-2024 09-16-2024 12-16-2024 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." . . . . . . 1,538 1,538 1,538 1,538 2023 Overpayment. See 13 13 362 362 362 362

1,176

1,176

1,176

**Payment due** (Subtract line 13 from line 12) . . . . . . . . . . . . . . . .

14

1,176

Schedule B

(Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

me of orga			Employer identification number
	TOMBALL AREA CHAMBER OF COMMERCE, INC	(-)	74-1495125
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITY OF TOMBALL  401 MARKET STREET  TOMBALL TX 77375	38,394	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
	<u> </u>		4.0
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HEALTH FOUNDATION  29201 QUINN RD STE A  TOMBALL TX 77375	63,750	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ENVIROCON TERMITE & PEST, INC  23306 ROBERTS CEMETERY  HOCKLEY TX 77447	6,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HCA HOUSTON HEATLHCARE TOMBALL  605 HOLDERRIETH  TOMBALL TX 77375	49,425	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	TOMBALL ECONOMIC DEVELOPMENT CORP PO BOX 820 TOMBALL TX 77377	29,937	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	SOUTHCOMM PUBLISHING CO. 7766 EWING BLVD., SUITE 200	12,433	Person 🗓 Payroll 🗌 Noncash 🗌
	FLORENCE KY 41042		(Complete Part II for noncash contributions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

me of orga פרס תידים	nization TOMBALL AREA CHAMBER OF COMMERCE, INC		Employer identification number 74-1495125
		(-)	
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	HOUSTON METHODIST WILLOWBROOK HOSPI  18220 SH 249  HOUSTON TX 77070	28,945	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		Total contributions	Type of contribution
8	ALOHA NAILS & SPA  701 E MAIN STE 125B  TOMBALL TX 77375	13,350	Person X Payroll Concash Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	SHELL FEDERAL CREDIT UNION		Person <u>x</u>
	6232 FM 2920	7,050	Payroll U
	SPRING TX 77379		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MEMORIAL HERMAN THE WOODLANDS	1010	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9250 PINECROFT DR SPRING TX 77380	5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	COMMUNITY MATTERS INC  PO BOX 5900  FRISCO TX 75035	10,000	Person X Payroll Complete Part II for noncash contributions.)
			·
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	KLEIN FUNERAL HOMES & MEMORIAL PARK 16131 CHAMPION FOREST	7,150	Person 🗓 Payroll 🗌 Noncash
	SPRING TX 77379		(Complete Part II for noncash contributions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service

#### Do not send to IRS. Retain this form for your records.

ame of orga			Employer identification number
	TOMBALL AREA CHAMBER OF COMMERCE, INC		74-1495125
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	TWFG INSURANCE SERVICES 722 W MAIN TOMBALL TX 77375	8,625	Person
	4.)		4.0
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	RSC RIVERSIDE CONSTRUCTION 210 SPRING CREEK TRAIL	5,000	Person 🗓 Payroll 🗌 Noncash
	SPRING TX 77373		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Name(s) as shown on return

#### **Depreciation Detail Listing**

Program Services

(This page is not filed with the return. It is for your records only.)

2023

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PAGE 1

Social security number/EIN

	GREATER TOMBALL AREA CH	AMBER OF CO	MMERCE, INC										74	-1495125		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Me	ethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	COMPUTER & SERVER EQU	10-14-2013	15,503		100.00			15,503	5			0	15,503		15,503	
2	BUILDING - QUINN ROAD	09-30-2008	531,026		100.00			531,026	39	SL	MM	2.564	190,968	13,616	204,584	
3	IMPROVEMENTS	10-31-2008	203,369		100.00			203,369	39	SL	MM	2.564	76,434	5,214	81,648	
4	A/C UNIT	03-27-2012	4,300		100.00			4,300	39	SL	MM	2.564	1,245	110	1,355	
5	LAND	10-31-2008	145,000	145,000	100.00			0	0			0				
9	2017 LAPTOP	12-05-2017	851		100.00			851	5			0	851		851	
10	PHONE SYSTEM	09-04-2001	6,976		100.00			6,976	7			0	6,974		6,974	
11	FURNITURE	11-01-2008	17,990		100.00			17,990	7			0	18,196		18,196	
12	QUINN BLDG IMPROVEMEN	12-01-2012	3,925		100.00			3,925	39			2.564	1,067	101	1,168	
13	2019 PHONE SYSTEM	01-31-2019	6,126		100.00			6,126	3			0	5,207		5,207	
14	2020 COMPUTER	03-15-2020	1,165		100.00			1,165	5	SL	HY	20	583	233	816	
15	2022 COMPUTER	09-22-2022	1,219		100.00			1,219	5	SL	HY	20	122	244	366	

937,450

937,450

Totals

792,450

19,518

270

\* Item is included in UBIA for Section 199A calculations.

#### **Depreciation Detail Listing**

2023

Item 7.

PAGE 1

990 T

See "UBIA" in lower right corner. (This page is not filed with the return. It is for your records only.) Name(s) as shown on return

Social security number/EIN

	REATER TOMBALL AREA CH	HAMBER OF COI	MMERCE, INC										74	-1495125		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Metho	od	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
6	BUILDING (RENTAL PORT	09-30-2008	354,018		100.00			354,018	39	SL	MM :	2.564	127,310	9,077	136,387	
7	BUILDOUT - TOMBALL RE	12-01-2012	11,500		100.00			11,500	15	SL	MQ	6.667	5,235	767	6,002	
	A/C UNIT (RENTAL)	06-27-2014	4,245		100.00			4,245	1			2.564	3,886	109	3,995	
	Totals		369,763					369,763					136,431	9,953	146,384	271

369,763

9,953

#### **Next Year's Depreciation Worksheet**

(This page is not filed with the return. It is for your records only.)

2023

Tax ID Number Name(s) as shown on return GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Form Multi-Form | Description Date Basis Method Deduction COMPUTER & SERVER EQUIPM 10-14-2013 15,503 PRG PRG 1 BUILDING - QUINN ROAD 09-30-2008 531,026 SL MM 39 13,616 1 мм 39 IMPROVEMENTS 10-31-2008 203,369  $\mathtt{SL}$ 5,215 PRG 1 A/C UNIT 03-27-2012 4,300 SL MM 39 110 PRG LAND 10-31-2008 0 PRG 1 1 09-30-2008 354,018 SL 39 9,077 Т BUILDING (RENTAL PORTION MM 1 BUILDOUT - TOMBALL REG H 12-01-2012 11,500  $\mathtt{SL}$ MQ 15 767 Т 06-27-2014 4,245 мм 39 109 Т 1 A/C UNIT (RENTAL) SL 1 12-05-2017 851 5 PRG 2017 LAPTOP 1 PHONE SYSTEM 09-04-2001 6,976 7 PRG PRG 1 FURNITURE 11-01-2008 17,990 QUINN BLDG IMPROVEMENTS 1 12-01-2012 3,925  $\mathtt{SL}$ мм 39 101 PRG PRG 1 2019 PHONE SYSTEM 01-31-2019 6,126 03-15-2020 1,165 5 2020 COMPUTER 233 PRG 1 SLΗY PRG 2022 COMPUTER 09-22-2022 1,219 SL HY 5 244 TOTAL 29,472

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545

Item 7.

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

74-1495125

GREA'	REATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125								
<b>C</b> Un	related business activity code (see instructions) 531190 D Sequence:	1	of 1						
F De	scribe the unrelated trade or business OFFICE RENTAL								
Pa	Tt I Unrelated Trade or Business Income (A) Income (B) Expense	:S	(C) Net						
1a	Gross receipts or sales								
b	Less returns and allowances c Balance 1c								
2	Cost of goods sold (Part III, line 8)								
3	Gross profit. Subtract line 2 from line 1c								
4a	Capital gain net income (attach Schedule D (Form 1041 or								
	Form 1120)). See instructions								
b	Net gain (loss) (Form 4797) (attach Form 4797). See								
	instructions								
С	Capital loss deduction for trusts								
5	Income (loss) from a partnership or an S corporation (attach								
	statement)								
6	Rent income (Part IV)								
7	Unrelated debt-financed income (Part V)	448	40,250						
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)								
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)								
10	Exploited exempt activity income (Part VIII)								
11	Advertising income (Part IX)								
12	Other income (see instructions; attach statement)								
13	Total. Combine lines 3 through 12         13         67,698         27,698		40,250						
Par		s mus	st be						
	directly connected with the unrelated business income.								
1	Compensation of officers, directors, and trustees (Part X)	1							
2	Salaries and wages	2							
3	Repairs and maintenance	3							
4	Bad debts	4							
5	Interest (attach statement). See instructions	5							
6	Taxes and licenses	6							
7	Depreciation (attach Form 4562). See instructions	01							
8	Less depreciation claimed in Part III and elsewhere on return	8b	9,953						
9	Depletion	9							
10	Contributions to deferred compensation plans	10							
11	Employee benefit programs	11							
12		12							
13 14	Excess readership costs (Part IX)	13 14							
15	Total deductions. Add lines 1 through 14	15	0.053						
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	10	9,953						
10	column (C)	16	30 005						
17	Deduction for net operating loss. See instructions	17	30,297						
17 10	·	-	30 207						
18	Unrelated business taxable income. Subtract line 17 from line 16	18	30,297						

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

74-1495125

ltem	7
ILEIII	1.

Part	t III Cost of Goods Sold	Enter method of inventory valuation	
	, , ,		1
2			2
3	Cost of labor		3
	Additional section 263A costs (attach statement	•	4
5	Other costs (attach statement)		5
6	<b>Total.</b> Add lines 1 through 5		6
	,		7
	_	6. Enter here and in Part I, line 2	8
		roperty produced or acquired for resale) apply to the organization?	Yes No
Part		erty and Personal Property Leased with Real Propert	ty)
1		s, city, state, ZIP code). Check if a dual-use. See instructions.	
		9201 QUINN RD TOMBALL TX 77375	
	B		
	C □ D □		
	<b>Б</b>	A B C	D
2	Rent received or accrued	A B C	U U
	From personal property (if the percentage of		
	rent for personal property is more than 10% but not more than 50%)		
	•		
	From real and personal property (if the percentage of rent for personal property excee	do	
	50% or if the rent is based on profit or income		
	Total rents received or accrued by property.		
	•		
3	Total rents received or accrued. Add line 2c, c	olumns A through D. Enter here and on Part I, line 6, column (A)	• •
4	Deductions directly connected with the income		
	in lines 2a and 2b (attach statement)		
5	Total deductions Add line 4 columns A thro	ough D. Enter here and on Part I, line 6, column (B)	
			··
Part			
1	_ '	ddress, city, state, ZIP code). Check if a dual-use. See instructions.	
		9201 QUINN RD TOMBALL TX 77375	
	В		
	D	A B C	D
2	Gross income from or allocable to debt-finance		
	property	· ·	
	Deductions directly connected with or allocable		
	to debt-financed property	<b>,</b>	
	Straight line depreciation (attach statement)		
		tatement #13 31,224	
	Total deductions (add lines 3a and 3b,		
	columns A through D)	31,224	
	Amount of average acquisition debt on or alloc		
	to debt-financed property (attach statement) s		
	Average adjusted basis of or allocable to debt		
	financed property (attach statement) s		
	Divide line 4 by line 5		% %
	Gross income reportable. Multiply line 2 by lin		
8	Total gross income (add line 7 columns A+	nrough D). Enter here and on Part I, line 7, column (A)	67 600
			67,698
9	Allocable deductions. Multiply line 3c by line 6	27,448	
10	Total allocable deductions. Add line 9, colu	mns A through D. Enter here and on Part I, line 7, column (B)	27,448
11	Lotal dividends - received deductions incli	ded in line 10	274

74-1495125

Part	VI Interest, Annuiti	es, Royaltie	s, and Rents	fror	n Controlled Orga	anizations (see instru	ctions	)
						ontrolled Organizations		·
	Name of controlled organization ide		3. Net unrela income (los (see instruction	ss)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexem	pt Co	ntrolled Organization	ns		
	incor		t unrelated me (loss) structions)	g	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	I columns 6 and 11. er here and on Part I, ine 8, column (B).
Part	VII   Investment Inco	ome of a Sec	tion 501(c)(	7), (9	), or (17) Organiz	ation (see instructions	s)	
	1. Description of income	2. Amou	nt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
<b>T</b> -1-		Enter here	ats in column 2. e and on Part I, column (A).		<b>\</b>		Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota Part		not Activity	Incomo Oth	or T	an Advertising l	 ncome (see instructio	ne)	
1	Description of exploited act		mcome, our	CI II	ian Auvernsing i	income (see monucho	113)	
2	Gross unrelated business i		e or business E	nter h	are and on Part I line 10	O column (A)	2	
3								
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
4								
4	lines 5 through 7							
5								
6	Expenses attributable to inc						6	
7	Excess exempt expenses.							
-	Enter here and on Part II						7	
EEA		, <u>-</u>						ule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023

Part	IX   Adverti	ising Income					
1	Name(s) of per	riodical(s). Check box if r	eporting two or m	ore periodicals on a c	onsolidated basis.		
	A 🗆						
	в П						
	c						
	D						
Entor o		periodical listed above i	n the correspondin	a column			
EIILEI a	inounts for each	periodical listed above i	in the corresponding				
•	0		-	Α	В	С	D
2	Gross advertis	ng income					
а	Add columns A	through D. Enter here a	nd on Part I, line 1	1, column (A)			
3	Direct advertisi	ng costs by periodical					
а	Add columns A	through D. Enter here a	nd on Part I, line 1	1, column (B)			·
4	2. For any colucomplete lines line 4 showing	n (loss). Subtract line 3 fmn in line 4 showing a g 5 through 8. For any colua loss or zero, do not co 7, and enter -0- on line 8	ain, umn in emplete				
5	Readership co	sts					
6	Circulation inco	ome					
7	line 5, subtract	ship costs. If line 6 is less line 6 from line 5. If line s er -0-	5 is less				
8	deduction. For	ship costs allowed as a each column showing a e lesser of line 4 or line 7	-				
а		ımns A through D. Enter					
Part		nsation of Officers					·
-		1. Name		2. Title		3. Percentage of time devoted to business	Compensation attributable to unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
( '/						70	
Total	Enter here one	d on Part II, line 1					
Part		emental Information		ctions)			
rait	AI Supple	inental illiorillatic	(See Ilistiu	Clions)			
_							
							_

Schedule A (Form 990- 276

### City Council Meeting Agenda Item Data Sheet

Data Sheet	Meeting Date: August 26, 2025					
Topic:						
Consideration of the application for FY 2025-202 Area Chamber of Commerce for the Tomball Nig	6 Hotel Occupancy Tax Funds for the Greater Tomball ht.					
Background:						
Application for FY 2025-2026 Hotel Occupancy Tax Funds for the Greater Tomball Area Chamber of Commerce for the Tomball Night.						
<b>Origination:</b> Marketing and Finance						
<b>Recommendation:</b>						
Staff recommends the Committee proceed with the	e consideration of this application.					
Party(ies) responsible for placing this item on	agenda: Bragg Farmer, Finance Director					
<b>FUNDING</b> (IF APPLICABLE)  Are funds specifically designated in the current budge	t for the full amount required for this purpose?					
Yes: No:	If yes, specify Account Number: #					
If no, funds will be transferred from account: #	To Account: #					
Signed: Bragg Farmer 8/19/25 Staff Member Date	Approved by:  City Manager Date					



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

#### Introduction

Through the adoption of a municipal hotel occupancy tax, the City of Tomball is responsible for promoting tourism and the hotel industry in compliance with the State of Texas Hotel Occupancy Code; Chapter 351, Subchapter B — Use and Allocation of Revenue. The City has the authority to use local hotel funds tax funds in a variety of methods, including the granting of funds to support local events and organizations.

#### **Eligible Uses for Hotel Occupancy Tax Funds**

The revenue derived from the municipal hotel occupancy tax may only be used to promote tourism and the convention and hotel industry in the community. The following are eligible uses for Tomball's HOT funds:

- 1. The acquisition of sites for and the construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers or both;
- 2. The furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants;
- 3. Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity;
- 4. The encouragement, promotion, improvement, and application of the arts, including instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion pictures, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms;
- 5. Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums that:
  - a. Are at or in the immediate vicinity of convention center facilities or visitor information centers; or
  - b. Located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates;
- The day-to-day operations, supplies, salaries, office rental, travel expenses, and other administrative costs ONLY if those administrative costs are incurred directly in the promotion and servicing of those authorized expenditures listed in 1-5 above;
- 7. Signage directing the public to sights and attractions that are visited frequently by hotel guests in the municipality.

