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Part II

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission  
Lead and promote the business, economic, social, and cultural development of the Hispanic and small business community in the Waco and central Texas area through economic projects, business referrals, networking luncheons, cultural events, scholarships, and other special events

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  
If "Yes," describe these new services on Schedule O

☐ Yes

☒ No

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .  
If "Yes," describe these changes on Schedule O

☐ Yes

☒ No

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 19,113 including grants of \$ ) (Revenue \$ )  
Annual community banquet

4b

(Code ) (Expenses \$ 9,296 including grants of \$ ) (Revenue \$ )  
Scholarships

4c

(Code ) (Expenses \$ 3,608 including grants of \$ ) (Revenue \$ )  
Hispanic Women's Conference

4d

Other program services (Describe in Schedule O )  
(Expenses \$ 8,631 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 40,648 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

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)? <i>If "Yes," complete Schedule A</i> . . . . .                                                                                                                                                                                                     | 1   | No  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .                                                                                                                                                                                                                                                               | 2   | No  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .                                                                                                                                                  | 3   | No  |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .                                                                                                                                                                                                            | 4   | No  |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .                                                                                                                                  | 5   | No  |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .                   | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .                                     | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .                                                                                                   | 8   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . . | 9   | No  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .                                                                                                                                   | 10  | No  |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .                                                                                           | 11  | Yes |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .                                  | 12  | Yes |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .                                                                                                                                                                                                                                  | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .                                                                                                                                                                                                                                                           | 14a | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> . . . . .                                                                                                                        | 14b | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .                                                                                                                         | 15  | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .                                                                                                                             | 16  | No  |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>  . . . . .                                                                                                                            | 17  | No  |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .                                                                                                                       | 18  | Yes |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  . . . . .                                                                                                                                   | 19  | No  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                                                     | 20  | No  |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                                                                                                                           | 21  | No  |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                                                                                                          | 22  | No  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .                                                                                                                                                                                                                         | 23  | No  |
| 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i> . . . . .                                                         | 24a | No  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                            | 24b | No  |
| c   | 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 | No  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                      | 24d | No  |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                                          | 25a | No  |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                                                            | 25b | No  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                                                                | 26  | No  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .                                                                                                            | 27  | No  |

**Part IV**    **Checklist of Required Schedules** *(Continued)*

|           |                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee                                                                                                                                                                                                                                                 |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                     |     | No |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                       |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                  |     | No |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  |     | No |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                        |     | No |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                      |     | No |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                                                       |     | No |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                                                                                         |     | No |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                   |     | No |
| <b>36</b> | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                           |     | No |
| <b>37</b> | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                                      |     | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|     |                                                                                                                                                                                                                                                                                               |     | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                                                                    | 1a6 |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                               | 1b0 |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                            | 1c  |     | No |
| 2a  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                                                                 | 2a2 |     |    |
| b   | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . .<br><b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>                                                          | 2b  |     | No |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                                | 3a  |     | No |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                    | 3b  |     | No |
| 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  |     | No |
| b   | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                            |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                                                   | 5a  |     | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                              | 5b  |     | No |
| c   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . .                                                                                                                                   | 5c  |     | No |
| 6a  | Did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                                                                                                                                        | 6a  |     | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                                       | 6b  |     | No |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                 |     |     |    |
| a   | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .                                                                                                                                                                       | 7a  |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                                     | 7b  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                                | 7c  |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                                   | 7d  |     |    |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                                   | 7e  |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                                                            | 7f  |     |    |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .                                                                                                                                                                              | 7g  |     |    |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .                                                                                                                                                               | 7h  |     |    |
| 8   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8   |     | No |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                         |     |     |    |
| a   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                             | 9a  |     | No |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                              | 9b  |     | No |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                        |     |     |    |
| a   | 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                                                                                                                                                                                                                                                       |     |     |    |
| a   | 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 |     | No |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                         | 12b |     |    |

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

11

1b

Enter the number of voting members that are independent

1b

0

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

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

No

8b

each committee with authority to act on behalf of the governing body?

8b

No

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

No

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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 in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

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

15a

The organization's CEO, Executive Director, or top management official?

15a

No

15b

Other officers or key employees of the organization?

