

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **01-01-2015**, and ending **12-31-2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEGUIN GUADALUPE COUNTY CHAMBER OF C	D Employer identification number 74-2540115
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 971 W COURT ST	E Telephone number (830) 372-3151
	City or town, state or province, country, and ZIP or foreign postal code SEGUIN, TX 78155	F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

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 NON PROFIT

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 ▶ \$ 39,991

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,575
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,620
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	30,793	
c Less direct expenses from gaming and fundraising events	6c	36,453	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-5,660	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	3	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	3,538	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,720
	13 Professional fees and other payments to independent contractors	13	4,130
	14 Occupancy, rent, utilities, and maintenance	14	6,259
	15 Printing, publications, postage, and shipping	15	395
	16 Other expenses (describe in Schedule O)	16	21,115
17 Total expenses. Add lines 10 through 16 ▶	17	44,619	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,081
	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	111,724
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-21,460
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	49,183

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	73,184	22 22,980
23 Land and buildings	82,409	23 61,541
24 Other assets (describe in Schedule O)		24
25 Total assets	155,593	25 84,521
26 Total liabilities (describe in Schedule O)	43,869	26 35,338
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,724	27 49,183

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

What is the organization's primary exempt purpose?

SERVICE TO HISPANIC BUS OWNED

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

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

28 See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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
Mary Louise Gonzales Chairperson	0	0		
Christina Rios Krueger 1st Vice Chairperson	0	0		
Mary Ann Leos Smith 2nd Vice Chairperson	0	0		
Isable H Lara 3rd Vice Chairperson	0	0		
Mark Gonzales Secretary	0	0		
Melisa De La Cruz Treasurer	0	0		
Louis Q Reyes III Parliamentarian	0	0		
Santos Castillo Director	0	0		
Kathy Amador-Cameron Director	0	0		
Pete Garza Sr Director	0	0		
Louis R Ramirez President	20	12,720		

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 Schedule O to respond to any question in this Part V

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table with Yes/No columns and input fields for amounts and names.

	Yes	No
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	No

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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 "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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	2018-03-08 Date
NICK SPENCE PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LORIE B EWING	Preparer's signature	Date 2018-03-08	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00269797
	Firm's name ▶ RELIABLE TAX SERVICE			Firm's EIN ▶ 74-3022554	
	Firm's address ▶ 1272 S W W WHITE RD SAN ANTONIO, TX 78220			Phone no (210) 648-6118	

May the IRS discuss this return with the preparer shown above? See instructions **▶** Yes No

Additional Data

Software ID: 15000260

Software Version:

EIN: 74-2540115

Name: SEGUIN GUADALUE COUNTY CHAMBER OF C

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
PROMOTE HISPANIC OWNED AND HISPANIC FRIENDLY BUSINESSES THROUGH ADVERTISING 28 AND COMMUNITY EVENTS (Grants \$)	28a	

If this amount includes foreign grants, check here . . .