Tourists are defined in Chapter 351 as an individual who travels from the individual's residence to a different municipality, county, state, or country for pleasure, recreation, education, or culture. Tourism is defined as the guidance or management of tourists.

#### **City Policy**

Any organization requesting the use of City of Tomball Municipal Hotel Occupancy Tax funds for an event or program that qualifies as an authorized use of funds as listed above must complete the "Application for Use of Hotel Occupancy Tax" as part of the annual grant application process. All requests for funding must be approved by the City of Tomball City Council. Only one project may be requested per application. Applications for annual events must be submitted each year. Funding approved in one year does not guarantee funding in subsequent years.

Approved funding will be paid to approved grantee organizations on a reimbursement basis and will not be paid in advance. The reimbursement paid to the organization will be based on the lesser of the actual costs or the amount originally approved.

#### **Reporting Requirements**

Subsequent to the event/purpose for which occupancy tax funding was approved, the organization receiving the funds shall submit a full accounting of the event/purpose and specifically highlight the costs to be reimbursed by the hotel occupancy tax. In addition to the financial accounting of the event/purpose, the report shall also include a narrative describing how the event/purpose directly enhanced or promoted tourism and the convention and hotel industry in Tomball as well as the projected number of tourists or convention delegates coming to Tomball as a result of the event/purpose and the basis for the projection. If the event/purpose is one that is ongoing throughout the year, the financial and narrative report shall be updated and submitted on a quarterly basis.

#### Expenditure or Quarterly Reports shall be submitted as follows:

BY MAIL OR IN-PERSON

City of Tomball

ATTN: Director of Finance

501 James Street Tomball, TX 77375

**VIA EMAIL** 

Finance@tomballtx.gov



# City of Tomball Hotel Occupancy Tax Grant Program

Funding Year: October 1, 2025 through September 30, 2026

**Application for Use of Hotel Occupancy Tax** 

The City of Tomball is accepting applications for Hotel Occupancy Tax Grants for the funding period of **October 1, 2025 through September 30, 2026**.

The deadline to submit an application is 5:00 p.m., Friday, June 27, 2025.

Completed applications must be submitted to the City of Tomball by the application deadline. Applications can be submitted via email to <a href="mailto:Finance@tomballtx.gov">Finance@tomballtx.gov</a> or inperson/by mail to the City of Tomball Finance Department, 501 James St., Tomball, TX 77375. Mailed applications must be received by the City before the deadline to be considered.

For additional information or questions, please contact Perla Carrasco at (281) 290-1420 or <a href="mailto:PCarrasco@tomballtx.gov">PCarrasco@tomballtx.gov</a>.

#### **Section I: Organization Information**

Name of Organia	zation/Business:	Greater Tomba	II Area Ch	namber of Comi	merce
Street Address:	29201 Quinn R	oad, Ste. B			
City:Tomball		State:	(	Zip Code: <u>7</u>	7375
Contact Name:	Brandy Beyer				
Role with Organi	zation/Business:	Vice Preside	nt		
Phone Number:	281.351.7222	Email: _	bbeyer@	tomballchamb	er.org
Type of Organiz	ation/Business	☐ Private/For	Profit	☐ Non-Profit	
Purpose of Orga	nization/Busines	s:			
		mber of Comme sinesses to prosp	•		

### Section II: Event/Program Information

Event/Program Name:										
ate(s) of Event/Program: August 7, 2026										
ocation of Event/Program (Provide the address or a general location):										
Main Street and Market Street										
Website for Event/Program:www.tomballchamber.org										
Is this a new event/program? Yes No										
If this is not a new event/program, how long has the event/program operated?										
This will be the 54th annual Tomball Night.										
Provide a detailed description of the event/program.										
community festival with over 90 vendors downtown, Parade of Lights and fireworks										
Estimated Local Attendees at Event/Program: 7,000										
Estimated Out of Town Attendees at Event/Program: 3,000										

#### Section III: Funding/Expenditure Information

Amount of grant funding requested for event/program.	\$ 15,000	\$ 15,000				
Total operating budget for event/program.	\$ 46,950					
Percent of event/program to be funded by grant.	32	%				
Total funding dedicated to advertising or promotion of the event/program, including both grant funded and non-grant funded expenditures.	\$ 5,000					
Provide a detailed description of how grant funds will be used it can be added if necessary).	f approved (additi	onal pages				
advertising, portapotties, equipment rentals and fireworks						
Please indicate all promotion/advertising efforts your organizat to the event/project/program.	ion will use to ale	rt visitors				
Paid Advertising Social Media Other (please specify)  Radio Television Online/Digital	Brochui Ads Press R					
Provide a description of how you intend to advertise or promote overnight stays in Tomball	your event/progr	am to gain				

This event draws crowds from all around - as part of our larger mission, we always encourage participants and attendees tostay in the area and discover Tomball. We request that local business owners promote the evening and themselves as to keep money local as well as encourage event patrons to shop all weekend with businesses having weekend sales.

How will you measure the impact of your event on local overnight accommodations?

Many vendors/entries for Tomball Night and Parade of Lights come from out of town and will choose to stay in Tomball following the long evening event, and for the weekend to enjoy their visit to Tomball. Attendees choose to make a long weekend that starts with Tomball Night, as a getaway prior to the start of the school year.

#### Section IV: Certification of Approved Use of HOT Funds

All requested HOT Fund grants/expenditures must meet both parts of the statutory Hotel Occupancy Tax Test. This means that all grant expenditures must 1) directly enhance and promote tourism and directly promote overnight hotel stays AND 2) fall within one of the statutorily approved expenditure categories.

1. Does your event/program expenditure pass "Part One" of the statutory Hotel Occupancy Tax test listed below?

Part One Test: Expenditure directly enhances and promotes tourism in Tomball and directly promotes the overnight accommodation industry in Tomball by increasing overnight stays.

_	YES, the event/program expenditure meets the Part One test.
	NO, the event/program expenditure does not meet the Part One test

2. Does your event/program expenditure pass "Part Two" of the statutory Hotel Occupancy Tax test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories?

Select all categories that apply:

	Establishment, improvement, or maintenance of a convention or visitor center.
	Administrative cost for facilitating convention registration.
>	Advertising, solicitations, and promotions that attract tourists or convention delegates.
	Encouragement, promotion, improvement, and application of the arts.
	Historical restoration or preservation programs.
	Signage directing tourists to attractions visited by hotel guests.
	None of the above.

#### **Section V: Required Supplemental Information**

To complete the grant application, the following additional documents are required:

- 1. Itemized budget of expenditures for grant funds.
- 2. Organization's most recent annual budget.
- 3. Organization's most recent financial statements. Audited financial statements must be provided for any grant request exceeding \$100,000.
  - a. Financial statements should include the organization's balance sheet and income statement for the most recently completed fiscal year.
- 4. List of Board of Directors/Event Committee with contact information.
- 5. IRS Form W-9 (only required if the correct W-9 is not already on file with the City of Tomball).
- 6. Any other information that supports the grant request.

#### Section VI: Acknowledgements and Signature

- 1. Applicant has read all information provided as part of this application packet and understands and will comply with all provisions herein.
- 2. Applicant is authorized by the associated business/organization to submit this grant application for the event/program described herein.
- 3. Applicant intends to use the grant for the event/program that has been applied for and will communicate with the City of Tomball immediately if any changes in the event/program occur.
- 4. Applicant will abide by all relevant local, state, and federal laws and regulations regarding the use of Hotel Occupancy Taxes.
- 5. Applicant will use grant funds to directly enhance and promote tourism and the hotel industry by attracting visitors from outside of Tomball to stay overnight in one of Tomball's lodging facilities.
- 6. Applicant understands that all grant funds are provided on a reimbursement basis and only proven eligible expenses will be reimbursed.
- 7. Applicant acknowledges that if grant funds are awarded, the event/program organizers agree to allow the financials of the event/program to be viewed at any time by the City of Tomball prior to receiving reimbursement for the event.
- 8. All required supplemental information is attached to this grant application.

Applicant Signature: Bran	dy Beyer	Digitally signed by Brandy Beyer Date: 2025.07.08 16:36:10 -05'00'
Applicant Printed Name: Brand	dy Beyer	
Date of Application: 7/8/2025		

## 2026 Tomball Night Budget

Port-o-Pottie	2,000.00
Fireworks	5,500.00
Shopper CASH	1,000.00
Advertising	5,000.00
Supplies	700.00
Debriefing Meeting	250.00
Rentals	2,500.00
Personnel	30,000.00

Total Expenses: 46,950.00

Grant Request: 15,000.00

#### Item 8.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview

January	/ ti	hroug	gh	Decem	ber	2025
---------	------	-------	----	-------	-----	------

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Ordinary Income/Expense													
Income													
Income													
Rent Income	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	6,216.00	74,592.00
Capital Campaign	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	36,000.00
Health & Wellness	1,500.00	1,000.00		1,500.00	3,000.00	4,000.00	1,000.00	3,000.00	2,000.00	3,000.00			20,000.00
Hotel/Motel Tax									45,000.00				45,000.00
First Friday	3,500.00	3,500.00	3,500.00	3,000.00	3,000.00	3,000.00	2,000.00	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	450.00	450.00	500.00	500.00	5,100.00
Women's Committee	0.00	1,000.00	1,500.00	1,500.00	1,000.00	1,000.00	0.00	0.00	13,000.00	0.00	0.00	1,000.00	20,000.00
Interest Income	2,500.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	3,000.00	200.00	200.00	13,100.00
Membership Dues													
New	10,000.00	10,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	10,000.00	10,000.00	10,000.00	10,000.00	5,000.00	100,000.00
Allowance Non-Renewal	-6,227.83	-7,412.58	-3,473.08	-4,129.33	-2,466.83	-3,250.08	-3,133.58	-3,578.08	-4,010.33	-4,900.58	-3,271.83	-2,961.58	-48,815.75
Renewal	62,278.33	74,125.83	34,730.83	41,293.33	24,668.33	32,500.83	31,335.83	35,780.83	40,103.33	49,005.83	32,718.33	29,615.83	488,157.46
Total Membership Dues	66,050.50	76,713.25	38,257.75	44,164.00	29,201.50	36,250.75	35,202.25	42,202.75	46,093.00	54,105.25	39,446.50	31,654.25	539,341.71
Miscellaneous Income Publications/Products	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	2,640.00
Magazine/Map/Website		400.00		1,000.00	15,000.00		500.00	6,000.00		4,000.00	1,100.00		28,000.00
Total Publications	0.00	400.00	0.00	1,000.00	15,000.00	0.00	500.00	6,000.00	0.00	4,000.00	1,100.00	0.00	28,000.00
Special Events													
Banquet	10,000.00	20,000.00											30,000.00
Golf Classic		10,000.00	20,000.00	5,000.00		5,000.00							40,000.00
Family Reunion					5,000.00								
Tomball Night						10,000.00	22,000.00	5,000.00					37,000.00
Holiday Parade						15,000.00			3,000.00	15,000.00	12,000.00		45,000.00
Miss Tomball Pageant									2,000.00	15,000.00	13,000.00		30,000.00
<b>Total Special Events</b>	10,000.00	30,000.00	20,000.00	5,000.00	5,000.00	30,000.00	22,000.00	5,000.00	5,000.00	30,000.00	25,000.00	0.00	187,000.00
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Total Income	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Gross Profit	93,386.50	122,649.25	73,293.75	69,000.00	66,237.50	84,286.75	73,538.25	69,238.75	124,679.00	106,991.25	78,682.50	45,790.25	1,007,773.71
Expense													
Building Expense													
Cleaning	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	740.00	8,880.00
Electricity	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	1,055.00	12,660.00
Building Interest	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	1,475.00	17,700.00
Reimbursed by tenants	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-1,728.00	-20,736.00
Repairs/Maintenance	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	12,000.00
Total Building Expense	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	2,542.00	286

#### Item 8.

#### Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Accounting Expense	4,000.00	7,500.00	4,000.00			2,500.00							18,000.00
Advertising							2,000.00	3,000.00		1,000.00	4,000.00		10,000.00
Bad Debt Expense	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	10,000.00	4,000.00	20,000.00	70,000.00
Health & Wellness		1,500.00			1,500.00			5,000.00	2,000.00	4,000.00			14,000.00
First Friday	3,000.00	3,500.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,500.00	3,000.00	3,000.00	37,000.00
Networking Breakfast	200.00	200.00	200.00	100.00	150.00	200.00	100.00	100.00	200.00	200.00	150.00	200.00	2,000.00
Women's Committee		500.00	500.00	500.00	500.00	1,000.00	0.00	0.00	2,000.00	0.00	0.00	10,500.00	15,500.00
Young Professionals	200.00			200.00			200.00			200.00			800.00
Bank Fees	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	16,200.00
Board of Directors	500.00								3,000.00	3,700.00	300.00		7,500.00
Dues and Subscriptions	1,150.00				500.00			750.00				1,112.00	3,512.00
Employee Expense													
SUTA	1,700.00	600.00											2,300.00
Development	600.00	1,600.00		3,000.00	0.00	4,000.00	3,000.00	1,000.00	300.00	1,500.00			15,000.00
FUTA	140.00	30.00											170.00
Group Insurance	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	4,000.00	4,000.00	4,000.00	4,000.00	43,600.00
Cell Phone Allowance	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00	5,040.00
Payroll Services	550.00	600.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	550.00	6,650.00
Payroll Taxes	2,080.00	2,100.00	2,100.00	2,080.00	2,080.00	2,080.00	2,080.00	2,100.00	2,080.00	2,080.00	2,150.00	3,200.00	26,210.00
Salaries													
TACC	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	36,166.25	441,195.00
Bonus												18,265.00	18,265.00
Total Salaries	36,166.25	37,716.25	36,166.25	37,716.25	36,166.25	36,166.25	36,166.25	37,716.25	36,166.25	36,166.25	38,716.25	54,431.25	459,460.00
Total Employee Expense	45,106.25	46,516.25	42,686.25	47,216.25	42,666.25	46,666.25	45,666.25	45,236.25	43,516.25	44,716.25	45,836.25	62,601.25	558,430.00
Insurance													
Worker's Compensation	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	47.58	570.96
Officer & Director Liability	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	146.83	1,761.96
General Liab.	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	712.67	8,552.04
Total Insurance	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	907.08	10,884.96
Membership/Misc. Expense Office Equipment Expense	10,000.00	5,000.00	2,500.00	2,000.00	800.00	500.00	1,000.00	1,000.00	500.00	600.00	800.00	4,000.00	28,700.00
Database	6,250.00												6,250.00
Computer Maintenance	400.00	400.00	1,000.00	400.00	400.00	1,500.00	400.00	400.00	400.00	400.00	400.00	400.00	6,500.00
Copier Lease	600.00	800.00	800.00	700.00	700.00	700.00	500.00	600.00	400.00	800.00	800.00	600.00	8,000.00
Pitney Bowes			600.00			600.00			600.00			600.00	2,400.00
Total Office Equip Expense	7,250.00	1,200.00	2,400.00	1,100.00	1,100.00	2,800.00	900.00	1,000.00	1,400.00	1,200.00	1,200.00	1,600.00	23,150.00
Office Supplies	700.00	5,000.00	500.00	700.00	500.00	500.00	600.00	800.00	250.00	500.00	250.00	200.00	10,500.00
Postage & Delivery	500.00	0.00	1,000.00	0.00	0.00	0.00	500.00	500.00	0.00	0.00	0.00	0.00	2,500.00
Property Tax Expense	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	1,455.75	17,469.00
Income Tax Expense	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	633.42	287

#### Item 8.

# Greater Tomball Area Chamber of Commerce 2025 Budget Overview January through December 2025

													TOTAL
	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan - Dec 25
Rent	145.00	145.00	145.00	145.00	145.00	145.00	160.00	160.00	160.00	160.00	160.00	160.00	1,830.00
Special Events													
Banquet		12,000.00	1,000.00										13,000.00
Golf Classic			1,000.00	18,000.00									19,000.00
Family Reunion					5,000.00								
Tomball Night							1,000.00	11,000.00					12,000.00
Holiday Parade									1,000.00	1,000.00	21,000.00	1,000.00	24,000.00
Miss Tomball Pageant													
Scholarship Expense											13,000.00		13,000.00
Pageant - Other											5,000.00	2,000.00	7,000.00
Total Miss Tomball										0.00	18,000.00	2,000.00	20,000.00
Total Special Events	0.00	12,000.00	2,000.00	18,000.00	5,000.00	0.00	1,000.00	11,000.00	1,000.00	1,000.00	39,000.00	3,000.00	93,000.00
Telephone Expenses	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	6,720.00
Travel & Entertainment	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	960.00
Total Expense	84,279.50	94,589.50	70,459.50	84,489.50	67,389.50	68,839.50	66,654.50	83,074.50	68,554.50	78,304.50	106,224.50	113,901.50	986,761.00
Net Ordinary Income	9,107.00	28,059.75	2,834.25	-15,489.50	-1,152.00	15,447.25	6,883.75	-13,835.75	56,124.50	28,686.75	-27,542.00	-68,111.25	21,012.71
Principal Building Payment	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	3,750.00	45,000.00
xDepreciation Expense	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	1,813.00	21,756.00
Net Income	3,544.00	22,496.75	-2,728.75	-21,052.50	-6,715.00	9,884.25	1,320.75	-19,398.75	50,561.50	23,123.75	-33,105.00	-73,674.25	-45,743.29

Independent Auditors' Report and Financial Statements for the Year Ended December 31, 2024 (Audited) (with comparative totals for 2023 - Reviewed)



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Tipton & Company LLC 134 Vintage Park Blvd. Ste. A #106 Houston, TX 77070 www.nonprofitacctg.com

#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Greater Tomball Area Chamber of Commerce
Tomball, Texas

We have audited the accompanying financial statements of Greater Tomball Area Chamber of Commerce (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Tomball Area Chamber of Commerce as of December 31, 2024, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Greater Tomball Area Chamber of Commerce and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

## Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or
  error, and design and perform audit procedures responsive to those risks. Such procedures include
  examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that
  are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of Greater Tomball Area Chamber of Commerce's internal control. Accordingly, no such
  opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
  raise substantial doubt about Greater Tomball Area Chamber of Commerce's ability to continue as a
  going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Report on Summarized Comparative Information**

The 2023 financial statements were reviewed by us and our report thereon, dated March 4, 2024, stated we were not aware of any material modifications that should be made to those financial statements for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements. The summarized comparative information presented herein as of and for the year ended December 31, 2023, is consistent, in all material respects, with the reviewed financial statements from which it has been derived.