15b

No

Describe the process in Schedule O

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

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

No

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
Joe Rodriguez  
915 LaSalle Ave  
Waco, TX 76706  
(254) 754-7111

Part VII

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

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

- 1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - \* List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

| (A)<br>Name and Title           | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                 |                               | Individual Trustee or Director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Yolanda Gongora , Secretary     |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Stevie Flores , Director        |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Stanley Glynn , Director        |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Rebecca Blankenstein , Director |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Pedro Fonseca , Director        |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Joe Rodriguez , Executive Direc | 40.00                         |                                        |                       |         | X            |                              |        | 40,192                                                               | 0                                                                         | 0                                                                                             |
| Fidencio Marquez , President    |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Daniel Tagle , Director         |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Bertha Arellano , Director      |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Anthony Pena , Treasurer        |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Alfred Solano , Vice President  |                               |                                        |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                 |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

Part VII

Continued

| (A)<br>Name and Title | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-----------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                       |                                        | Individual Trustee<br>or Director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                            |                                                                                                                 |
| 1b Total . . . . .    |                                        |                                           |                       |         |              |                                 |        | 40,192                                                                           |                                                                                            |                                                                                                                 |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

|                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 3   | No |
| 4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4   | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                    | 5   | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

|                                                           |                                                                                     |                                                                                                                                                                                                     |                                                                                      | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                                  | Federated campaigns . . . 1a                                                                                                                                                                        |                                                                                      | 69,743               |                                                    |                                         |                                                                      |
|                                                           | b                                                                                   | Membership dues . . . . . 1b                                                                                                                                                                        |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Fundraising events . . . . . 1c                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | d                                                                                   | Related organizations . . . 1d                                                                                                                                                                      |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | e                                                                                   | Government grants (contributions)                                                                                                                                                                   | 68,000                                                                               |                      |                                                    |                                         |                                                                      |
|                                                           | f                                                                                   | All other contributions, gifts, grants, and<br>similar amounts not included above                                                                                                                   | 1,743                                                                                |                      |                                                    |                                         |                                                                      |
|                                                           | g                                                                                   | Noncash contributions included in<br>lines 1a-1f \$                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | h                                                                                   | Total (Add lines 1a-1f) . . . . .                                                                                                                                                                   |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | Program Service Revenue                                                             | 2a                                                                                                                                                                                                  | Misc                                                                                 |                      |                                                    |                                         |                                                                      |
| b                                                         |                                                                                     | Membership dues                                                                                                                                                                                     |                                                                                      | 13,916               | 13,916                                             |                                         |                                                                      |
| c                                                         |                                                                                     | Luncheon                                                                                                                                                                                            |                                                                                      | 226                  | 226                                                |                                         |                                                                      |
| d                                                         |                                                                                     | Fundraising activities                                                                                                                                                                              |                                                                                      | 22,691               | 22,691                                             |                                         |                                                                      |
| e                                                         |                                                                                     |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| f                                                         |                                                                                     | All other program service revenue                                                                                                                                                                   |                                                                                      |                      |                                                    |                                         |                                                                      |
| g                                                         |                                                                                     | Total. Add lines 2a-2f . . . . .<br>\$ 43,063                                                                                                                                                       |                                                                                      |                      |                                                    |                                         |                                                                      |
| Other Revenue                                             |                                                                                     | 3                                                                                                                                                                                                   | Investment income (including dividends, interest<br>other similar amounts) . . . . . |                      | 0                                                  |                                         |                                                                      |
|                                                           | 4                                                                                   | Income from investment of tax-exempt bond proceeds . . . . .                                                                                                                                        |                                                                                      | 0                    |                                                    |                                         |                                                                      |
|                                                           | 5                                                                                   | Royalties . . . . .                                                                                                                                                                                 |                                                                                      | 0                    |                                                    |                                         |                                                                      |
|                                                           | 6a                                                                                  | Gross Rents                                                                                                                                                                                         | (i) Real 15,675 (ii) Personal                                                        | 15,675               | 15,675                                             |                                         |                                                                      |
