As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492321060040 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 **B** Check if applicable: C Name of organization D Employer identification number Prosper Chamber of Commerce ☐ Address change 20-0788754 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 432 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Prosper, TX 75078 F Group Exemption ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 27,220 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 111,338 4 4 620 5a Gross amount from sale of assets other than inventory 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold **7**c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 8 Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 139,178 10 10 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 43,724 Salaries, other compensation, and employee benefits . Expenses 13 13 6,808 Professional fees and other payments to independent contractors 14 4,216 14 Occupancy, rent, utilities, and maintenance 158 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 16 29,889 17 Total expenses. Add lines 10 through 16 17 84.795 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 54,383 Net Assets 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) 19 145,969 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 21 200,350 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

Part II	Polonge Chapte (and the instructions	. f D t III)					rage 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this	Part II			🗹
	Circuit in the organization used senedale	o to respond to diff o	aconon in ano			<u> </u>	
22.0				(A) B	eginning of year	22	(B) End of year
	vings, and investments				141,486		194,496
	buildings				4,401	-	2,892
24 Other as	sets (describe in Schedule O)				1,978		5,065
	sets				147,865		202,453
26 Total lia	bilities (describe in Schedule O)				1,896	_	2,103
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		145,969	27	200,350
Part Ⅲ	Statement of Program Service A	Accomplishments	(see the instructi	ons for Pa	rt III)	١	Expenses
	Check if the organization used Schedule	O to respond to any o	question in this	Part III	🗆		equired for section 501(c) and 501(c)
	organization's primary exempt purpose?						janizations; optional for
Describe the measured by	Business organizations organization's program service accomplis v expenses. In a clear and concise manne nd other relevant information for each pro	r, describe the service				oth	ners.)
28 See Addition	al Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ots sheek here		▶ □	28a	
(Grants \$) 29	II triis arriouri	t includes foreign gran	its, check here	• •		28a 29a	
29						29a	
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ ⊔		
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	nts check here		. ▶ □		
				<u> </u>	. , _		
	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign gran	-			31a	
	ogram service expenses (add lines 28a				<u> •</u>		
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule	and Key Employees	(list each one ev	en if not co	ompensated — see the	instru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any d	luestion in this	Part IV.		• •	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- t paid,	(d) Health bene contributions to en benefit plans, a deferred compen	nploye and	(e) Estimated amount of other compensation
Kenneth Dug	ggar	0	Circo. V	0			
Vice Chair							
John Mangin	illa	0		0			
-							
Treasurer		_					
Lacie Lee		0		0			
Secretary							
Iris Meneley		0		0			
.							
Chairman							
						_	
		<u> </u>	<u> </u>		<u> </u>		1

activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization ascetion 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 Did the organization organization organization ascetion 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 Did the organization organization subject to section 6033(e) 137a 137a 137a 137b 137a 137b 137a 137b 137b 137b 137a 137b 137a 137b 137b 137a	Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9			
detailed description of each activity in Schedule O Were any significant changes made to the organization 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. 15a 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)? b If "Yes," to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation is Schedule O incide, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 15b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete specification and strong the year is provided and strong the year? If "Yes," complete specification and strong the year is the organization file Form 1120-PDL for this year? 27a Did the organization berrow 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 28b Section 501(c)(3) organizations. Enter: 1 In tiation fees and capital contributions included on line 9 2 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization during the year unders school strong the year in the year is the year is section 901(c)(3), 501(c)(4), and 501(c)(20) organizations. Biter amount of tax imposed on organization managers or disqualified persons during the year or did it engages in an excess benefit transaction in a prior year that has not been reported on any of its prior		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		🗆			
detailed description of sach activity in Schedule O 3				Yes	No		
of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (exul as those reported on lines ≥ 6, and 7a, among others)? 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, exit of the provide on explanation as active to section 6033(e) notice, reporting, and proxy ax requirements during the year? If "Tes," complete Schedule C, Part III b 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. Part III b Did the organization the Form 1120-PDL for this year? 37a Interval of particular of particular parts of the organization of parts of the part III and enter the total amount involved 37b If "Yes," complete schedule L. Part III and enter the total amount involved 38b J If "Yes," complete Schedule L. Part III and enter the total amount involved 39 Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 39b Gross receipts, included on line 9, for public use of club facilities 39c J Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4938 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-E77 if "Yes," complete Schedule L, Part III c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of discullified persons during the year under sctionassions and supplies the part of the prior of t	33		33		No		
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 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 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? "I'ves," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 37b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 3 In Itiation fees and capital contributions included on line 9 39a Section 501(c)(7) organizations. Enter: 3 In Itiation fees and capital contributions included on line 9 39b Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39c section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39c section 501(c)(3), 501(c)(4), and 501(c)(3) organizations. Did the organization engage in any section 4918 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-E27 If "Yes," complete Schedule L, Part I 4 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 912, 4955, and 4958 excess benefit transaction under the during the year organization. Enter amount of tax on line 40c reimbursed by the organization and the properties from 808-E7. 4 c section 501(c)(3), 501(c)	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		No		
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 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 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 sections4912, 4955, and 4958 d 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, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ D 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: ▶ D 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? 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). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ 243 Did the o							
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engine in any section 4958 excess benefit transaction during the year, ord did the 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 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 sections4912, 4955, and 4958 ▶ 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ The organization's books are in care of "							
b Section \$01(c)(3), \$01(c)(4), and \$01(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 c Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization 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. 1 List the states with which a copy of this return is filed. ► The organization's books are in care of ► Lynn A Gross CPA Located at ► 101 E Broadway Prosper, TX D 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: ► 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 the U.S.? 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 the U.S.? If "Yes," enter the name of the foreign country: ► 25 Section \$01(t) (10,0)		, ,					
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of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			45a		No		
Form 990-EZ (see instructions)	45b		45b		No		