Tipton & Company LLC Certified Public Accountants

Tipton : Company LLC

Houston, Texas

March 12, 2025

# Statement of Financial Position

As of December 31, (with comparative totals for 2023)		Audited 2024	İ	Reviewed 2023	
Assets					
Cash and cash equivalents	\$	132,986	\$	223,989	
Certificate of deposit		320,289		309,821	
Accounts receivable, net		64,847		44,907	
Prepaid expenses		10,677		10,291	
Property and equipment, net		796,220		825,005	
Total Assets	\$	1,325,019	\$	1,414,013	
Liabilities and Net Assets					
Liabilities					
Accrued expenses	\$	30,248	\$	31,031	
Deferred revenues	·	192,315	•	192,315	
Note payable		240,362		381,706	
Deposits		4,150		8,300	
Total Liabilities		467,075		613,352	
Net Assets					
Without donor restrictions		857,944		800,661	
Total Net Assets		857,944		800,661	
Total Liabilities and Net Assets	\$	1,325,019	\$	1,414,013	

# Statement of Activities

Year ended December 31, (with comparative totals for 2023)	Audited 2024	Reviewed 2023
Without Donor Restrictions		
Revenue and Support		
Membership dues	\$ 513,014	\$ 483,92
Special events revenue	208,974	204,01
Direct benefit to donor	(26,578)	(22,95
Capital improvement campaign	30,000	36,00
First Friday luncheon	33,225	42,42
Networking Breakfast	5,245	5,37
Women's Committee	15,712	26,35
City of Tomball hotel tax revenue	45,000	35,00
Rental income	66,285	64,62
Tenent reimbursements	15,086	12,38
Ads and ad commission	18,334	25,40
Contributed nonfinancial assets	9,470	29,00
Interest and investment income	12,494	12,61
Other income	49,187	16,73
Total Revenue and Support	995,448	970,90
Expenses		
Program Services		
Business resources	339,930	325,81
Advocacy	335,393	328,34
Total Program Services	675,323	654,16
Supporting Services		
General and administrative	123,028	127,02
Fundraising	139,814	137,21
Total Supporting Services	262,842	264,23
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Total Expenses	938,165	918,39
Change in Net Assets	57,283	52,51
Net Assets, Beginning of Year	800,661	748,14
Net Assets, End of Year	\$ 857,944	\$ 800,66

# Statement of Functional Expenses

			Progr	am Services					Supporting Servi			Audited	F	Reviewed
Year ended December 31,		Business				al Program	_	neral and		To	otal Supporting	2024		2023
(with comparative totals for 2023)	R	esources	Α	dvocacy	,	Services	Adm	inistrative	Fundraising		Services	Total		Total
Payroll and related expenses														
Salaries	\$	138,831	\$	138,831	\$	277,662	\$	34,708	\$ 34,708	\$	69,416	\$ 347,078	\$	312,048
Payroll taxes		11,473		11,473		22,946		2,868	2,868		5,736	28,682		26,044
Employee benefits		16,974		16,974		33,948		4,244	4,244		8,488	42,436		37,278
Total payroll and related expenses		167,278		167,278		334,556		41,820	41,820		83,640	418,196		375,370
Other expenses														
Advertising		1,194		1,194		2,388		1,194	8,355		9,549	11,937		26,922
Bad debt		19,043		19,043		38,086		19,043	19,042		38,085	76,171		69,471
Bank fees		1,457		1,457		2,914		5,829	5,829		11,658	14,572		13,532
Board expenses		-		-		-		8,824	-		8,824	8,824		6,305
Computer maintenance		2,638		2,638		5,276		659	659		1,318	6,594		4,642
Contract labor		22,596		22,596		45,192		5,649	5,649		11,298	56,490		66,448
Depreciation		11,514		11,514		23,028		2,878	2,879		5,757	28,785		30,115
Dues and subscriptions		1,454		1,454		2,908		364	364		728	3,636		4,870
Employee development		6,606		6,606		13,212		1,651	1,651		3,302	16,514		12,264
Equipment lease		4,480		4,480		8,960		1,120	1,120		2,240	11,200		12,212
First Friday		33,831		-		33,831		-	-		-	33,831		37,020
Health committee		13,281		-		13,281		-	-		-	13,281		11,046
Insurance		4,200		4,200		8,400		1,050	1,050		2,100	10,500		10,306
Interest		8,536		8,536		17,072		2,134	2,133		4,267	21,339		16,940
Miscellaneous		6,321		7,460		13,781		5,595	-		5,595	19,376		21,062
Networking breakfast		2,580		-		2,580		-	-		-	2,580		1,617
Office supplies		2,222		2,222		4,444		556	556		1,112	5,556		5,692
Payroll service		2,581		2,581		5,162		645	645		1,290	6,452		5,880
Postage and delivery		572		286		858		286	763		1,049	1,907		2,888
Professional fees		-		-		-		10,100	-		10,100	10,100		16,005
Rent		665		665		1,330		166	166		332	1,662		1,482
Repairs and maintenance		7,191		7,191		14,382		1,798	1,798		3,596	17,978		25,194
Software		2,291		2,291		4,582		572	572		1,144	5,726		5,986
Special events		2,514		36,626		39,140		_	67,620		67,620	106,760		95,802
Taxes - income		· -		· -		· -		6,613	· -		6,613	6,613		10,542
Taxes - property		6,988		6,988		13,976		1,747	1,746		3,493	17,469		15,796
Telephone		2,787		2,787		5,574		697	697		1,394	6,968		7,014
Travel and entertainment		,   -		-		-		760	-		760	760		720
Utilities		5,110		5,110		10,220		1,278	1,278		2,556	12,776		12,452
Womens Committee		-		10,190		10,190		-,	-,=		_,,,,,	10,190		15.748
Total other expenses		172,652		168,115		340,767		81,208	124,572		205,780	546,547		565,973
Subtotal		339,930		335,393		675,323		123,028	166,392		289,420	964,743		941,343
Less: Direct benefit to donor		-		-		-		-	(26,578)		(26,578)	(26,578)		(22,952)
Total Expenses	\$	339,930	\$	335,393	\$	675,323	\$	123,028	, , ,	\$	262,842	\$ 938,165	\$	918,391

# Statement of Cash Flows

Year Ended December 31, (with comparative totals for 2023)	Audited 2024	Reviewed 2023
Cash Flows From Operating Activities		
Change in net assets	\$ 57,283	\$ 52,515
Adjustments to reconcile change in net assets to		
net change in operating activities:		
Unrealized (gain)/loss on certificate of deposit	289,530	(9,821)
Depreciation	28,785	30,115
Bad debt expense	76,171	69,471
Changes in assets and liabilities:		
Accounts receivable	(96,111)	(79,129)
Prepaid expenses	(386)	(193)
Accrued expenses	(783)	2,302
Deferred revenues	-	16,517
Other Liabilities	(4,150)	
Total Adjustments	293,056	29,262
Net Change in Operating Activities	350,339	81,777
Oach Flaur Franchischer Aufrich		
Cash Flows From Investing Activities  Purchases of certificate of deposit	(200,000)	(200,000)
Purchases of certificate of deposit  Purchases of property and equipment	(300,000)	(300,000)
Fulchases of property and equipment		
Net Change in Investing Activities	(300,000)	(300,000)
Cash Flows From Financing Activities		
Payments on note payable	(141,345)	(145,876)
Net Change in Financing Activities	(141,345)	(145,876)
Net Change in Cash and Cash Equivalents	(91,006)	(364,099)
Cash and Cash Equivalents, beginning of year	223,989	588,088
Cash and Cash Equivalents, end of year	\$ 132,983	\$ 223,989
Supplemental Disclosures:		
Interest paid	\$ 21,339	\$ 16,940
Federal income taxes paid	\$ 6,613	\$ 10,542

#### NOTE 1 - NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Operations

The Greater Tomball Area Chamber of Commerce (the "Chamber") is a not-for-profit organization of citizens who are investing their time and money in a community development program working together to improve the economic, civic, and cultural fortitude of the region, community, or area. The Chamber's mission is to provide resources and foster relationships that empower businesses to prosper in Tomball and its surrounding communities.

The Chamber is supported through membership dues, contributions, rental income and other miscellaneous revenue. The Chamber conducts the following programs:

- Business resources The Business Resources Division is dedicated to providing and promoting value added, quality networking events to the Chamber's diverse membership, by ensuring inclusion through new member mentorship programs and by presenting opportunities for personal and business growth. This division invites members to become involved in the Chamber's programs that will allow relationships to be formed and sustained through a variety of networking events.
- Advocacy The Advocacy Division is committed to being a strong voice for the Chamber's members and
  the greater Tomball area community. This will be accomplished by addressing public policy issues with
  participation from the public, members and elected officials, and holding open discussions about issues
  that affect the business community including: economic development, education, workforce development,
  energy and healthcare.

### Basis of Accounting

The financial statements of the Chamber have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

### Basis of Presentation

The Chamber reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

- Net assets without donor restrictions are resources available to support operations and not subject to
  donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits
  resulting from the nature of the Chamber, the environment in which it operates, the purposes specified in
  its corporate documents and its application for tax-exempt status, and any limits resulting from contractual
  agreements with creditors and others that are entered into in the course of its operations. Assets
  restricted solely through the actions of the Board of Directors are reported as net assets without donor
  restrictions, board-designated.
- Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some
  donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time
  or use for a purpose specified by the donor. Donor-imposed restrictions are released when a restriction
  expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource
  was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, where
  the donor stipulates that resources be maintained in perpetuity. Donor-restricted endowment earnings are

released when those earnings are appropriated with spending policies and are used for the specified purpose.

### Cash and Cash Equivalents

The Chamber considers all monies in banks and highly liquid investments with maturities of three months or less from the date of purchase to be cash and cash equivalents. The carrying values of any cash and cash equivalents are deemed to approximate their fair values because of the short maturities of those financial instruments.

#### Certificates of Deposit

The Chamber has a certificate of deposit, bearing interest at 3.00%, maturing January 2025 with an early withdrawal penalty of 360 days of interest. It was renewed again in January 2025 with the same interest rate, maturing January 2026. The total balance of the certificate of deposit at December 31, 2024 and 2023 is \$320,289 and \$309,821, respectively.

## Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At December 31, 2024 and 2023, the allowance for bad debts was \$7,021 in both years.

#### Property and Equipment

The Chamber capitalizes all expenditures for property, plant and equipment in excess of \$500. Maintenance and repairs are charged to operations when incurred. Major improvements and renewals that extend the life of the asset are capitalized. Purchased property, plant and equipment are carried at cost and are depreciated using the straight-line method based on their estimated useful lives as follows:

Buildings and improvements	39 years
Computers and software	3-5 years
Office equipment	5-7 years
Furniture and fixtures	5-7 years

#### Contributed Nonfinancial Assets

Donated goods are recognized at fair value as contributions when an unconditional commitment is received from the donor. The related expense is recognized as the item is used or sold. All donated goods were utilized by the Organization's programs and supporting services. There were no donor-imposed restrictions associated with the donated services and assets. Contributions of services are recognized when services received (a) create or enhance nonfinancial assets or (b) require specialize skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

#### Deferred Revenue

Income from membership dues and subscription fees received in advance is deferred and recognized over the periods to which the dues and fees relate.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The significant estimates included in the financial statements are the estimates of useful lives used for depreciating property and equipment items.

### Membership Dues

Membership dues are recognized as revenue ratably over the term of the membership period. Any unearned amounts are included in deferred revenue at the end of each accounting period.

### Functional Allocation of Expenses

Expenses are categorized in the Statement of Activities as program services, management and general and fundraising. The Chamber's expenses are allocated on a functional basis among these benefited categories:

- Program service expenses: include direct and indirect (allocated) expenses for the various programs
  offered by the Chamber to fulfill member investment expectations. Expenses that can be identified with a
  specific program and support services are allocated directly according to their natural expenditure
  classification. Other expenses, that are common to several functions, are allocated to program services
  based on time and effort.
- Management and general expenses: include those expenses, ranging from office management to
  financial services, that are not directly identifiable with any other specific function but provide for the
  overall support and direction of the Chamber. Those expenses include the basic necessities to be an
  accredited, well rounded, and effective organization.
- Fundraising expenses: represent costs incurred in connection with fundraising efforts to continue the Chamber's mission. The membership dues alone are not adequate enough to accomplish the Chamber's goals; therefore, fundraising events are held to fill the gap between membership dues and total expenses.

#### Income Taxes

The Chamber is operating as a not-for-profit corporation, under Section 501(c)(6) of the Internal Revenue Code, and is not subject to income taxes with the exception of unrelated business income. The Chamber conducted unrelated business activities during the current year. Therefore, the Chamber paid \$6,613 and \$10,542 for federal income taxes in the years ended December 31, 2024 and 2023, respectively.

The Chamber applies the provisions of FASB ASC Topic 740, Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Topic 740 also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosures and transition. As of December 31, 2024 and 2023, no uncertain tax positions were identified.

#### <u>Leases</u>

The Chamber accounts for leases in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 842, *Leases*. Leases are evaluated using the criteria in FASB ASC 842 to determine whether they will be classified as operating leases or finance leases. The Chamber determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are

changed. The Chamber determines if an arrangement conveys the right to use an identified asset and whether the Chamber obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. The Chamber recognizes a lease liability and right-of-use (ROU) asset at the commencement date of the lease. The Chamber has elected to not recognize ROU assets and lease liabilities for short-term leases that have an initial lease term of 12 months or less and for leases that management deems immaterial.

Lease liabilities - Lease liabilities are measured based on the present value of future lease payments using the risk-free rate.

Right of use (ROU) assets - ROU assets are recognized at the present value of the lease payments at inception of the lease adjusted, as appropriate, for certain other payments and allowances related to obtaining the lease and placing the asset in service. Lease expense is recognized on a straight-line basis as rent expense in the statement of functional expenses.

### Advertising Cost

Advertising costs are expensed when incurred. Advertising costs for the years ended December 31, 2024 and 2023 amounted to \$11,937 and \$26,922, respectively.

#### **NOTE 2 – LIQUIDITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of December 31, 2024, comprise the following:

- <u>-</u> -	
Financial assets:	
Cash and cash equivalents	\$132,986
Certificate of deposit	320,289
Accounts receivable, net	64,847
Financial assets available to meet cash needs for	
general expenditures within one year	\$518,122

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Chamber considers all expenditures related to its ongoing program activities, as well as the conduct of services undertaken to support those activities, to be general expenditures. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. The Chamber sets a goal of having financial assets on hand to meet a minimum of 90 days of normal operating expenses, which are, on average, around \$70,000. As part of its liquidity management, the Chamber has a policy to structure its financial assets to be available as general expenditures, liabilities, and other obligations become due.