|                                                           | b                                                                                   | Less rental<br>expenses                                                                                                                                                                             |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Rental income<br>or (loss)                                                                                                                                                                          | 15,675                                                                               |                      |                                                    |                                         |                                                                      |
|                                                           | d                                                                                   | Net rental income or (loss) . . . . .                                                                                                                                                               |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | 7a                                                                                  | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                                                                     | (i) Securities (ii) Other                                                            | 0                    |                                                    |                                         |                                                                      |
|                                                           | b                                                                                   | Less cost or<br>other basis and<br>sales expenses                                                                                                                                                   |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Gain or (loss)                                                                                                                                                                                      |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | d                                                                                   | Net gain or (loss) . . . . .                                                                                                                                                                        |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | 8a                                                                                  | Gross income from fundraising<br>events (not including<br>\$ 902,329<br>of contributions reported on line<br>1c) See Part IV, line 18<br>Attach Schedule G if total exceeds<br>\$15,000 . . . . . a |                                                                                      | 72,867               |                                                    |                                         | 72,867                                                               |
|                                                           | b                                                                                   | Less direct expenses . . . . b                                                                                                                                                                      | 829,462                                                                              |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Net income or (loss) from fundraising events . . . . .                                                                                                                                              |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | 9a                                                                                  | Gross income from gaming<br>activities See part IV, line 19<br>Complete Schedule G if total<br>exceeds \$15,000 a                                                                                   |                                                                                      | 0                    |                                                    |                                         |                                                                      |
|                                                           | b                                                                                   | Less direct expenses . . . . b                                                                                                                                                                      |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Net income or (loss) from gaming activities . . . . .                                                                                                                                               |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | 10a                                                                                 | Gross sales of inventory, less<br>returns and allowances . . . . a                                                                                                                                  |                                                                                      | 0                    |                                                    |                                         |                                                                      |
|                                                           | b                                                                                   | Less cost of goods sold . . . b                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           | c                                                                                   | Net income or (loss) from sales of inventory . . . . .                                                                                                                                              |                                                                                      |                      |                                                    |                                         |                                                                      |
|                                                           |                                                                                     | Miscellaneous Revenue                                                                                                                                                                               | Business Code                                                                        |                      |                                                    |                                         |                                                                      |
|                                                           | 11a                                                                                 |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| b                                                         |                                                                                     |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| c                                                         |                                                                                     |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| d                                                         | All other revenue                                                                   |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| e                                                         | Total. Add lines 11a-11d . . . . . \$ 0                                             |                                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |
| 12                                                        | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,<br>8c, 9c, 10c, and 11e . . . . . |                                                                                                                                                                                                     |                                                                                      | 201,348              | 58,738                                             |                                         | 72,867                                                               |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns.<br>All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                           |                                                                                                                                                                                                                    | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
| 1                                                                                                                                                                                        | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                       | 0                     |                                 |                                        |                             |
| 2                                                                                                                                                                                        | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                         | 4,700                 | 4,700                           |                                        |                             |
| 3                                                                                                                                                                                        | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16                                                                                             | 0                     |                                 |                                        |                             |
| 4                                                                                                                                                                                        | Benefits paid to or for members                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 5                                                                                                                                                                                        | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                 | 40,192                | 20,096                          | 20,096                                 |                             |
| 6                                                                                                                                                                                        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                            | 0                     |                                 |                                        |                             |
| 7                                                                                                                                                                                        | Other salaries and wages                                                                                                                                                                                           | 27,120                |                                 |                                        |                             |
| 8                                                                                                                                                                                        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                            | 0                     |                                 |                                        |                             |
| 9                                                                                                                                                                                        | Other employee benefits . . . . .                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 10                                                                                                                                                                                       | Payroll taxes . . . . .                                                                                                                                                                                            | 6,358                 |                                 | 6,358                                  |                             |