orm 990-E	2 (2019)							Page T	
16 Did th	he organization engage, directly or ind	directly, in political campaid	an activities on beh	alf of or in opposition	n to		Yes	No	
	idates for public office? If "Yes," compl					46		No	
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization	-	ons 47- 49h and	52 and complete	the table	s for li	nas 50	and 5	
	Check if the organization used Sched	dule O to respond to any question	uestion in this Part	VI			[
							Yes	No	
	he organization engage in lobbying act es," complete Schedule C, Part II	tivities or have a section 5	01(h) election in ef	fect during the tax y	ear?	47			
18 Is the	e organization a school as described in	section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		48			
19a Did th	he organization make any transfers to	an exempt non-charitable	related organization	on?		49a			
b If "Ye	es," was the related organization a sec	tion 527 organization?				49b			
	plete this table for the organization's fi					and key	employ	ees)	
	each received more than \$100,000 of Name and title of each employee	(b) Average	(c) Reportable	(d) Health b	enefits,		timated		
		hours per week devoted to position	compensation (Forms W-2/109 MISC)		ns, and	or other	er comp	ensatio	
ONE									
	plete this table for the organization's fi pensation from the organization. If the (a) Name and business address	re is none, enter "None."		(b) Type of ser		· ·	00,000 o		
ONE									
								_	
d Tota	al number of other independent contra	actors each receiving over	\$100,000		-				
2 Did con	d the organization complete Schedule ampleted Schedule A	A? NOTE. All section 501(c)(3) organizations	must attach a	•	► □ va		No	
nder penal	lties of perjury, I declare that I have e and belief, it is true, correct, and com	examined this return, inclu	ding accompanying	schedules and state	ments, and	d to the	best of	my	
las arry know	*****	2020-11-16							
ign ere	<u> </u>	Signature of officer Date							
CI C	Kenneth Duggar Vice President Type or print name and title								
aid	Print/Type preparer's name Lynn A Gross CPA	Preparer's signature]	Check Self-emplo		9143			
reparei		A LLC	I	· · · · · · · · · · · · · · · · · · ·	► 47-23919	961			
lse Onl	Firm's address ► 101 E Broadway	Firm's address ► 101 E Broadway Phone no. (972) 346-3				100			
	Prosper, TX 7507	Prosper, TX 75078							
In the IDC						T.V			
ay tne IRS	6 discuss this return with the preparer	snown above? See instruc	Luons			☑ Yes	□ No		

Additional Data

Software ID: 19009920

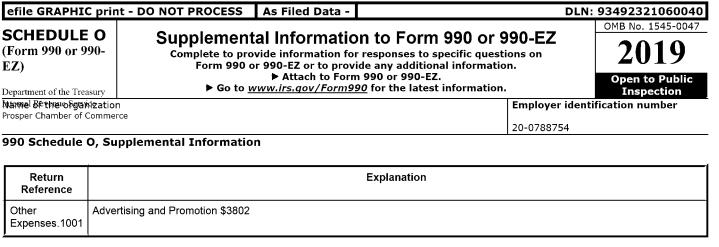
Software Version: 2019v5.0

EIN: 20-0788754

Name: Prosper Chamber of Commerce

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's progra services, as measured by expenses number of persons benefited, and	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 To promote business organizations	28a		
(Grants \$)	If this amount includes foreign grants, check here \dots		



990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Office Expenses \$2409
Expenses.1002

990 Schedule O, Supplemental Information Return Explanation Reference

Other Information Technology \$1110 Expenses.1003

990 Schedule O, Supplemental Information Return Explanation Reference

Other Depreciation \$1729 Expenses.1009

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$1404

Other Expenses.1012

990 Schedule O, Supplemental Information Return Explanation Reference

Other Program Expenses \$7437
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Bank Fees \$3763

990 Schedule O, Supplemental Information Return Explanation Reference

Other Event Expense \$3271
Expenses.3

990 Schedule O, Supplemental Information Return Explanation Reference

Other Web Expense \$3033

990 Schedule O, Supplemental Information Return **Explanation** Reference

Reference

Other Staff & Community Development \$1105
Expenses.5

990 Schedule O, Supplemental Information Return Explanation Reference

Other Dues & Subscriptions \$470

990 Schedule O, Supplemental Information Return Explanation Reference Other Awards \$210

990 Schedule O, Supplemental Information Return Explanation Reference Other Meals \$101 Expenses.9

990 Schedule O, Supplemental Information Return Explanation Reference

Other Other \$45
Expenses.10

Return Explanation

990 Schedule O, Supplemental Information

Reference

Other Furniture and Fixtures - Beginning \$0 Furniture and Fixtures - Ending \$3087

Assets.1002

Return Explanation

990 Schedule O, Supplemental Information

Reference	·
Other Assets.1005	Accounts Receivable - Beginning \$1978 Accounts Receivable - Ending \$1978

Return Explanation

990 Schedule O, Supplemental Information

Reference

Total Liabilities_Other - Beginning \$1896 Liabilities_Other - Ending \$2103
Liabilities.1