#### **NOTE 3 – CONCENTRATION OF CREDIT RISKS**

The Chamber maintains its cash and certificate of deposit balances in a local bank. These balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Management periodically assesses the financial condition of the financial institutions and believes that any possible credit risk is minimal. As of December 31, 2024 and 2023, the Chamber had approximately \$203,000 and \$284,000, respectively, of cash certificate of deposit balances that were not insured by the FDIC. The Chamber has not experienced any losses in such accounts and believes the risk of future loss is mitigated by monitoring the balances and the financial institutions where the cash is deposited.

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

As of December 31, 2024 and 2023, property, plant and equipment consisted of the following:

	Audited 2024	Reviewed 2023
Building and improvements	\$1,112,383	\$1,112,383
Computers and software	17,517	17,517
Office equipment	14,321	14,321
Furniture and fixtures	17,990	17,990
Land	145,000	145,000
Total property and equipment, gross  Less: Accumulated depreciation	1,307,211 (510,991)	1,307,211 (482,206)
Total property and equipment, net	\$796,220	\$825,005

Depreciation expense for the years ended December 31, 2024 and 2023 was \$28,785 and \$30,115, respectively.

#### **NOTE 5 - RENTAL INCOME**

The Chamber generates rental income from leasing its office space to lessees. As the lessor, the Chamber is required to first determine whether the lease is an operating lease or a finance lease. A finance lease is one in which the risks and rewards inherent in the asset are transferred to the lessee. An operating lease is one in which the risks and rewards inherent in the asset are not transferred to the lessee. Only finance leases are required to be capitalized on the statement of financial position.

The Chamber leases office space to three other organizations as follows and as the risks and reward inherent in the asset are not transferred to the lessee, it has been determined that these leases are operating leases, so these leases have not been capitalized on the statement of financial position:

	Current monthly rent	Lease initiation	Lease expiration	Lease renewal	Renewal expiration
TEDC	\$1,506	9/1/2008	10/31/2013	11/1/2013	10/31/2018
				11/1/2023	10/31/2024
	\$4,560	11/1/2018	10/31/2023	11/1/2024	10/31/2029
TRHF	\$3,869	11/1/2017	10/31/2022	11/1/2022	10/31/2024
	\$1,506			11/1/2024	10/31/2025
Envirocon	\$150	4/1/2016	3/31/2020	4/1/2020	3/31/20241

For the years ended December 31, 2024 and 2023, rental income was \$66,285 and \$64,624 respectively.

Future minimum rentals expected to be collected are as follows:

For the years ending December 31.

\$ 69,780
\$ 54,720
\$ 54,720
\$ 54,720
\$ 45,600
-
\$ 279,540

<sup>&</sup>lt;sup>1</sup> Note that Envirocon continues to lease space at \$150 monthly on a month-to-month basis.

#### **NOTE 6 - LEASE AGREEMENTS**

The Chamber has entered into noncancelable operating leases that expire in 2024 and 2026. For the years ended December 31, 2024 and 2023, the total rental expense under these leases was \$12,862 and \$13,694, respectively. The Chamber's lease arrangements are not recognized in the statement of financial position as they are immaterial. Future minimum lease payments are as follows:

For the years ending December 31,

2025	\$1,969
2026	656
Thereafter	-
Total	\$2,625

### **NOTE 7 - NOTE PAYABLE**

The Chamber had a note payable due in monthly installments to a financial institution for an office building in the amount of \$6,729 for 83 months beginning January 10, 2010 through November 10, 2016. This note was secured by the Quinn Road office building, with interest at 5% through October 9, 2021. On December 10, 2016, a balloon payment of any unpaid principal and interest became due and payable, at which time the loan was modified to require monthly installments of \$5,595 at the same interest rate and terms and to become due and payable on December 10, 2023. Effective October 10, 2021, the interest rate was modified to 4%, requiring the same monthly installments and due date. In December 2023, the interest rate was modified to 7% and the note is due and payable on demand. If demand is not earlier made, the note shall be due and payable in monthly payments of principal and interest of \$5,224, commencing on January 10, 2024 through December 10, 2026, when the entire amount remaining unpaid shall be due and payable.

As of December 31, 2024 and 2023, the balance was \$240,362 and \$381,706, respectively. Future scheduled maturities of the note payable are as follows:

For the years ending December 31.

2025	\$240,362
Thereafter	<u>-</u>
Total	\$240,362

#### **NOTE 8 - CONCENTRATIONS**

For both years ended December 31, 2024 and 2023, approximately fifty percent (50%) of the Chamber's total revenue and support came from membership dues.

The Chamber conducts its operations solely in the greater Tomball area, and, therefore, is subject to risks from changes in local economic conditions. A downturn in the local economy could cause a decrease in membership dues and revenue.

#### **NOTE 9 – CONTRIBUTED NONFINANCIAL ASSETS**

For the years ended December 31, 2024 and 2023, the Chamber's contributed nonfinancial assets consist of the following:

	Audited	Reviewed
	2024	2023
Advertising	\$ 2,520	\$22,720
Repairs and maintenance	6,600	6,600
Supplies	4,500	4,500
Venues	6,300	6,300
Miscellaneous	3,160	3,348
Total contributed nonfinancial assets	\$23,080	\$43,468

Contributed advertising and repairs and maintenance are used in the Chamber's administrative activities. Contributed supplies are used in the Chamber's fundraising activities. Contributed venue costs are used in the Chamber's program activities and fundraising activities. Other miscellaneous donated assets are used across all Chamber activities. All contributed nonfinancial assets are valued at fair market value at the date of donation.

#### **NOTE 10 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 12, 2025, the date the financial statements were available to be issued. No events were identified that are required to be disclosed or would have a material impact on reported net assets or changes in net assets.

# GREATER TOMBALL AREA CHAMBER OF COMMERCE 2025 BOARD OF DIRECTORS

# CHAIR OF THE BOARD Rob Marmerstein\*

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\*Executive Board Members

## Teresa Latsis\*

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# IMMEDIATE PAST CHAIRMAN OF THE BOARD

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#### Item 8.

## **EX-OFFICIO BOARD MEMBERS**

# **Dyanna McCoy**

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# **CHAMBER PRESIDENT**

# Bruce E. Hillegeist

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# (Rev. March 2024) Department of the Treasury Internal Revenue Service

# Request for Taxpayer **Identification Number and Certification**

Give form to

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

requester. Do not send to the IRS.

Item 8.

	1	Name of entity/individual, An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's na	ame (	on line 1	, and	enter th	a busi	ness/di	sregar	ded		
	Gr	reater Tomball Area Chamber of Commerce											
	2	Business name/disregarded entity name, if different from above.									_		
Print or type. Specific Instructions on page 3.	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership  LLC, Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)  Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead the	Trust	/esta	ate	Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from Foreign Account Tax							
int o nstra		box for the tax classification of its owner.  Other (see instructions)					pliance A (if any)	ict (FA	(TCA) re	portin	g		
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions										d			
5 Address (number, street, and apt, or suite no.). See instructions.  Requester's name and address (optional									l)				
	PO Box 516 6 City, state, and ZIP code												
	l	mball, TX 77377											
	-	List account number(s) here (optional)					.,			•			
147.00													
Par	_			6	niol oco		number						
backu reside	p w nt a s, it	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av- ithholding. For individuals, this is generally your social security number (SSN). However, 1 lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ora .fa	or				]-					
-		ne account is in more than one name, see the instructions for line 1. See also What Name	and	Em	ployer	identi	fication	numt	)er	<del></del>	] 1		
		To Give the Requester for guidelines on whose number to enter.	anu	7	4   -	1	4 9	5	1 2	5			
Par	П	Certification		<u></u>			<u> </u>						
Unde	be	nalties of perjury, I certify that:			<del></del>								
2. I an Ser	n no	mber shown on this form is my correct taxpayer identification number (or I am waiting for it subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and	I have n	ot b	een no	tified	by the	Inter					
		U.S. citizen or other U.S. person (defined below); and											
4. The	FΑ	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is con	rect.	·								
becau acquis	s <del>e</del> y itio	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have falled to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retainterest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement a	ı 2 d arrar	oes not ngemer	appl at (IR/	iy, For n A), and,	nortga gene	age inte rally, pa	erest ( aymer	nts		
Sign Here		Signature of R	Date +	5	16	Ľ	25						
Ger	ነድ	ral Instructions New line 3b has b	een add	led t	o this f	orm.	A flow-	throu	igh ent	ity is			

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# **FOR TAX YEAR 2023**

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

PE CPA PLLC

32938 TAMINA ROAD STE 202

MAGNOLIA, TX 77354

(281)826-4272

Acknowledgement and General Information for		Item 8
Entities That File Returns Electronically	2023	
Name(s) as shown on return	Tax ID Number	
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	**-***5125	
PO BOX 516  TOMBALL, TX 77377  Thank you for participating in IRS e-file.		
1. x 2023 8868-01 income tax return for Federal was filed on The electronic filing services were provided by PE CPA PLLC	electronically.	
2. X 8868-01 income tax return was accepted on 05-10-2024 using a Personan electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to entity the submission ID assigned to this return is  PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN		` '
PLEASE DO NOT SEND A PAPER COPT OF ENTITY'S RETURN	IO INE	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RE	ΓURN.	

EF\_ACK.LD 309

Entities That File Returns Electronically   2023		Acknowledgement and General Information for		Item 8
Entity address  PO BOX 516  TOMBALL, TX 77377  Thank you for participating in IRS e-file.  1. X 2023 8868-07 income tax return for Federal was filed electronically. The electronic filing services were provided by PE CPA PLLC  2. X 8868-07 income tax return was accepted on 05-10-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is		Entities That File Returns Electronically	2023	
Entity address  PO BOX 516  TOMBALL, TX 77377  Thank you for participating in IRS e-file.  1. X 2023 8868-07 income tax return for Federal was filed electronically. The electronic filing services were provided by PE CPA PLLC  2. X 8868-07 income tax return was accepted on 05-10-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is  PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE	Name(s) as shown on return		Tax ID Number	
TOMBALL, TX 77377  Thank you for participating in IRS e-file.  1. X 2023 8868-07 income tax return for Federal was filed electronically.  The electronic filing services were provided by PE CPA PLLC  2. X 8868-07 income tax return was accepted on 05-10-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is	GREATER TOMBALL A	REA CHAMBER OF COMMERCE, INC	**-***5125	
Thank you for participating in IRS e-file.  1. x 2023 8868-07 income tax retum for Federal was filed electronically.  The electronic filing services were provided by PE CPA PLLC  2. x 8868-07 income tax retum was accepted on 05-10-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is	PO BOX 516			
The electronic filing services were provided by PE CPA PLLC  2. X 8868-07 income tax return was accepted on 05-10-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is  PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE			electronically	
an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  The submission ID assigned to this return is  PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE	The electronic filing	services were provided by PE CPA PLLC	<u>.                                    </u>	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.	an electronic signatu The submission ID a	ure. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to electronic Return Orig	enter or generate a PIN sigr	

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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 154 Item 8.

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

_		de Service	•							-
Α	For the	2023 calend	lar year, or tax year begi			and endi	1		, 2	0
В	Check if a	pplicable:	C Name of organization G	REATER TOMBALL AREA CHAM	BER OF COMM	ERCE,	INC	D Emplo	yer identific	ation number
<u> </u>	Address o	change	Doing business as						74-149	95125
	Name cha	ange	Number and street (or P.O. b	oox if mail is not delivered to street address)		Room/sui	ite	E Telepi	none number	
	nitial retu	rn	PO BOX 516						(281)	351-7222
	inal retu	rn/terminated	City or town, state or provinc	e, country, and ZIP or foreign postal code				<b>G</b> Gross	receipts	
] ,	Amended	return	TOMBALL, TX 7	7377				\$		932,466
<b>]</b> ,	Applicatio	n pending	F Name and address of princip	al officer:			H(a) Is this a	group return f	or subordinates	? Yes X No
							H(b) Are all	subordinate	es included?	Yes No
	Fax-exem	pt status:	501(c)(3) <b>X</b> 501(c) ( <b>6</b>	) (insert no.) 4947(a)(1) or	527				t. See instruc	tions
	Nebsite:	N/A		7( *** * 7 🗀 * (*)( 7 *			H(c) Group			
			Corporation Trust As	ssociation Other	L Year of format	ion: 196			al domicile:	TX
	rt I	Summar		Sociation Cirie	L Tear or format	1011. <b>1 0</b>	,	State of leg	ai dominione.	IA
ı u	1		•	sion or most significant activities:	THE CDEATED	TOMP A	TT 3DE3	CITAM	DED OF	COMMEDGE
	'	•	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	THE GREATER					
ø				OSTERS RELATIONSHIPS THA	AT EMPOWER E	SUSTNE	SSES TO	PROS	PER IN	TOMBALL AF
Governance		ITS SURR	OUNDING COMMUNIT	IES.						
ar.										
Š	2			discontinued its operations or dispose				1 1		
	3			rerning body (Part VI, line 1a)				3		19
Se	4			ers of the governing body (Part VI, line				4		19
Activities &	5	Total numbe	er of individuals employed	in calendar year 2023 (Part V, line 2a	)	<b></b> .		5		4
Ćţ	6	Total numbe	er of volunteers (estimate i	f necessary)		<b></b>		6		
٩	7a	Total unrelat	ted business revenue from	n Part VIII, column (C), line 12				7a		0
	b	Net unrelate	ed business taxable incom	e from Form 990-T, Part I, line 11				7b		0
							Prior Year		Cu	rrent Year
	8	Contributions	s and grants (Part VIII, line	108	,943		100,008			
ne	9	Program ser	rvice revenue (Part VIII, lir	608	640		717,843			
Revenue	10		ncome (Part VIII, column	1	,424		12,619			
Ş.	11	Other revenu	ue (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, and 11e)				3,933		101,996
_	12			(must equal Part VIII, column (A), line				2,940		932,466
	13			IX, column (A), lines 1-3)				,		0
	14		d to or for members (Part							0
	15			ee benefits (Part IX, column (A), lines			280	,211	371,963	
es				column (A), line 11e)				,,		0,2,303
Expenses			ising expenses (Part IX, c		0					
ď			ises (Part IX, column (A), I			-	400	2,021		463 493
ш	18							-		463,482
		•						2,232		835,445
	19	Revenue les	ss expenses. Subtract line	18 from line 12		<del>-</del>		708		97,021
50	20	Tatal assats	(Dart V. line 40)			Begli	nning of Curr		En	d of Year
Net Assets or	20						1,453			1,369,105
¥,	21		( , , ,			-		,025		421,112
				line 21 from line 20			889	,281		947,993
	rt II		ire Block			- <b>f</b> l	dedes endles	II - 4 I		
				turn, including accompanying schedules and state fficer) is based on all information of which prepar		or my knov	vieage and be	lier, it is		
c: ~	_		E HILLEGEIST							
Sig		Signature of office	cer					Dat	е	
Her	e	BRUC	E HILLEGEIST, PR	ESIDENT						
		Type or print nar	me and title							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai	d	MP ENCA	ALADE CPA	MP ENCALADE CPA	07-30-20	24	self-em	ployed	xxxx	xxxxx
Pre	parer	Firm's name	PE CPA	PLLC		F	irm's EIN	<u>.</u>		
	· Only			AMINA ROAD STE 202		Р	hone no.			
	•			A TX 77354				281-	326-427	'2
Mav	the IRS	S discuss this		shown above? See instructions						Yes No

# 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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 L	3		Х
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		Х
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? <i>If</i> "Yes,"	8		
9	complete Schedule D, Part III	0		X
9	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		х
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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			
	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		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- 1
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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 JI	18		x
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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		х

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Form 990 (2023) GREATER TOMBALL AREA CHAMBE
Part IV Checklist of Required Schedules (continued)

			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		х
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		X
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		X
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		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	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?	256		
26	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? <i>If</i> "Yes," <i>complete Schedule L, Part.II</i>	26		x
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		х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		X
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		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-7	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- 2.3		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X 000	
EEA		Forr	n <b>990</b>	314

Item 8. Form 990 (2023) GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... Х At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . 4a Х If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х х b С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? ...... 6a х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d е 7е х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . . . . . . . . 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7<u>g</u> х g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . 7h h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9 9b b 10 Section 501(c)(7) organizations. Enter: 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . . . b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources. (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . . . . . . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see the instructions and file Form 4720, Schedule N.