| 11                                                                                                                                                                                       | Fees for services (non-employees)                                                                                                                                                                                  |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Management . . . . .                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| b                                                                                                                                                                                        | Legal . . . . .                                                                                                                                                                                                    | 1,290                 |                                 | 1,290                                  |                             |
| c                                                                                                                                                                                        | Accounting . . . . .                                                                                                                                                                                               | 8,900                 |                                 | 8,900                                  |                             |
| d                                                                                                                                                                                        | Lobbying . . . . .                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| e                                                                                                                                                                                        | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                            | 0                     |                                 |                                        |                             |
| f                                                                                                                                                                                        | Investment management fees . . . . .                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| g                                                                                                                                                                                        | Other . . . . .                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 12                                                                                                                                                                                       | Advertising and promotion . . . . .                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 13                                                                                                                                                                                       | Office expenses . . . . .                                                                                                                                                                                          | 8,277                 |                                 | 8,277                                  |                             |
| 14                                                                                                                                                                                       | Information technology . . . . .                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 15                                                                                                                                                                                       | Royalties . . . . .                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 16                                                                                                                                                                                       | Occupancy . . . . .                                                                                                                                                                                                | 11,243                |                                 | 11,243                                 |                             |
| 17                                                                                                                                                                                       | Travel . . . . .                                                                                                                                                                                                   | 673                   |                                 | 673                                    |                             |
| 18                                                                                                                                                                                       | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .                                                                                                            | 0                     |                                 |                                        |                             |
| 19                                                                                                                                                                                       | Conferences, conventions and meetings . . . . .                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 20                                                                                                                                                                                       | Interest . . . . .                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 21                                                                                                                                                                                       | Payments to affiliates . . . . .                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 22                                                                                                                                                                                       | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                | 399                   |                                 | 399                                    |                             |
| 23                                                                                                                                                                                       | Insurance . . . . .                                                                                                                                                                                                | 2,826                 |                                 | 2,826                                  |                             |
| 24                                                                                                                                                                                       | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                                                |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Repairs                                                                                                                                                                                                            | 4,551                 |                                 | 4,551                                  |                             |
| b                                                                                                                                                                                        | Golf tournament                                                                                                                                                                                                    | 6,667                 |                                 |                                        | 6,667                       |
| c                                                                                                                                                                                        | Contract Labor                                                                                                                                                                                                     | 9,289                 |                                 | 9,289                                  |                             |
| d                                                                                                                                                                                        | Banquet expense                                                                                                                                                                                                    | 9,664                 | 9,664                           |                                        |                             |
| e                                                                                                                                                                                        | Bad debt                                                                                                                                                                                                           | 4,579                 |                                 | 4,579                                  |                             |
| f                                                                                                                                                                                        | All other expenses                                                                                                                                                                                                 | 28,175                | 6,188                           | 21,987                                 |                             |
| 25                                                                                                                                                                                       | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                 | 174,903               | 40,648                          | 127,588                                | 6,667                       |
| 26                                                                                                                                                                                       | Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                             |                                                                                                                                                         |                                                                                                                                                                                     | (A)               |            | (B)         |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|
|                             |                                                                                                                                                         |                                                                                                                                                                                     | Beginning of year |            | End of year |
| Assets                      | <b>1</b>                                                                                                                                                | Cash—non-interest-bearing . . . . .                                                                                                                                                 | 4,572             | <b>1</b>   | 10,014      |
|                             | <b>2</b>                                                                                                                                                | Savings and temporary cash investments . . . . .                                                                                                                                    |                   | <b>2</b>   | 0           |
|                             | <b>3</b>                                                                                                                                                | Pledges and grants receivable, net . . . . .                                                                                                                                        | 3,475             | <b>3</b>   | 3,212       |
