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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CAMARA DE COMERCIO HISPANA DE AMARILLO

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 1861

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

AMARILLO, TX 79105-1861

D Employer identification number

75-2395031

E Telephone number

806-379-8800

F Group Exemption
Number ▶**H** Check ☐ if the organization is
not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ WWW.AMARILLOHCC.ORG**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 178,072.37

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Contributions, gifts, grants, and similar amounts received						112,206.00																					
2	Program service revenue including government fees and contracts																											
3	Membership dues and assessments																											
4	Investment income																											
5a	Gross amount from sale of assets other than inventory																											
b	Less: cost or other basis and sales expenses																											
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
6	Gaming and fundraising events																											
a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ 52,286.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe in Schedule O)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																											
10	Grants and similar amounts paid (list in Schedule O)																											
11	Benefits paid to or for members																											
12	Salaries, other compensation, and employee benefits																											
13	Professional fees and other payments to independent contractors																											
14	Occupancy, rent, utilities, and maintenance																											
15	Printing, publications, postage, and shipping																											
16	Other expenses (describe in Schedule O)																											
17	Total expenses. Add lines 10 through 16																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											
20	Other changes in net assets or fund balances (explain in Schedule O)																											
21	Net assets or fund balances at end of year. Combine lines 18 through 20																											

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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go 12

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	16,545.78	22	34,149.82
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	200.00	24	0.00
25 Total assets	16,745.78	25	34,149.82
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	477.14	26	969.33
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,268.64	27	33,180.49

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SALARIES, WAGES, AND PAYROLL TAXES FOR STAFF (80%)**TIME WAS SPENT WORKING ON BUSINESS ECONOMIC DEVELOPMENT**

(Grants \$) If this amount includes foreign grants, check here

28a 33,761.91

29 SPONSORSHIP OF WESLEY COMMUNITY CENTER (\$1,500)

(Grants \$) If this amount includes foreign grants, check here

29a 1,500.00

30 SCHOLARSHIP SUPPORT OF WEST TEXAS A&M UNIVERSITY

(Grants \$ 5,000.00) If this amount includes foreign grants, check here

30a 5,000.00

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 40,261.91

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RAYMOND GAITAN				
CHAIRMAN	3.00	0.00	0.00	0.00
CHARLIE SANCHEZ				
TREASURER	3.00	0.00	0.00	0.00
GILBERT GUTIERREZ				
PAST CHAIRMAN	1.00	0.00	0.00	0.00
HELEN RODRIGUEZ-BURTON				
SECRETARY	3.00	0.00	0.00	0.00
BRADY CHRISTIAN				
VICE-SECRETARY	1.00	0.00	0.00	0.00
DIANA AVILA				
BOARD MEMBER	1.00	0.00	0.00	0.00
VALERIE DE LA FUENTE				
BOARD MEMBER	1.00	0.00	0.00	0.00
LINDA ALCALA				
BOARD MEMBER	1.00	0.00	0.00	0.00
DONALD SMITH ELLIS				
BOARD MEMBER	1.00	0.00	0.00	0.00
ALFONSO ZAMBRANO				
BOARD MEMBER	1.00	0.00	0.00	0.00
JEREMY HERRERA				
BOARD MEMBER	1.00	0.00	0.00	0.00
STEVE MELENDEZ				
BOARD MEMBER	1.00	0.00	0.00	0.00

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.00
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed <u>NONE</u>		
42a The organization's books are in care of <u>DAVID DICKERSON</u> Telephone no. <u>806-681-9961</u>		
Located at <u>701 S. TAYLOR, SUITE 118, AMARILLO, TX</u> ZIP + 4 <u>79101</u>		
b 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)?	42b	X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

46

Yes	No
	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes	No

b If "Yes," was the related organization a section 527 organization?

49b

Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

WALTER E. WEBB, CPA

Walter E. Webb

8/2/16

P00564222

Firm's name ▶ STEWART MARTIN DUDLEY & WEBB, PC

Firm's EIN ▶ 75-2290093

Firm's address ▶ P. O. BOX 669

Phone no. 806-374-7576

AMARILLO, TX 79105-0669

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

☐ Yes ☐ No

Form 990-EZ (2015)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CAMARA DE COMERCIO HISPANA DE AMARILLO

Employer identification number

75-2395031

Part I

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

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

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

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

☐ Yes ☐ No

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

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

Total

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

TX

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 CINCO DE MAYO	(b) Event #2 FLAVORS	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	63,925.47	26,255.00	25,998.00	116,178.47
	2 Less Contributions	19,000.00	16,306.00	16,980.00	52,286.00
	3 Gross income (line 1 minus line 2)	44,925.47	9,949.00	9,018.00	63,892.47
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,791.66	5,295.32	10,748.88	20,835.86
	7 Food and beverages	16,892.23	500.00	4,885.39	22,277.62
	8 Entertainment	23,480.00	4,200.00	1,203.40	28,883.40
	9 Other direct expenses	5,653.26	2,728.09	1,459.77	9,841.12
	10 Direct expense summary. Add lines 4 through 9 in column (d)				81,838.00
	11 Net income summary. Subtract line 10 from line 3, column (d)				<17,945.53>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

Part IV Supplemental Information *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

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Open to Public
Inspection

Name of the organization

CAMARA DE COMERCIO HISPANA DE AMARILLO

Employer identification number
75-2395031

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

OTHER INCOME

1,974.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP CONTRIBUTION

GRANTEE NAME: WEST TEXAS A&M UNIVERSITY ENDOWMENT FUND

GRANTEE ADDRESS: WTAMU BOX 60766 CANYON, TX 79016

DATE OF GIFT: 12/14/15

AMOUNT GIVEN:

5,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

CREDIT CARD & BANK FEES

1,105.

DUES & SUBSCRIPTIONS

915.

INSURANCE

1,843.

MEALS

1,745.

OFFICE SUPPLIES

4,309.

GIFTS

1,324.

TAXES

625.

SPONSORSHIPS

7,400.

WEBSITE

2,400.

TELEPHONE & INTERNET

3,140.

BUSINESS CONNECTION

688.

MARKETING

3,403.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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75-2395031

MEDICAL COVERAGE 1,197.

COMPUTERS AND PERIPHERALS 510.

CONFERENCES & SEMINARS 334.

TOTAL TO FORM 990-EZ, LINE 16 30,937.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ADVANCE	200.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	477.	969.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IMPROVE THE QUALITY OF
LIFE IN THE COMMUNITY BY PROMOTING ECONOMIC AND EDUCATIONAL
OPPORTUNITIES WITH AN EMPHASIS ON HISPANIC AND MINORITY-OWNED
BUSINESSES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Employer identification number
75-2395031

[illegible]