х

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . . .

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities

If "Yes," complete Form 4720, Schedule O.

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74-1495125

Item 8.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Se	ction A. Governing Body and Management		T.,	
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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 in line 1a, above, who are independent	9		
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
<i>,</i> a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		-
	stockholders, or persons other than the governing body?	7b		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	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	·		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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 filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
40	describe on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		Λ
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		х
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		
Sec	tion C. Disclosure			
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-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

BRUCE HILLEGEIST (281)351-7222, PO BOX 516, TOMBALL, TX 77377

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Item 8.

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee 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.
- 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.

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

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

(A) (B) (C) Position (D) (E) (F) Estimated amount of other incomposition from the composition	Check this box in heither the organization flor any rela	Tou organizat	1011 00	inpense	icu c	arry Curre	onicor, director, c	i iiusico.	T
(b)   Name and site					(C)				
Co Co Collect (Total State S	(A)	(B)	/-1				(D)	(E)	(F)
Online   Part	Name and title	Average					Reportable	Reportable	
(1)BRUCE HILLEGEIST		hours					compensation		
(1)BRUCE HILLEGEIST   50.00   X			or	Ins		em H	TI		
(1)BRUCE HILLEGEIST			direc		Cer em	hest	1099-NEC)	1099-NEC)	related organizations
(1)BRUCE HILLEGEIST			tor	onal	proy	e con			
(1)BRUCE HILLEGEIST		below	ıste	trust	8	pen			
(1)BRUCE HILLEGEIST		dotted line)	T T	ee	4	sate			
PRESIDENT			`			٩			
PRESIDENT									
(2)KIM LAURENCE SALSER   2.00	(1)BRUCE_HILLEGEIST	50.00							
DIRECTOR   X				X	:		125,244	0	0
(3)SCOTT MARQUARDT	(2)KIM LAURENCE SALSER	2.00							
DIRECTOR							0	0	0
(4) URIAH ORTIZ	(3) SCOTT MARQUARDT	2.00							
DIRECTOR	DIRECTOR		-				0	0	0
(5) DR MARTHA SALAZAR-ZAMORA	(4)URIAH ORTIZ	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(6) KEITH BARBER	(5) DR MARTHA SALAZAR-ZAMORA	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(7) AL HERRARA       2.00         DIRECTOR       X       0       0       0         (8) DAWNA DYSON       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (9) KYLE BERTRAND       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (10)MIKELYN CORKRAN       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         DIRECTOR       X       0       0       0       0         (12)JANNA HOGLUND       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (13)KELLY VIOLETTE       2.00       0       0       0       0         EX OFFICIO       X       0       0       0       0         (14)DYANNA MCCOY       2.00       0       0       0       0	(6)KEITH BARBER	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(8) DAWNA DYSON       2.00         DIRECTOR       X       0       0       0         (9) KYLE BERTRAND       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (10) MIKELYN CORKRAN       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (11) RAYMOND FRANCOIS       2.00       X       0       0       0         DIRECTOR       X       0       0       0       0         (12) JANNA HOGLUND       2.00       X       0       0       0         DIRECTOR       X       0       0       0       0         (13) KELLY VIOLETTE       2.00       X       0       0       0         EX OFFICIO       X       0       0       0       0         (14) DYANNA MCCOY       2.00       0       0       0       0	(7) AL HERRARA	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(9) KYLE BERTRAND	(8) dawna dyson	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(10)MIKELYN CORKRAN       2.00         DIRECTOR       X       0       0       0         (11)RAYMOND FRANCOIS       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (12)JANNA HOGLUND       2.00       0       0       0       0         DIRECTOR       X       0       0       0       0         (13)KELLY VIOLETTE       2.00       X       0       0       0         EX OFFICIO       X       0       0       0       0         (14)DYANNA MCCOY       2.00       0       0       0       0	(9) KYLE BERTRAND	2.00							
DIRECTOR	DIRECTOR		х				0	0	0
(11)RAYMOND FRANCOIS   2.00   X   0   0   0	(10)MIKELYN CORKRAN	2.00							
DIRECTOR       X       0       0       0         (12)JANNA HOGLUND       2.00       X       0       0       0         DIRECTOR       X       0       0       0       0         (13)KELLY VIOLETTE       2.00       X       0       0       0         EX OFFICIO       X       0       0       0       0         (14)DYANNA MCCOY       2.00       0       0       0       0	DIRECTOR		х				0	0	0
(12)JANNA HOGLUND       2.00         DIRECTOR       X       0       0       0         (13)KELLY VIOLETTE       2.00       0       0       0       0         EX OFFICIO       X       0       0       0       0         (14)DYANNA MCCOY       2.00       0       0       0       0       0	(11)RAYMOND FRANCOIS	2.00							
DIRECTOR         X         0         0         0           (13)KELLY VIOLETTE         2.00         0	DIRECTOR		х				0	0	0
(13)KELLY VIOLETTE     2.00       EX OFFICIO     X     0     0     0       (14)DYANNA MCCOY     2.00     0     0	(12)JANNA HOGLUND	2.00							
EX OFFICIO	DIRECTOR		х				0	0	0
(14)DYANNA MCCOY 2.00	(13)KELLY VIOLETTE	2.00							
	EX OFFICIO		х				0	0	0
EX OFFICIO X 0 0 0	(14)DYANNA MCCOY	2.00							
	EX OFFICIO		х				0	0	

EEA Form **990** 317

Part V	II Section A. Officers, Directors, T	rustees, l	Key E	Emp	oloy	/ee	s, an	d ŀ	lighest Comp	ensated Emp	loyees	(a	item 8.
					(	C)							
	(A)	(B)				sition			(D)	(E)		(F)	
	Name and title	Average	,				han one s both ar		Reportable	Reportable	Estin		mount
	. Tamo and the	hours	1				/trustee)		compensation	compensation		of oth	
		per week					,		from the	from related	1	mpens	
		(list any	의 코	5	Q	Ž	역 표	F	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	1	from th anizatio	
		hours for	Individual or director	stitu	Officer	у ег	ghea	Former	1099-NEC)	1099-NEC)	1		nizations
		related organizations	ctor	ion	Ì	Key employee	st co	_					
		below	Individual trustee or director	Institutional trustee		yee	mpe						
		dotted line)	ee	stee			Highest compensated employee						
							ed						
(4E) >	TAON ARRING	2 00											
	ISON MUNDY	2.00											•
DIRECT			Х						0	0			0
	MARMERSTEIN	2.00											
DIRECT	OR		Х						0	0			0
(17)CUR	TIS MORRIS	2.00	1										
DIRECT	'OR		Х						0	0			0
(18)LAN	DON REED	2.00											
DIRECT	OR		х						0	0			0
(19)REN	EE LESLIE	2.00											
DIRECT			x						0	0			0
(20)	-							1		-			
12								$\neg$					
(21)													
<u>\</u> ')													
(22)						-		-					
(22)													
(0.0)													
(23)													
				$\neg$									
(24)					$\neg$								
(25)													
					$\perp$								
1b \$	Subtotal		•	Υ.									
	Total from continuation sheets to Part VII, Sect		_										
d <sup>-</sup>	Total (add lines 1b and 1c)								125,244	0			0
2	Total number of individuals (including but n	ot limited to	thos	e list	ted :	abc	ove) w	'nο	received more th	nan \$100,000 of			
ı	reportable compensation from the organiza	ition											1
												Yes	No
3 [	Did the organization list any former officer, direct	tor, trustee,	key en	nploy	ee,	or h	ighest	cor	npensated				
(	employee on line 1a? If "Yes," complete Schedu	le J for such	individ	dual.							3		x
	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	•	•					•					
	ndividual										4		х
	Did any person listed on line 1a receive or accrue										7		A
				-			_				_		
	or services rendered to the organization? If "Yes	s, complete	Scried	iui <del>e</del> J	101	Suc	n pers	נוט	<del> </del>	<del> </del>	5		X
	n B. Independent Contractors	mnonootod	indon		lont		atro atr		that raceived ma	ro than \$100 00	10 of		
	Complete this table for your five highest co	-	-										
	compensation from the organization. Repor	rt compens	ation 1	for tr	ne c	ale	ndar y	/ea	r ending with or v	within the organ	ization's	tax	year.
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compen	sation	
2	Total number of independent contractors (in	ncluding bu	t not l	imite	ed to	o th	ose li	ste	d above) who				
	received more than \$100,000 of compensa	_							•				

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a Membership dues . . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events . . . . . . . . . 1c **d** Related organizations . . . . . . . 1d Government grants (contributions) . . 1e 35,000 All other contributions, gifts, grants, and similar amounts not included above 1f 65,008 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . . . . 1g | \$ 29,008 Total. Add lines 1a-1f 100,008 **Business Code** 2a MEMBERSHIP DUES 900099 400,278 400,278 **Program Service** b banquet 722320 40,016 40,016 59,601 c GOLF CLASSIC 713990 59,601 d FIRST FRIDAY 722210 41,857 41,857 e TOMBALL PAGEANT 711300 33,470 33,470 f All other program service revenue . . . . . 900099 142,621 142,621 717,843 Investment income (including dividends, interest, and 12,619 12,619 Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . . . . 22,433 22,433 (i) Real (ii) Personal 6a Gross rents . . . . . . 6a 77,010 **b** Less: rental expenses . . 6b c Rental income or (loss) 77,010 d Net rental income or (loss) 77,010 77,010 (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) . . . 7c d Net gain or (loss) . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . 9a **b** Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . 10a **b** Less: cost of goods sold ..... 10b c Net income or (loss) from sales of inventory . . . . . . . . . . **Business Code** 11a OTHER REVENUE 511140 2,553 2,553 **Miscellanous** Revenue b **2,5**53 e Total. Add lines 11a-11d 932,466 832,458

319

#### 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).

300	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response or r			·····	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	125,244	125,244		
6	Compensation not included above to disqualified	123,244	123,211		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,692	102 602		
	Pension plan accruals and contributions (include	103,092	183,692		
8					
0	section 401(k) and 403(b) employer contributions)	35 35	25.055		
9	Other employee benefits	37,277	37,277		
10	Payroll taxes	25,750	25,750		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	21,886	21,886		
d	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.)	21,067	21,067		
12	Advertising and promotion	26,923	26,923		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,464	38,464		
17	Travel	720	720		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,433	6,433		
20	Interest	10,164	10,164		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,163	20,163		
23	Insurance	2,342	2,342		
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.)				
а	EQUIPMENT RENTAL AND MAINT	22,914	22,914		
b	TELEPHONE	7,015	7,015		
С	BANK AND MERCHANT FEES	13,534	13,534		
d	SUPPLIES	5,693	5,693		
e	All other expenses	266,164	266,164		
25	Total functional expenses. Add lines 1 through 24e	835,445	835,445	0	C
26	Joint costs. Complete this line only if the	223,113	223,113		
-	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

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

		Check if Schedule O contains a response or note to	io an	y lifte in this Fait A	(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			48,885	1	51,993		
	2	Savings and temporary cash investments	539,203	2	481,817				
	3	Pledges and grants receivable, net	•	3					
	4	Accounts receivable, net		4					
	5	Loans and other receivables from any current or former of	director,						
		trustee, key employee, creator or founder, substantial cont	ributo	or, or 35%					
		controlled entity or family member of any of these persons				5			
	6	Loans and other receivables from other disqualified persor	ns (as	defined					
		under section 4958(f)(1)), and persons described in section	n 495	58(c)(3)(B)		6			
	7	Notes and loans receivable, net		7					
ets	8	Inventories for sale or use				8			
Assets	9	Prepaid expenses and deferred charges			10,098	9	10,291		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	1,307,212					
	b	Less: accumulated depreciation	10b	482,208	855,120	10c	825,004		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 33		1,453,306	16	1,369,105			
	17	Accounts payable and accrued expenses		17					
	18	Grants payable		18	_				
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete Part IV of		21					
es	22	Loans and other payables to any current or former officer,							
Liabilities		trustee, key employee, creator or founder, substantial cont							
lab		controlled entity or family member of any of these persons		22					
_	23	Secured mortgages and notes payable to unrelated third	527,582	23	381,707				
	24	Unsecured notes and loans payable to unrelated third par		24					
	25	Other liabilities (including federal income tax, payables to							
		parties, and other liabilities not included on lines 17-24). C							
	00	of Schedule D	36,443	25	39,405				
	26	Total liabilities. Add lines 17 through 25	· · ·		564,025	26	421,112		
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.							
es	27					27			
anc	27 28				28				
Bal	20	Organizations that do not follow FASB ASC 958, check		20					
Net Assets or Fund Balances									
	29		and complete lines 29 through 33.  Capital stock or trust principal, or current funds						
	30	Paid-in or capital surplus, or land, building, or equipment fu			29 30				
	31	Retained earnings, endowment, accumulated income, or of		889,281	31	947,993			
	32	Total net assets or fund balances		889,281	32	947,993			
8	33	Total liabilities and net assets/fund balances	1,453,306	33	1,369,105				
			• • •		1,133,300	_ 55	Form <b>990</b> (2023)		

EEA Form **990** (2023)

orm	1 990 (2023) GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74	-149512	5		10 m 0			
Pa	rt XI Reconciliation of Net Assets				tem 8.			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	932,	466			
2	Total expenses (must equal Part IX, column (A), line 25)	2		445				
3	Revenue less expenses. Subtract line 2 from line 1	3		97,	021			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	389 <b>,</b>	281			
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		(38,	309)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	9	947,	993			
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							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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							
b	Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x				
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
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?		3a		x			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

EEA

Form **990** (2023)

Form <b>9</b>	90-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 154 Item 8		
		For cale	endar year 2023 or other tax year beginning, 2023, and ending, 20				
Department of the Treasury			Go to www.irs.gov/Form990T for instructions and the latest information.	Open to Public Inspection for 501(c)(3)			
Internal Reve		[	Do not enter SSN numbers on this form as it may be made public if your organization is a 5010  Name of organization ( Check box if name changed and see instructions.)		Organizations Only ridentification number		
A Check	box if ss changed.						
		Print	GREATER TOMBALL AREA CHAMBER OF COMMERCE	74-1495	5125 emption number		
B Exempt ur		or	Number, street, and room or suite no. If a P.O. box, see instructions.	(see instru	•		
<b>X</b> 501(		Type	PO BOX 516				
408(e)			City or town, state or province, country, and ZIP or foreign postal code				
∐ 408A	530(a)		TOMBALL, TX 77377	. –	ck box if mended return.		
529(a)			value of all assets at end of year				
	corganization t		x 501(c) corporation 501(c) trust 401(a) trust Other trust State 6417 (d)(1)(A) Applicable entity				
	if filing only to			nent amoun	t from Form 3800		
•			tion filing a consolidated return with a 501(c)(2) titleholding corporation				
			Schedules A (Form 990-T)				
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes 🗓 No		
			dentifying number of the parent corporation				
			RUCE HILLEGEIST PO BOX 516 TOMBALL TX 7737 Telephone number	(281)35	1-7222		
Part I			ed Business Taxable Income				
			ss taxable income computed from all unrelated trades or businesses (see instructions)	1	30,297		
				2			
					30,297		
			see instructions for limitation rules)				
			taxable income before net operating losses. Subtract line 4 from line 3		30,297		
			ng loss. See instructions	6			
			ss taxable income before specific deduction and section 199A deduction.				
			i		30,297		
			rally \$1,000, but see instructions for exceptions)		1,000		
			duction. See instructions				
			ines 8 and 9	10	1,000		
11 U	nrelated busir	ness tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
B 4 II				11	29,297		
Part II	Tax Cor				T		
	_		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,152		
			rates. See instructions for tax computation. Income tax on the amount on				
	art I, line 11 fro		Tax rate schedule or Schedule D (Form 1041)				
			ons				
			nstructions				
			Western Contraction				
		-	acility income. See instructions				
			h 6 to line 1 or 2, whichever applies	7	6,152		
Part III							
	-		rations attach Form 1118; trusts attach Form 1116) 1a				
	ther credits (se		,				
			, , , , , , , , , , , , , , , , , , , ,				
			num tax (attach Form 8801 or 8827)				
	ubtract line 1e		-	. 1e	6 152		

3a

3с

3d

Check if includes tax previously deferred under

Total amounts due. Add lines 3a through 3e

Total tax. Add lines 2 and 3 (see instructions).

Other amounts due (see instructions)

section 1294. Enter tax amount here ......