|                             | <b>4</b>                                                                                                                                                | Accounts receivable, net . . . . .                                                                                                                                                  | 3,575             | <b>4</b>   | 12,281      |
|                             | <b>5</b>                                                                                                                                                | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                           |                   | <b>5</b>   | 0           |
|                             | <b>6</b>                                                                                                                                                | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .    |                   | <b>6</b>   | 0           |
|                             | <b>7</b>                                                                                                                                                | Notes and loans receivable, net . . . . .                                                                                                                                           |                   | <b>7</b>   | 0           |
|                             | <b>8</b>                                                                                                                                                | Inventories for sale or use . . . . .                                                                                                                                               |                   | <b>8</b>   | 0           |
|                             | <b>9</b>                                                                                                                                                | Prepaid expenses and deferred charges . . . . .                                                                                                                                     |                   | <b>9</b>   | 0           |
|                             | <b>10a</b>                                                                                                                                              | Land, buildings, and equipment cost basis                                                                                                                                           |                   |            |             |
|                             |                                                                                                                                                         | <b>10a</b> 24,557                                                                                                                                                                   |                   |            |             |
|                             | <b>b</b>                                                                                                                                                | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .                                                                                                       |                   |            |             |
|                             |                                                                                                                                                         | <b>10b</b> 24,457                                                                                                                                                                   | 499               | <b>10c</b> | 100         |
|                             | <b>11</b>                                                                                                                                               | Investments—publicly traded securities . . . . .                                                                                                                                    |                   | <b>11</b>  | 0           |
|                             | <b>12</b>                                                                                                                                               | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .                                                                                  |                   | <b>12</b>  | 0           |
|                             | <b>13</b>                                                                                                                                               | Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .                                                                                  |                   | <b>13</b>  | 0           |
| <b>14</b>                   | Intangible assets . . . . .                                                                                                                             |                                                                                                                                                                                     | <b>14</b>         | 0          |             |
| <b>15</b>                   | Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .                                                                       | 19,967                                                                                                                                                                              | <b>15</b>         | 23,771     |             |
| <b>16</b>                   | <b>Total assets. Add lines 1 through 15 (must equal line 34)</b>                                                                                        | 32,088                                                                                                                                                                              | <b>16</b>         | 49,378     |             |
| Liabilities                 | <b>17</b>                                                                                                                                               | Accounts payable and accrued expenses . . . . .                                                                                                                                     | 10,355            | <b>17</b>  | 1,157       |
|                             | <b>18</b>                                                                                                                                               | Grants payable . . . . .                                                                                                                                                            |                   | <b>18</b>  |             |
|                             | <b>19</b>                                                                                                                                               | Deferred revenue . . . . .                                                                                                                                                          |                   | <b>19</b>  |             |
|                             | <b>20</b>                                                                                                                                               | Tax-exempt bond liabilities . . . . .                                                                                                                                               |                   | <b>20</b>  |             |
|                             | <b>21</b>                                                                                                                                               | Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .                                                                                                            |                   | <b>21</b>  |             |
|                             | <b>22</b>                                                                                                                                               | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                   | <b>22</b>  |             |
|                             | <b>23</b>                                                                                                                                               | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                            |                   | <b>23</b>  |             |
|                             | <b>24</b>                                                                                                                                               | Unsecured notes and loans payable . . . . .                                                                                                                                         |                   | <b>24</b>  |             |
|                             | <b>25</b>                                                                                                                                               | Other liabilities <i>Complete Part X of Schedule D</i> . . . . .                                                                                                                    |                   | <b>25</b>  | 1           |
|                             | <b>26</b>                                                                                                                                               | <b>Total liabilities. Add lines 17 through 25</b> . . . . .                                                                                                                         | 10,355            | <b>26</b>  | 1,158       |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                     |                   |            |             |
|                             | <b>27</b>                                                                                                                                               | Unrestricted net assets . . . . .                                                                                                                                                   | 1,766             | <b>27</b>  | 24,449      |
|                             | <b>28</b>                                                                                                                                               | Temporarily restricted net assets . . . . .                                                                                                                                         | 19,967            | <b>28</b>  | 23,771      |
|                             | <b>29</b>                                                                                                                                               | Permanently restricted net assets . . . . .                                                                                                                                         |                   | <b>29</b>  |             |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                     |                   |            |             |
|                             | <b>30</b>                                                                                                                                               | Capital stock or trust principal, or current funds . . . . .                                                                                                                        |                   | <b>30</b>  |             |
|                             | <b>31</b>                                                                                                                                               | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                           |                   | <b>31</b>  |             |
|                             | <b>32</b>                                                                                                                                               | Retained earnings, endowment, accumulated income, or other funds                                                                                                                    |                   | <b>32</b>  |             |
|                             | <b>33</b>                                                                                                                                               | <b>Total net assets or fund balances</b> . . . . .                                                                                                                                  | 21,733            | <b>33</b>  | 48,220      |
|                             | <b>34</b>                                                                                                                                               | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                     | 32,088            | <b>34</b>  | 49,378      |

**Part XI Financial Statements and Reporting**

|           |                                                                                                                                                                                                                                     | Yes           | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other                                                                             |               |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .                                                                                                                           | <b>2a</b>     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                        | <b>2b</b> Yes |    |
| <b>c</b>  | If "Yes" to lines 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? . . . . . | <b>2c</b>     | No |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                  | <b>3a</b>     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? . . . . .                                                                                                                                                      | <b>3b</b>     | No |

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

**Name of the organization**  
CEN-TEX HISPANIC CHAMBER OF COMMERCE

**Employer identification number**  
  
74-2330399

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                                                            |                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                    | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                |                              |
| 2 | Aggregate Contributions to (during year)                                                                                                                                                                                                                                                                   |                              |
| 3 | Aggregate 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 organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   | Held at the End of the Year                                                        |
|---|------------------------------------------------------------------------------------|
| a | Total number of conservation easements                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|    | (a)Current Year                                          | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|----|----------------------------------------------------------|---------------|-------------------|---------------------|--------------------|
| 1a | Beginning of year balance . . . . .                      |               |                   |                     |                    |
| b  | Contributions . . . . .                                  |               |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  |               |                   |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            |               |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

3b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment                                                                              | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------|----------------|
| 1a Land . . . . .                                                                                      |                                      |                                |                  |                |
| b Buildings . . . . .                                                                                  |                                      |                                |                  |                |
| c Leasehold improvements . . . . .                                                                     |                                      |                                |                  |                |
| d Equipment . . . . .                                                                                  |                                      |                                |                  |                |
| e Other . . . . .                                                                                      |                                      | 24,557                         | 24,457           | 100            |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                  | 100            |

| (a) Description of security or category<br>(including name of security)                                                                                      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| Financial derivatives and other financial products                                                                                                           |                |                                                             |
| Closely-held equity interests                                                                                                                                |                |                                                             |
| Other                                                                                                                                                        |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )  |                |                                                             |

| (a) Description of investment type                                                                                                                             | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )  |                |                                                             |

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| Restricted assets - cash                                                   | 23,771         |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 23,771         |

| (a) Description of Liability                                               | (b) Amount |
|----------------------------------------------------------------------------|------------|
| Federal Income Taxes                                                       |            |
| Rounding                                                                   | 1          |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) | 1          |

**Schedule D (Form 990) 2008**

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

|    |                                                                                 |    |         |
|----|---------------------------------------------------------------------------------|----|---------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 201,348 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 174,903 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 26,445  |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |         |
| 5  | Donated services and use of facilities                                          | 5  |         |
| 6  | Investment expenses                                                             | 6  |         |
| 7  | Prior period adjustments                                                        | 7  |         |
| 8  | Other (Describe in Part XIV)                                                    | 8  |         |
| 9  | Total adjustments (net) Add lines 4 - 8                                         | 9  |         |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 26,445  |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                            |    |         |
|---|--------------------------------------------------------------------------------------------|----|---------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 201,348 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |         |
| a | Net unrealized gains on investments . . . . .                                              | 2a |         |
| b | Donated services and use of facilities . . . . .                                           | 2b |         |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |         |
| d | Other (Describe in Part XIV) . . . . .                                                     | 2d |         |
| e | Add lines 2a through 2d . . . . .                                                          | 2e |         |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  | 201,348 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                       |    |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |         |
| b | Other (Describe in Part XIV) . . . . .                                                     | 4b |         |
| c | Add lines 4a and 4b . . . . .                                                              | 4c |         |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 201,348 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |         |
|---|---------------------------------------------------------------------------------------------|----|---------|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  | 174,903 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |         |
| a | Donated services and use of facilities . . . . .                                            | 2a |         |
| b | Prior year adjustments . . . . .                                                            | 2b |         |
| c | Losses reported on Form 990, Part IX, line 25 . . . . .                                     | 2c |         |
| d | Other (Describe in Part XIV) . . . . .                                                      | 2d |         |
| e | Add lines 2a through 2d . . . . .                                                           | 2e |         |
| 3 | Subtract line 2e from line 1 . . . . .                                                      | 3  | 174,903 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |    |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                  | 4a |         |
| b | Other (Describe in Part XIV) . . . . .                                                      | 4b |         |
| c | Add lines 4a and 4b . . . . .                                                               | 4c |         |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 174,903 |

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
CEN-TEX HISPANIC CHAMBER OF COMMERCE

Employer identification number  
74-2330399

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                               |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| Total                                         |               | ►                                                              |    |                                   |                                                                  |                                                   |