323

3f

4 5

За

b

С d

е f

4

5125	Item
ロカーフカー	

Part I	II Tax and Payments (continued)										
6a	Payments: Preceding year's overpayment credited	to the current year	6a								
b	Current year's estimated tax payments. Check if se	ection 643(g) election									
	applies		☐ 6b								
С	Tax deposited with Form 8868		6c	7,60	0						
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	6d								
е	Backup withholding (see instructions)		6e								
f	Credit for small employer health insurance premiun	ns (attach Form 8941)	6f								
g	Elective payment election amount from Form 3800		6g								
h	Payment from Form 2439		6h								
i	Credit from Form 4136		6i								
j	Other (see instructions)		6j								
7	Total payments. Add lines 6a through 6J				. 7		7,	600			
8	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached		[	8						
9	Tax due. If line 7 is smaller than the total of lines	4, 5, and 8, enter amount owed			. 9						
10	Overpayment. If line 7 is larger than the total of li	nes 4, 5, and 8, enter amount o	verpaid		. 10		1,	448			
11	Enter the amount of line 10 you want: Credited to	2024 estimated tax	1,4	Refunded	11						
Part I	V Statements Regarding Certain A	ctivities and Other Infor	mation (s	ee instructions)							
1	At any time during the 2023 calendar year, did the	organization have an interest in o	or a signature	or other authority			Yes	No			
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," th	e organizatio	n may have to file							
	FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accounts. If "Yes," enter	the name of t	he foreign country							
	here							х			
2	During the tax year, did the organization receive a	distribution from, or was it the gra	antor of, or tra	nsferor to, a foreign	n trust?			X			
	If "Yes," see instructions for other forms the organize										
	Enter the amount of tax-exempt interest received o			\$			_				
	Enter available pre-2018 NOL carryovers here			oost-2017 NOL car	ryover						
	shown on Schedule A (Form 990-T). Don't reduce	the NOL carryover shown here t	by any deduct	ion reported on							
	Part I, line 6.										
	Post-2017 NOL carryovers. Enter the Business Ac										
	the amounts shown below by any NOL claimed on						_				
	Business Activity	Code		able post-2017 NO	L carryo	/er	_				
			\$				_				
			\$				_				
							_				
C-	Reserved for future use										
							•				
Part \						• • •	•				
	any additional information. See instructions										
	any additional miorination. God mondouring	•									
Sign	Under penalties of perjury, I declare that I have examin belief, it is true, correct, and complete. Declaration of p	ied this return, including accompanyi reparer (other than taxpayer) is base	ng schedules a ed on all informa	nd statements, and to ation of which prepare	o the best er has any	ot my kn knowled	iowledge ar dge.	nd			
Here		PRES	SIDENT								
					with	the prepar	scuss this ret er shown belo	ow			
	Signature of officer	Date Title			(see	instruction	is)? X Yes	□ No			
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN				
Paid	MP ENCALADE CPA	MP ENCALADE CPA		07-30-2024	self-emplo		xxxxx	xxx			
Prepa				,	Firm's EIN	82-	066656				
Use O								Phone no.			
•	MAGNOLIA TX 77354						281-826-4272				

EEA Form **990-T** (2023)

### Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 154

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

Name of the organization **Employer identification number** GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(6 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

EEA

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	N/A	\$38,394	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 63,750	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A N/A	\$ 6,800	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A N/A	\$49,425	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5_	N/A N/A	\$29,937	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A N/A	\$12,433	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	N/A N/A	\$28,945	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A N/A	\$ 13,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A N/A	\$ 7,050	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	N/A N/A	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	N/A N/A	\$10,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12_	N/A N/A	\$	Person X Payroll Complete Part II for noncash contributions.)

EEA

Name of organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part i if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_	N/A	\$8,625	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	N/A	\$5,000	Person  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

# 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.

OMB No. 154 Item 8.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	Name of the organization Employer identification number					
<u>GRE</u> AT	ER TOMBALL AREA CHAMBER OF COMMERCE, I	74-1495125				
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.				
		(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	writing that the assets held in donor advised				
	funds are the organization's property, subject to the organiz	_				
6	Did the organization inform all grantees, donors, and donor	<u> </u>	<del>_</del>			
	only for charitable purposes and not for the benefit of the do					
	conferring impermissible private benefit?					
Part						
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.				
1	Purpose(s) of conservation easements held by the organiza					
-	Preservation of land for public use (for example, recreati		historically important land area			
	Protection of natural habitat	· —	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified 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					
C	Number of conservation easements on a certified historic st					
d	Number of conservation easements included on line 2c, acc					
u		and not	2d			
3	Number of conservation easements modified, transferred, r					
3	tax year	sicasca, extinguished, of terminated by the c	organization during the			
4	Number of states where property subject to conservation ea	esement is located				
5	Does the organization have a written policy regarding the po					
3	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,	<b>—</b>				
Ū	Stall and volumeer flours devoted to filoritoring, inspecting,	nationing of violations, and emorcing conserv	ation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year			
•	Amount of expenses meaned in monitoring, inspecting, half	diling of violations, and emorning conservation	n easements during the year			
8	Does each conservation easement reported on line 2d above	ve satisfy the requirements of section 170/h)/	(4)(R)(i)			
0	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conserva					
	sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	e organization's ilitaricial statements that des	scribes trie			
Part		of Art Historical Treasures or C	Other Similar Assets			
ı art	Complete if the organization answered "Yes"	-	other ominar Assets			
1a	If the organization elected, as permitted under FASB ASC 9		d balanca short works			
Ia	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina		•			
b	If the organization elected, as permitted under FASB ASC 9					
D		•				
	art, historical treasures, or other similar assets held for publi provide the following amounts relating to these items:	o cambinon, education, or research in fulfiller	ance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
			·			
2	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tr		yairi, provide trie			
_	following amounts required to be reported under FASB ASC	_	<b>&amp;</b>			
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X					

_		AREA CHAMBER OF CO		74-14951	Ito	em 8.
Par					sets (con	
3	Using the organization's acquisition, accession	n, and other records, check a	ny of the following that i	make significant use of its		
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange p	orogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's coll	ections and explain how they	further the organizatio	n's exempt purpose in Part		
	XIII.					
5						
	assets to be sold to raise funds rather than to	· · · · · · · · · · · · · · · · · · ·	organization's collectio	<u>n? </u>	∐ Yes ∐ I	No
Par						
	Complete if the organization as	nswered "Yes" on Forn	n 990, Part IV, line	9, or reported an amo	ount on Form	
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary for cor	ntributions or other asse	ets not		
					∐ Yes ∐ I	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following tab	ole.			
				Amo	unt	
С	Beginning balance			. 1c		
d	Additions during the year			1d		
е	Distributions during the year			. 1e		
f	Ending balance			. 1f		
2a	Did the organization include an amount on For					No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	has been provided on	Part XIII		
Par						
	Complete if the organization a	nswered "Yes" on Forn	n 990, Part IV, line	10.		
		(a) Current year (b) Prid	or year (c) Two year	s back (d) Three years back	(e) Four years bad	ck
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					
g	End of year balance					
2	Provide the estimated percentage of the currer	nt year end balance (line 1g,	column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment%					
С	Term endowment%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3a	Are there endowment funds not in the posses	sion of the organization that a	are held and administer	ed for the		
	organization by:				Yes	No
	(i) Unrelated organizations?				3a(i)	
	(ii) Related organizations?				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as required on Sc	hedule R?		3b	
4	Describe in Part XIII the intended uses of the	organization's endowment fu	nds.			
Par	VI Land, Buildings, and Equipm	nent				
	Complete if the organization as	nswered "Yes" on Forn	n 990, Part IV, line	11a. See Form 990, F	Part X, line 10	).
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
		(investment)	(other)	depreciation		
1a	Land	. 58,000	87,000		145,00	00
b	Buildings		531,026	327,804	557,24	
С	Leasehold improvements		211,594	94,119	121,7	
d	Equipment		31,839	30,795	1,04	
е	OtherSTMD1E		17,990	29,490	, ,	
Total.	Add lines 1a through 1e. (Column (d) must eq				825,00	04
EEA					dule D (Form 990)	

Schedule D (Form 990) 2023

EEA

Part VII	Investments - Other Securities  Complete if the organization answered	d "Yes" on Forr	n 990, Part	IV, line 11b.	See Form 99	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		of valuation: rear market value
(1) Financial	derivatives					
. ,	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	nn (b) must equal Form 990, Part X, line 12, col.(B,	))				
Part VIII	Investments - Program Related	//				
T dit Viii	Complete if the organization answered	d "Yes" on Forr	n 990, Part	IV, line 11c.	See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book va	lue		of valuation:
					Cost or end-of-y	ear market value
(1)						
(2)						
(4) (5)						
(6)					-	
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, line 13, col. (E	3))				
Part IX	Other Assets					
	Complete if the organization answered	d "Yes" on Forr	n 990, Part	IV, line 11d.	See Form 99	90, Part X, line 15.
	(a) D	escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	nn (b) must equal Form 990, Part X, line 15 col. (B,	1)				
Part X	Other Liabilities	//		<u> </u>		
1 4.171	Complete if the organization answered	d "Yes" on Forr	n 990. Part	IV. line 11e	or 11f. See Fo	orm 990. Part X.
	line 25.		000,	,		····· •••, · · ····,
1.	(a) Description of liability	(b) Book va	alue			
(1) Federal	income taxes	`,				
(2)LAST M	ONTH RENT		4,150			
(3SECURI	TY DEPOSIT		4,150			
(4)SCHOLA			31,105			
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, line 25 col. (B))		39,405			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

EEA Schedule D (Form 990) 2023

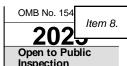
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### **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.



Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

name or	the organization					Emplo	yer identification	n number
REA	TER TOMBALL AREA CHAMBER	OF COMMERCE	, INC				74-14951	25
Part				ation answ	vered "Yes" on	Form 990.		
Form 990-EZ filers are not required to complete this part.								
1	Indicate whether the organization rais				ios. Chock all that a	annly		
		eu iunus iniougnia	_	_				
а	Mail solicitations		e _		of non-government	-		
b	Internet and email solicitations		f _		of government gran	nts		
С	Phone solicitations		g	Special fun	draising events			
d	☐ In-person solicitations							
2a	Did the organization have a written or	r oral agreement w	ith any individ	dual (includin	g officers, directors	s, trustees,		
	or key employees listed in Form 990,	Part VII) or entity i	n connection	with profess	sional fundraising se	ervices?		Yes No
b	If "Yes," list the 10 highest paid individ				•		iser is to be	
	compensated at least \$5,000 by the compensation							
	temperiorited at least 40,000 by the	rigarii zatiorii.						
						(v) Amount	t paid to	
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(or retaine		(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of utions?	from activity	fundraiser l		(or retained by) organization
			COTICID	duono.		col. (i	i)	organization
			Yes	No				
1								
2								
3								
3								
4								
5								
6								
7								
-								
8								
0								
9								
10								
Total .								
3	List all states in which the organization	n is registered or li	censed to so	licit contribu	tions or has been n	otified it is exe	empt from	
-	registration or licensing.	, g						
	registration of heeristing.							

Part II

74-1495125

Item 8.

		than \$15,000 of fundraising gross receipts greater than		3		. List overlie with
		gross receipts greater than	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
4	2	Less: Contributions Gross income (line 1				
		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line				
Da	11	Net income summary. Subtract lir	ne 10 from line 3, column (d	()	D/ Es. 40	
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	-	res" on Form 990, Part	iv, line 19, or reported in	nore than
enne		<b>, ,</b>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
	2	Gross revenue				
Expenses						
Direct Expenses	2	Cash prizes				
ct Expenses	2	Cash prizes	Non 90	Voc. 9/	Voc. 9/	
ct Expenses	2 3 4	Cash prizes	Yes	☐ Yes %	☐ Yes%	
ct Expenses	2 3 4 5	Cash prizes	No	□ No	□ No	
ct Expenses	2 3 4 5	Cash prizes	No es 2 through 5 in column (d		No	
Direct Expenses	2 3 4 5 6 7 8 E a ls	Cash prizes	No  es 2 through 5 in column (obtract line 7 from line 1, column action conducts gaming activities in each	No	No	
Direct Expenses	2 3 4 5 6 7 8 E la ls ls ls lf — a ls	Cash prizes	No  es 2 through 5 in column (obtract line 7 from line 1, column ation conducts gaming act gaming activities in each glicenses revoked, susper	No d)	the tax year?	Yes No

Schedule G (Form 990) 2023 EEA

334

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 154

Item 8.

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection Employer identification number

	TER TOMBALL AREA CHAMBER O	F COMMER	CE, INC	74-149	5125
Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts
1	Art - Works of art			, ,	
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( REPAIRS AND MAI )	х		6,600	
26	Other ( DUES AND SUBSCR )	х		225	
27	Other ( MEMBERSHIP MISC )	x		463	
28	Other ( ADVERTISING )	х		21,720	
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for	
	which the organization completed Form	8283, Part V	Donee Acknowledgement		29
					Yes No
30a	During the year, did the organization rece	•		•	
	28, that it must hold for at least 3 years fr	om the date	of the initial contribution, and w	hich isn't required to be	
	used for exempt purposes for the entire I		d?		30a
b	If "Yes," describe the arrangement in Pa	rt II.			
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	onstandard	
					31
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro	cess, or sell noncash	
					32a
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amour	nt in column (	c) for a type of property for whi	ch column (a) is checked,	
	describe in Part II.				

### **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.

OMB No. 154 Item 8.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

**Employer identification number** 

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 01. Officer, directors, etc. family relationship (Part VI, line 2) INSURANCE IS PROVIDED TO BOARD MEMBER(S) BY OTHER BOARD MEMBERS 02. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION'S PROCESS IS TO HAVE FORM 990 REVIEWED BY THE ENTIRE BOARD OF DIRECTORS. 03. Conflict of interest policy compliance (Part VI, line 12c) OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALY SIGN A FORM THAT DISCLOSES ANY POTENTIAL CONFLICTS OF INTEREST. 04. CEO, executive director, top management comp (Part VI, line 15a) WHICH IS THE CHAMBER PRESIDENT, IS APPROVED BY THE COMPENSATION PROCESS FOR TOP OFFICIAL, BOARD OF DIRECTORS AS A PART OF THE BUDGET PROCESS 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) ADJ TO BRING RETURN INLINE WITH CASH BOOKS 07. List of other expenses (Part IX, line 24e) COLLECTION EXPENSES, HEALTH COMMITTEE, FIRST FRIDAY, NETWORKING BREAKFAST, WOMENS COMMITTEE, DUES AND SUBSCRIPTIONS, EMPLOYEE DEVELOPMENT, POSTAGE, INCOME TAX, TOMBALL LEADERSHIP DAY, BANQUET, GOLF CLASSIC, TOMBALL NIGHT, HOLIDAY PARADE, MISS TOMBALL