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |   |                                                                        | (a) Event #1        | (b) Event #2 | (c) Other Events | (d) Total Events<br>(Add col (a) through<br>col (c)) |
|-----------------|---|------------------------------------------------------------------------|---------------------|--------------|------------------|------------------------------------------------------|
|                 |   |                                                                        | <u>Bingo income</u> |              |                  |                                                      |
|                 |   |                                                                        | (event type)        | (event type) | (total number)   |                                                      |
|                 | 1 | Gross receipts . . . . .                                               | 902,329             |              |                  | 902,329                                              |
| Direct Expenses | 2 | Less Charitable contributions . . . . .                                |                     |              |                  |                                                      |
|                 | 3 | Gross revenue (line 1 minus line 2) . . . . .                          | 902,329             |              |                  | 902,329                                              |
|                 | 4 | Cash Prizes . . . . .                                                  | 662,897             |              |                  | 662,897                                              |
|                 | 5 | Non-cash Prizes . . . . .                                              |                     |              |                  |                                                      |
|                 | 6 | Rent/Facility costs . . . . .                                          |                     |              |                  |                                                      |
|                 | 7 | Other direct expenses . . . . .                                        | 166,565             |              |                  | 166,565                                              |
|                 | 8 | Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |                     |              |                  | 829,462                                              |
|                 | 9 | Net income summary Combine lines 3 and 8 in column (d). . . . . ▶      |                     |              |                  | 72,867                                               |

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

| Revenue         |   |                                                                           | (a) Bingo                                                                       | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                             | (c) Other gaming                                                                | (d) Total gaming (Add<br>col (a) through col (c)) |
|-----------------|---|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|
|                 | 1 | Gross revenue . . . . .                                                   |                                                                                 |                                                                                 |                                                                                 |                                                   |
| Direct Expenses | 2 | Cash prizes . . . . .                                                     |                                                                                 |                                                                                 |                                                                                 |                                                   |
|                 | 3 | Non-cash prizes . . . . .                                                 |                                                                                 |                                                                                 |                                                                                 |                                                   |
|                 | 4 | Rent/facility costs . . . . .                                             |                                                                                 |                                                                                 |                                                                                 |                                                   |
|                 | 5 | Other direct expenses . . . . .                                           |                                                                                 |                                                                                 |                                                                                 |                                                   |
|                 | 6 | Volunteer labor . . . . .                                                 | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> |                                                   |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                                 |                                                                                 |                                                                                 |                                                   |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                                 |                                                                                 |                                                                                 |                                                   |

|     |                                                                                                                                                                 | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9   | Enter the state(s) in which the organization operates gaming activities _____                                                                                   |     |    |
| a   | Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                    | 9a  |    |
| b   | If "No," Explain<br>_____<br>_____                                                                                                                              |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                            | 10a |    |
| b   | If "Yes," Explain<br>_____<br>_____                                                                                                                             |     |    |
| 11  | Does the organization operate gaming activities with nonmembers? . . . . .                                                                                      | 11  |    |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | 12  |    |

|                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>13</b> Indicate the percentage of gaming activity operated in                                                                                                                                  |     |    |
| <b>a</b> The organization's facility . . . . . <b>13a</b>                                                                                                                                         |     |    |
| <b>b</b> An outside facility . . . . . <b>13b</b>                                                                                                                                                 |     |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records                                                                      |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>                                                      |     |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |     |    |
| <b>c</b> If "Yes," enter name and address                                                                                                                                                         |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Address ►                                                                                                                                                                                         |     |    |
| <b>16</b> Gaming manager information                                                                                                                                                              |     |    |
| Name ►                                                                                                                                                                                            |     |    |
| Gaming manager compensation ► \$ _____                                                                                                                                                            |     |    |
| Description of services provided ►                                                                                                                                                                |     |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                                       |     |    |
| <b>17</b> Mandatory distributions                                                                                                                                                                 |     |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>                          |     |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ |     |    |

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

|                                                                         |                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>CEN-TEX HISPANIC CHAMBER OF COMMERCE | <b>Employer identification number</b><br>74-2330399 |
|-------------------------------------------------------------------------|-----------------------------------------------------|

| Identifier                  | Return Reference                                                                   | Explanation                                                                                      |
|-----------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Letters are sent annually to all Board members and returned directly to the independent auditors |

| Identifier                 | Return Reference                                   | Explanation                                                                                               |
|----------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | 990 is prepared by independent CPA firm and is presented to and review ed by the Board before it is filed |

| Identifier                  | Return Reference                                               | Explanation                        |
|-----------------------------|----------------------------------------------------------------|------------------------------------|
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 5 Luncheons |