# Form **4562**

Department of the Treasury

Internal Revenue Service

# **Depreciation and Amortization**

### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Name	s) shown on return	Business or activity to which this form relates			Identifying number
	EATER TOMBALL AREA CHAMBER OF	FORM 990 - 1			74-1495125
Par	t I Election To Expense Certain Prope	rty Under Section	179		
	Note: If you have any listed property, con	nplete Part V before y	ou complete Pa	rt I.	
1	Maximum amount (see instructions)				1
2	Total cost of section 179 property placed in serv	vice (see instructions)			2
3	Threshold cost of section 179 property before re	eduction in limitation (	see instructions	s)	3
4	Reduction in limitation. Subtract line 3 from line				4
5	Dollar limitation for tax year. Subtract line 4 from	n line 1. If zero or less	s, enter -0 If ma	arried filing	
	separately, see instructions				5
6	(a) Description of property	(b) Cost (busin		(c) Elected cost	
	(/		,,	( )	
7	Listed property. Enter the amount from line 29		7		
	Total elected cost of section 179 property. Add				8
	Tentative deduction. Enter the <b>smaller</b> of line 5				9
	Carryover of disallowed deduction from line 13				10
11	Business income limitation. Enter the smaller of business	=			11
	Section 179 expense deduction. Add lines 9 and				12
	Carryover of disallowed deduction to 2024. Add			13	
	: Don't use Part II or Part III below for listed pro				
	II Special Depreciation Allowance and	<u> </u>	$\overline{}$	ude listed property. Se	ee instructions.)
	Special depreciation allowance for qualified pro				
	during the tax year. See instructions				14
15	Property subject to section 168(f)(1) election				15
	Other depreciation (including ACRS)				16 578
	: III MACRS Depreciation (Don't include li				
	·	Section A			
		OCCIIOII A			
17	MACRS deductions for assets placed in service		ng before 2023		17 18,940
	MACRS deductions for assets placed in service If you are electing to group any assets placed in	in tax years beginnir	-	or more general	17 18,940
	If you are electing to group any assets placed in	in tax years beginning service during the ta	x year into one	_	17 18,940
	· · · · · · · · · · · · · · · · · · ·	in tax years beginning service during the ta	x year into one		
18	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax.  During 2023 Tax Y	x year into one ear Using the C	General Depreciation	System
18	If you are electing to group any assets placed in asset accounts, check here Section B - Assets Placed in Service	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one		
18	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a)	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a b	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a b c	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a b c d e	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a b c d e	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning 2023 Tax Years are truent use (d) Recovery	x year into one ear Using the C	General Depreciation	System
(a) 19a b c d e f	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax	x year into one ear Using the C	General Depreciation  (f) Method	System
(a) 19a b c d e f	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax	ear Using the C	General Depreciation  (f) Method	System
(a) 19a b c d e f	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning to the tax years beginning a service during the tax years beginning to the t	ear Using the (e) Convention	General Depreciation  (f) Method  S/L  S/L	System
(a) 19a b c d e f	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning the tax years beginning the tax years beginning to tax years beginning the tax years beginning to tax years beginning the tax	ear Using the C  (e) Convention  MM  MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L	System
(a) 19a b c d e f	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning the tax years beginning a service during the tax years beginning a service during the tax years beginning a service during the tax years beginning to tax years beginning to tax years beginning the tax y	ear Using the C  (e) Convention  MM  MM  MM  MM  MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning the tax years beginning a service during the tax years beginning a service during the tax years beginning a service during the tax years beginning to tax years beginning to tax years beginning the tax y	ear Using the C  (e) Convention  MM  MM  MM  MM  MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning the tax years beginning the tax years beginning a service during the tax years beginning a service during the tax years beginning a service during the tax years beginning to tax years beginning to tax years beginning the tax y	ear Using the C  (e) Convention  MM  MM  MM  MM  MM	Seneral Depreciation  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years period 2023 Tax Years (d) Recovery period 25 yrs.  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	ear Using the C  (e) Convention  MM  MM  MM  MM  MM	Seneral Depreciation  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h i	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning and tax years beginning above tax years beginning and y	MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h i	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning and tax	MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h i	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning and tax	MM	Seneral Depreciation  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	System  (g) Depreciation deduction
(a) 19a b c d e f g h i 20a b c d Part 21	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning and tax years beginning and tax years and tax years beginning and tax years beg	MM MM MM Ar Using the A  MM M	Seneral Depreciation (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	System  (g) Depreciation deduction  on System
(a) 19a b c d e f g h i 20a b c d Part 21	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning a service during the tax years beginning and a service during a service duri	MM MM MM Ar Using the A  MM MM MM O in column (g),	Scheral Depreciation  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	System  (g) Depreciation deduction  on System
(a) 19a b c d e f g h i	If you are electing to group any assets placed in asset accounts, check here	e in tax years beginning a service during the tax years beginning in service during the tax years beginning and a service during 2023 Tax Years beginning and a service during and a service during the s	MM	Scheral Depreciation  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	System  (g) Depreciation deduction  on System  21

# Form **4562**

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 154

202

Attachment
Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return GREATER TOMBALL AREA CHAMBER OF FORM 990T - 1 74-1495125 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 9,953 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property **d** 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 9,953 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

# Form **8879-TE**

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 154

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Item 8.

1a Form 990 check here	
Part I Type of Return and Return Information  Check the box for the retum for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retum. 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 1-O). But, if you entered -O on the return, then enter -O- on the applicable line below. Do not complete more than one line in Part I.  1a Form 990-Ez check here.	j
Part I Type of Return and Return Information  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 8830-Br and Form \$330 files may enter folials 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.  1a Form 990-Ec check here	
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.  1a Form 990-Ez check here	
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 10 abelow, and the amount on that line for the return being filed with this forms balank, 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.  1a Form 990-beck here .	
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being flied 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.  1a Form 990-EZ check here	
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.  1a Form 990 check here	
applicable line below. <b>Do not</b> complete more than one line in Part I.  1a Form 990 check here	
2a Form 990-EZ check here.  □ b Total revenue, if any (Form 990-EZ, line 9) . 2b  □ 3a Form 1120-POL check here.  □ b Total tax (Form 1120-POL, line 22) . 3b  □ 4a Form 990-PF check here . □ b Tax based on investment income (Form 990-PF, Part V, line 5). 4b  □ 5a Form 8868 check here . □ b Balance due (Form 8688, line 3c) . 5b  □ 6a Form 990-T check here . □ b Total tax (Form 990-T, Part III, line 4) . 66  □ 6 7a Form 4720 check here . □ b Total tax (Form 990-T, Part III, line 1) . 7b  □ 8a Form 5227 check here . □ b FMV of assets at end of tax year (Form 5227. ltem D) . 8b  □ 9a Form 5330 check here . □ b FMV of assets at end of tax year (Form 5227. ltem D) . 8b  □ 9a Form 5330 check here . □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b  □ Part III □ Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that □ lam an officer of the above entity or □ lam a person subject to tax with respect to (name of entity) □ 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 for the true to the IRS and to receive from the IRS (a) an asknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay 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 financial institution to debit the entry to Iris account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-8	
as Form 1120-POL check here. □ b Total tax (Form 1120-POL, line 22)	1b
4a Form 990-PF check here	
Form 8868 check here	
6a Form 990-T check here .	
Form 4720 check here	
8a Form 5227 check here	
9a Form 5330 check here	
The part II Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjury, I declare that □ I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of the above entity or □ I am a person subject to tax with respect to (name of entity)  I am an officer of Person Subject to tax with respect to (name of entity)  I am a person subject to tax with respect to (name of entity)  I am an officer of Person Subject to tax with respect to (name of entity)  I am an officer of Person Subject to tax with respect to the entity or □ I am an officer of Person Subject to tax with respect to (name of entity)  I authorize PE CPA PLLC  ERO firm name  Enter five numbers, but do not enter all zeros  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 is being filed with a state agency(ies) regulating charities as part	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjury, I declare that	
Under penalties of perjury, I declare that	100
of entity)	respect to (name
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 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    Received Pecchanics Pecchanic	
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filed retum. If I have indicated within this retum that a copy of the retum is being filed with a state agency(ies) regulating charities as part	ny PIN on the
of the IKS red/State program, I will efficitly rink of the retuint's disclosure consent screen.	harities as part
0.004	2024
Signature of officer or person subject to tax  Part III Certification and Authentication	-2024
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 799164 68510	
Do not enter all zeros	
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	onfirm 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.	
ERO's signature Date 07-30-2024	

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

# Form **8879-TE**

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 154

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Item 8.

Name of filer	EIN or SSN
GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC	74-1495125
Name and title of officer or person subject to tax	
BRUCE HILLEGEIST, PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this f 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered applicable line below. Do not complete more than one line in Part I.	ly. If you check the box on line <b>1a</b> , <b>2a</b> , form was blank, then leave line <b>1b</b> , <b>2b</b> ,
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (	(A), line 12) <b>1b</b> 932,466
2a Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF,	, Part V, line 5) 4b
5a Form 8868 check here D b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here D b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item	m D) 8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here D b Amount of credit payment requested (Form 8038	8-CP, Part III, line 22) . 10b
Part II Declaration and Signature Authorization of Officer or Person Subj	ject to Tax
Under penalties of perjury, I declare that	person subject to tax with respect to (name
of entity), (EIN)	and that I have examined a copy of the
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer income payment. I have selected a personal identification number (PIN) as my signature for the electronic ret electronic funds withdrawal.  PIN: check one box only	quiries and resolve issues related to
X I authorize PE CPA PLLC to enter my PI	PIN 95125 as my signature
ERO firm name	Enter five numbers, but
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement 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 filed return. If I have indicated within this return that a copy of the return is being filed with a state a of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	e on the tax year 2023 electronically
Signature of officer or person subject to tax  Part III Contification and Authoritisation	Date
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (FFIN) followed by your five-digit self-selected PIN.	3510
Do not	t enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) I Providers for Business Returns.	
ERO's signature Da	ate 07-30-2024
EDO Must Potain This Form - Soo Instruction	200

341

tem	8.
COLLI	o.

			Federal S	uŗ	oporting State	ements	2023	PG01	
Name(s) as shown on return							Tax ID Numbe	er	
GREATER TOMBAL	L AREA	CHAMBER	OF COMMERC	Έ,	, INC		74-1	.495125	

990-T SCHEDULE A PART V - LINE 3B OTHER DEDUCTIONS Statement #13

Form 990-T Schedule A: OFFICE RENTAL

Property:OFFICE RENTAL, Address: 29201 QUINN RD TOMBALL TX 77375

DESCRIPTION	AMOUNT
INTEREST	6,776
INSURANCE	3,186
TAXES	6,318
REPAIRS	6,121
CLEANING	3,842
ELECTRICITY	 4,981
TOTAL	31,224

FOR YOUR RECORDS ONLY

PG01

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION	COST/BASIS	COST/BASIS		BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
BUILDOUT	11,500	0	11,294	206
FURNITURE	0	17,990	18,196	(206)
TOTAL	11,500	<u> 17,990</u>	29,490	0

Item 8.

## **Federal Supporting Statements**

2023 Tax ID Number

74-1495125

PG01

Name(s) as shown on return

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

990-T Schedule A Part V - Dual-use Debt-financed Property Statement

Statement #14

Form 990-T Schedule A: OFFICE RENTAL

		Percent allocable	Avg. acquisition debt		Percent Allocable	Adjusted basis allocable
	Avg. of Acquisition	to debt-financed	on debt-financed		to debt-financed	to debt-financed
Property Discription	indebtedness	property	property	Adjusted basis	debt-financed property	y property
OFFICE RENTAL	135,916	100.00000@	135,916	154,611	100.000000%	154,611

ltam	0
Item	ö.

١	990	Overflow Statement	2023	Item 8.		
l	330	(This page is not filed with the return. It is for your records only.)	<b>2023</b> Page 1			
l	Name(s) as shown on return FEIN					
l	GREATER TOM	BALL AREA CHAMBER OF COMMERCE, INC	74-149512	25		

### OTHER

Description	Amount
COLLECTION EXPENSES	\$ 8,094
CONTRACTOR	66,448
DUES	4,869
EMPLOYEE DEVELOPMENT	12,264
FIRST FRIDAY	37,020
GOLF CLASSIC	19,868
HEALTH COMMITTEE	11,046
HOLIDAY PARADE	25,726
INCOME TAX	10,542
NETWORKING BREAKFAST	1,617
POSTAGE	2,889
TOMBALL NIGHT	10,555
TOMBALL PAGEANT	14,541
WOMENS COMMITTEE	15,748
BANQUET	12,562
TOMBALL PAGEANT SCHOLARSHIPS	10,000
TOMBALL LEADERSHIP DAY	2,375
Total:	\$ <u>266,164</u>

# FORM 990-T - SCH E - LN 4 - AVERAGE ACQUISITION DEBT1

Description				Amount
AVERAGE ACQUISITION DE	BT		<u> </u>	3 135,916
			Total: \$_	135,916

### SCH E - LN 5 - AVERAGE ADJUSTED BASIS

Description	Amount
AVERAGE BASIS	\$ 154,61
	Total: \$154,61

Item 8.

# Estimated Tax Worksheet on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

2024

(This page is not filed with the return. It is for your records only.) 6,152 4 6,152 6 6,152 7 8 6,152 Credit for federal tax paid on fuels. See instructions 9 **10a** Subtract line 9 from line 8. **Note:** If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see 10a 6,152 b Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount 6,152 c 2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c 10c 6,152 (a) (b) (c) (d) Installment due dates. See 11 11 instructions . . . . . 04-15-2024 06-17-2024 09-16-2024 12-16-2024 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." . . . . . . 1,538 1,538 1,538 1,538 2023 Overpayment. See 13 13 362 362 362 362

1,176

1,176

1,176

**Payment due** (Subtract line 13 from line 12) . . . . . . . . . . . . . . . .

14

1,176

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

Item 8.

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

Name of orga	nization		Employer identification number
GREATER	TOMBALL AREA CHAMBER OF COMMERCE, INC		74-1495125
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITY OF TOMBALL		_
			Person <u>x</u>
	401 MARKET STREET	38,394	Payroll
			Noncash
	TOMBALL TX 77375		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HEALTH FOUNDATION		71
-	main roombinron		Person <u>x</u>
	20201 OUTABL DD GEE A	63,750	Payroll
	29201 QUINN RD STE A	63,750	Noncash
	TOMBALL TX 77375		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ENVIROCON TERMITE & PEST, INC	'	
			Person x
	23306 ROBERTS CEMETERY	6,800	Payroll
			Noncash
	HOCKLEY TX 77447		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	HCA HOUSTON HEATLHCARE TOMBALL		
			Person <u>x</u>
	605 HOLDERRIETH	49,425	Payroll
			Noncash
	TOMBALL TX 77375		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		Total Contributions	Type of Contribution
5	TOMBALL ECONOMIC DEVELOPMENT CORP		Person X
	000		
	PO BOX 820	29,937	Payroll _
			Noncash
	TOMBALL TX 77377		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	SOUTHCOMM PUBLISHING CO.		
			Person <u>x</u>
	7766 EWING BLVD., SUITE 200	12,433	Payroll
			Noncash
	FLORENCE KY 41042		(Complete Part II for
			noncash contributions.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2023

Item 8.

Department of the Treasury Internal Revenue Service

#### Do not send to IRS. Retain this form for your records.

Name of organization Employer identification number 74-1495125 GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 HOUSTON METHODIST WILLOWBROOK HOSPI 7 Person x **Payroll** 18220 SH 249 28,945 Noncash (Complete Part II for HOUSTON TX 77070 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 ALOHA NAILS & SPA x Person 701 E MAIN STE 125B **Payroll** Noncash TOMBALL TX 77375 (Complete Part II for noncash contributions.) (a) (b) Type of contribution Total contributions No. Name, address, and ZIP + 4 9 SHELL FEDERAL CREDIT UNION Person x 6232 FM 2920 7,050 **Payroll** Noncash SPRING TX 77379 (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 MEMORIAL HERMAN THE WOODLANDS Person x 9250 PINECROFT DR 5,000 **Payroll** Noncash SPRING TX 77380 (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 11 COMMUNITY MATTERS INC Person x **Payroll** PO BOX 5900 10,000 Noncash FRISCO TX 75035 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution KLEIN FUNERAL HOMES & MEMORIAL PARK 12 Person x 16131 CHAMPION FOREST 7,150 **Payroll** Noncash (Complete Part II for SPRING TX 77379 noncash contributions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

Item 8.

Department of the Treasury Internal Revenue Service

Do not send to IRS. Retain this form for your records.

Name of orga			Employer identification number
	R TOMBALL AREA CHAMBER OF COMMERCE, INC	I	74-1495125
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	TWFG INSURANCE SERVICES 722 W MAIN TOMBALL TX 77375	8,625	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	RSC RIVERSIDE CONSTRUCTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	210 SPRING CREEK TRAIL  SPRING TX 77373	5,000	Person 🗓 Payroll 🗌 Noncash 🗍 (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person

\* Item is included in UBIA for Section 199A calculations.

### **Depreciation Detail Listing**

2023

Program Services

PAGE 1

Item 8.

See "UBIA" in lower right corner. (This page is not filed with the return. It is for your records only.) Name(s) as shown on return

Social security number/EIN

No.   Description   Date   Date   Date   Selection   Selection   Selection   Date   Selection   Date   Da		REATER TOMBALL AREA CH	AMBER OF COM	MMERCE, INC	1								74	-1495125		
BUILDING - QUINN ROAD 09-30-2008 531,026 100.00 531,026 39 SL MM 2.564 190,968 13,616 204,584 100.00 203,369 39 SL MM 2.564 76,434 5,214 81,648 100.00 203,369 39 SL MM 2.564 76,434 5,214 81,648 203,369 39 SL MM 2.564 76,434 5,214 81,648 203,369 39 SL MM 2.564 76,434 5,214 81,648 203,369 39 SL MM 2.564 1,245 110 1,355 2017 2017 2017 2017 2017 2017 2017 2017	No.	Description	Date	Cost					Life	Me	thod	Rate				AMT Current
BUILDING - QUINN ROAD 09-30-2008 531,026 100.00 531,026 39 SL MM 2.564 190,968 13,616 204,584 203,369 39 SL MM 2.564 76,434 5,214 81,648 4 A/C UNIT 03-27-2012 4,300 100.00 2017 LAPTOP 12-05-2017 851 100.00 851 5 0 851 851 PHONE SYSTEM 09-04-2001 6,976 100.00 100.00 17,990 7 0 18,196 18,196 12 QUINN BLOG IMPROVEMEN 12-01-2012 3,925 100.00 3,925 39 SL MM 2.564 1,067 101 1,168 13 2019 PHONE SYSTEM 01-31-2019 6,126 100.00 6,126 1 200.00 1,165 100.00 1,165 5 SL HY 20 583 233 816	1	COMPUTER & SERVER EQU	10-14-2013	15,503		100.00		15,503	5			0	15,503		15,503	
3   IMPROVEMENTS   10-31-2008   203,369   100.00   100.00   203,369   39   SL   MM   2.564   76,434   5,214   81,648   4   A/C UNIT   03-27-2012   4,300   145,000   145,000   100.00   0   0   0   0   0   0   0   0										SL	MM	2.564		13,616		
5 LAND       10-31-2008       145,000       145,000       100.00       0       0       0       851       851         9 2017 LAPTOP       12-05-2017       851       100.00       851       5       0       851       851         10 PHONE SYSTEM       09-04-2001       6,976       100.00       6,976       7       0       6,974       6,974         11 FURNITURE       11-01-2008       17,990       100.00       17,990       7       0       18,196       18,196         12 QUINN BLDG IMPROVEMEN       12-01-2012       3,925       100.00       3,925       39       2.564       1,067       101       1,168         13 2019 PHONE SYSTEM       01-31-2019       6,126       100.00       6,126       3       0       5,207       5,207         14 2020 COMPUTER       03-15-2020       1,165       100.00       1,165       5       SL       HY       20       583       233       816	3					100.00		203,369	39	SL	MM	2.564	76,434	5,214	81,648	
9 2017 LAPTOP 12-05-2017 851 100.00 851 5 0 851 851 100.00 100.00 6,976 7 0 6,974 6,974 11 FURNITURE 11-01-2008 17,990 100.00 17,990 7 0 18,196 18,196 12 QUINN BLDG IMPROVEMEN 12-01-2012 3,925 100.00 3,925 39 2.564 1,067 101 1,168 13 2019 PHONE SYSTEM 01-31-2019 6,126 100.00 6,126 3 0 5,207 14 2020 COMPUTER 03-15-2020 1,165 100.00 1,165 5 SL HY 20 583 233 816	4	A/C UNIT	03-27-2012	4,300		100.00		4,300	39	SL	MM	2.564	1,245	110	1,355	
10 PHONE SYSTEM 09-04-2001 6,976 100.00 6,976 7 0 6,974 6,974 11 FURNITURE 11-01-2008 17,990 100.00 17,990 7 0 18,196 18,196 12 QUINN BLDG IMPROVEMEN 12-01-2012 3,925 100.00 3,925 39 2.564 1,067 101 1,168 13 2019 PHONE SYSTEM 01-31-2019 6,126 100.00 6,126 3 0 5,207 14 2020 COMPUTER 03-15-2020 1,165 100.00 1,165 5 SL HY 20 583 233 816	5	LAND	10-31-2008	145,000	145,000	100.00		0	0			0				
11 FURNITURE	9	2017 LAPTOP	12-05-2017	851		100.00		851	5			0	851		851	
12 QUINN BLDG IMPROVEMEN 12-01-2012 3,925 100.00 3,925 39 2.564 1,067 101 1,168 1 2019 PHONE SYSTEM 01-31-2019 6,126 100.00 6,126 3 0 5,207 14 2020 COMPUTER 03-15-2020 1,165 100.00 1,165 5 SL HY 20 583 233 816	10	PHONE SYSTEM	09-04-2001	6,976		100.00		6,976	7			0	6,974		6,974	
13 2019 PHONE SYSTEM 01-31-2019 6,126 100.00 6,126 3 0 5,207 5,207 14 2020 COMPUTER 03-15-2020 1,165 100.00 1,165 5 SL HY 20 583 233 816	11	FURNITURE	11-01-2008	17,990		100.00		17,990	7			0	18,196		18,196	
14 2020 COMPUTER 03-15-2020 1,165 100.00 1,165 5 SL HY 20 583 233 816	12	QUINN BLDG IMPROVEMEN	12-01-2012	3,925		100.00		3,925	39			2.564	1,067	101	1,168	
	13	2019 PHONE SYSTEM	01-31-2019	6,126		100.00		6,126	3			0	5,207		5,207	
15 2022 COMPUTER 09-22-2022 1,219 1100.00 1,219 5 SL HY 20 122 244 366	14	2020 COMPUTER	03-15-2020	1,165		100.00		1,165	5	SL	HY	20	583	233	816	
	15	2022 COMPUTER	09-22-2022	1,219		100.00		1,219	5	SL	HY	20	122	244	366	
Totals 937,450 792,450 317,150 19,518 336,668 3								700 450					217.150	70.510	226, 660	349

937,450

19,518

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

### **Depreciation Detail Listing**

2023 PAGE 1 Item 8.

990 T

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC 74-1495125 Basis Business Section Prior Depreciable Current Accumulated AMT Bonus No. Description Cost Life Method Rate Basis Depreciation Depreciation Depreciation Current Adjustment percentage 179 depreciation 6 BUILDING (RENTAL PORT 09-30-2008 354,018 100.00 354,018 39 SL 2.564 127,310 9,077 136,387 MM BUILDOUT - TOMBALL RE 12-01-2012 11,500 100.00 11,500 15 SL MQ 6.667 5,235 767 6,002 A/C UNIT (RENTAL) 06-27-2014 4,245 100.00 4,245 39 SL MM 2.564 3,886 109 3,995

369,763

369,763

136,431

369,763

350

9,953

Totals

Item 8.

**Next Year's Depreciation Worksheet** 

(This page is not filed with the return. It is for your records only.)

2023

	as shown on retu		- <b>,</b> ,	. ,			Tax ID I	
		LL AREA CHAMBER OF COMMERCE, INC	T	I	1			495125
Form	Multi-Form		Date	Basis	Method		Life	Deduction
PRG	1	COMPUTER & SERVER EQUIPM	10-14-2013	15,503			5	
PRG	1	BUILDING - QUINN ROAD	09-30-2008		SL		39	13,616
PRG	1	IMPROVEMENTS	10-31-2008		SL		39	5,215
PRG	1	A/C UNIT	03-27-2012		SL	MM	39	110
PRG	1	LAND	10-31-2008				0	0.055
T	1	BUILDING (RENTAL PORTION	09-30-2008		SL		39	9,077
T T	1	BUILDOUT - TOMBALL REG H	12-01-2012		SL		15 39	767 109
PRG	1	A/C UNIT (RENTAL) 2017 LAPTOP	06-27-2014 12-05-2017		SL	MM	5	109
PRG	1	PHONE SYSTEM	09-04-2001				7	
PRG	1	FURNITURE	11-01-2008				7	
PRG	1	QUINN BLDG IMPROVEMENTS	12-01-2012	3,925	SL	мм	39	101
PRG	1	2019 PHONE SYSTEM	01-31-2019				3	
PRG	1	2020 COMPUTER	03-15-2020		SL	нч	1 -	233
PRG	1	2022 COMPUTER	09-22-2022	1,219	SL	ну		244
		TOTAL						29,472
				·				
				<b>/</b>				

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545

2023

Item 8.

Department of the Treasury Internal Revenue Service

A Name of the organization

GREATER TOMBALL AREA CHAMBER OF COMMERCE, INC

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

74-1<u>495125</u>

<b>c</b> U	nrelated business activity code (see instructions)		531190	D Sequence:	1	of 1
ΕD	escribe the unrelated trade or business OFFICE RENTAL					
	art I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales		,	.,.		
b		1c				
2	Less returns and allowances c Balance  Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7	67,698	27,	448	40,250
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12 13	CR C00	0.77	110	40.050
13	Total. Combine lines 3 through 12		67,698			40,250
Га	directly connected with the unrelated business income.	101 111	mitations on deducti	ons. Deduction	S IIIUSI I	be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions			9,953		
8	Less depreciation claimed in Part III and elsewhere on returm				8b	9,953
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13 14	Excess readership costs (Part IX)				13 14	
15	Total deductions. Add lines 1 through 14				15	9,953
16	Unrelated business income before net operating loss deduction. Subtract				13	3,333
	column (C)				16	30,297
17					17	20,231
18	Unrelated business taxable income. Subtract line 17 from line 16				18	30,297
<u> </u>						20,23,

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Item	Ω
петт	ο.

Part	III Cost of Goods Sold	Enter method of inventory valuation		
	, , ,		1	
2	Purchases		2	
3	Cost of labor		3	
	,		4	
5	Other costs (attach statement)		5	
6	<b>Total.</b> Add lines 1 through 5		6	
	, ,		7	
	_	Enter here and in Part I, line 2	8	
		erty produced or acquired for resale) apply to the organization?		Yes No
Part		ty and Personal Property Leased with Real Property	.y)	·
1		ity, state, ZIP code). Check if a dual-use. See instructions.		
		01 QUINN RD TOMBALL TX 77375		
	B ∐			
	D □			
	<b>и</b>	A B C		
2	Rent received or accrued	A B C		
	From personal property (if the percentage of rent for personal property is more than 10%			
	but not more than 50%)			
	From real and personal property (if the			
	percentage of rent for personal property exceeds			
	50% or if the rent is based on profit or income)			
	Total rents received or accrued by property.			
	Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c, colur	nns A through D. Enter here and on Part I, line 6, column (A)		
4	Deductions directly connected with the income			
	in lines 2a and 2b (attach statement)			
5	Total deductions. Add line 4, columns A through	D. Enter here and on Part I, line 6, column (B)		
Part	V Unrelated Debt-Financed Income	(see instructions)		
1	Description of debt-financed property (street addre	ess, city, state, ZIP code). Check if a dual-use. See instructions.		
	A OFFICE RENTAL, Address: 292	01 QUINN RD TOMBALL TX 77375		
	В			
	С	<b>Y</b>		
	D			
		A B C		D
	Gross income from or allocable to debt-financed			
	property	77,010		
	Deductions directly connected with or allocable to debt-financed property			
	Straight line depreciation (attach statement)			
		tement #13 31,224		
	Total deductions (add lines 3a and 3b,			
	columns A through D)			
	Amount of average acquisition debt on or allocable			
	to debt-financed property (attach statement) Stat	tement #14 135,916		
	Average adjusted basis of or allocable to debt-			
	financed property (attach statement) Stat		0/	
	Divide line 4 by line 5		%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	67,698		
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on Part I, line 7, column (A)	· ·	67,698
9	Allocable deductions. Multiply line 3c by line $6$ .	27,448		
10	Total allocable deductions. Add line 9, columns	s A through D. Enter here and on Part I, line 7, column (B)	• •	27,448
11	Total dividends - received deductions included	d in line 10		353

74-1495125

Iait	· VI │ Interest, Annuiti	es, Royaltie	s, and Rents	tron	n Controlled Orga	<b>anizations</b> (see instrud	ctions)			
		-		Exempt Controlled Organizations						
		2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5			
(1)										
(2)										
(3)										
(4)										
			Nonexem	pt Co	ntrolled Organization	ns	•			
	7. Taxable income	inco	t unrelated me (loss) structions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)										
(2)										
(3)										
(4)										
Tota						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).			
Part	VII Investment Inco	ome of a Sec	ction 501(c)(7	7), (9	), or (17) Organiz	ation (see instructions	3)			
	1. Description of income	<b>2.</b> Amou	int of income		3. Deductions	4 Cat acides				
					directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)			
(1)					directly connected		and set-asides			
(2)					directly connected		and set-asides			
(2)					directly connected		and set-asides			
(2)					directly connected		and set-asides			
(2)	ls	Enter here	nts in column 2. e and on Part I, column (A).		directly connected		and set-asides			
(2) (3) (4)		Enter here line 9,	nts in column 2. e and on Part I, column (A).		directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4)		Enter here line 9, . npt Activity	nts in column 2. e and on Part I, column (A).		directly connected (attach statement)		and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota	VIII Exploited Exer  Description of exploited act	Enter here line 9,  npt Activity tivity:	nts in column 2. e and on Part I, column (A). Income, Oth	er Ti	directly connected (attach statement)	(attach statement)  ncome (see instruction	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1	VIII Exploited Exer Description of exploited ac Gross unrelated business	Enter here line 9,  npt Activity tivity: ncome from trad	nts in column 2. e and on Part I, column (A).  Income, Oth e or business. En	er Ti	nan Advertising I	ncome (see instruction	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part	VIII Exploited Exer  Description of exploited act  Gross unrelated business i  Expenses directly connected	Enter here line 9,  mpt Activity tivity:  ncome from traded with production	nts in column 2. e and on Part I, column (A).  Income, Oth e or business. En n of unrelated bu	er Ti	nan Advertising I ere and on Part I, line 10 s income. Enter here ar	ncome (see instruction 0, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1 2 3	Description of exploited acc Gross unrelated business i Expenses directly connected line 10, column (B)	Enter here line 9,  mpt Activity tivity: ncome from traded with productio	nts in column 2, and on Part I, column (A).  Income, Other or business. En of unrelated bu	er Ti	nan Advertising I	ncome (see instruction on, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1	Description of exploited act Gross unrelated business i Expenses directly connected line 10, column (B) Net income (loss) from unrelated business in the second connected business in the second	Enter here line 9,  mpt Activity tivity: ncome from traded with productionelated trade or b	nts in column 2. e and on Part I, column (A).  Income, Oth e or business. En n of unrelated bu	er Ti	nan Advertising II ere and on Part I, line 10 s income. Enter here ar	ncome (see instruction 0, column (A) complete	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1 2 3	Description of exploited act Gross unrelated business i Expenses directly connecte line 10, column (B) Net income (loss) from unrelines 5 through 7	Enter here line 9,  mpt Activity tivity: ncome from traded with productionelated trade or b	ants in column 2. e and on Part I, column (A).  Income, Oth e or business. En n of unrelated bu	er Ti	nan Advertising I	ncome (see instruction  O, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1 2 3 4	Description of exploited actions unrelated business Expenses directly connected line 10, column (B) Net income (loss) from unrelines 5 through 7 Gross income from activity	Enter here line 9,  mpt Activity tivity: ncome from traded with production contact trade or because that is not unrelated trade or because that is not unrelated trade or because that is not unrelated trade or because the second contact trade or b	Ints in column 2. e and on Part I, column (A).  Income, Oth e or business. En of unrelated business. Subtractions and the subtractions are designed business income.	er Thenter here is in essential to the same is there. The same is	nan Advertising I	ncome (see instruction)  o, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1 2 3 4 5 6	Description of exploited actions unrelated business Expenses directly connected line 10, column (B)  Net income (loss) from unrelines 5 through 7  Gross income from activity Expenses attributable to income	Enter here line 9,  mpt Activity tivity: ncome from traded with production contains and the come entered on the come entered o	Ints in column 2. e and on Part I, column (A).  Income, Oth e or business. En of unrelated business. Subtraction and the substance of the subs	er Thenter here is in essential to the science is come.	man Advertising I	ncome (see instruction)  o, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
(2) (3) (4) Tota Part 1 2 3 4	Description of exploited actions unrelated business Expenses directly connected line 10, column (B)  Net income (loss) from unrelines 5 through 7  Gross income from activity	Enter here line 9,  mpt Activity tivity: ncome from traded with production elated trade or b	Ints in column 2. e and on Part I, column (A).  Income, Oth e or business. En of unrelated business. Subtraction in the substantial interest in the substantial interest.	er Thenter heariness	nan Advertising I	ncome (see instruction  o, column (A)	and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).			

Schedule A (Form 990-T) 2023

74-1495125

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two or	more periodicals on a co	onsolidated basis.		
	A []				
	В				
	c 🗆				
	D [				
Enter a	mounts for each periodical listed above in the correspond	ding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6 7	Circulation income				
	line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of the Part II, line 13				
Part					
	1. Name	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)	A 0			%	
(2)				%	
(3)				%	
(4)				%	
				70	
Total	Enter here and on Part II, line 1				
Part				• • • • • • • •	
Tart	XI Supplemental information (see insti-	dollons			

Schedule A (Form 990- 355