Form 990

Department of the Treasury

हैंReturn 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.

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

20**17**Open to Public

A	or the	2017	calendar	year, or tax y	ear beginn	ning			2017,	, and e	ending					, 20		
			C Name o	f organization									D E	mployer ic	lentifica	tion number		
В	heck if a	oplicable	BROWN	FIELD CH	IAMEBER	OF COMME	RCE											
	Addre		Doing bi	usiness as										75-	1186	728		
	7	change	Number	r and street (or	PO box if m	ail is not delivered	to street add	ress)		Room	/suite		E Telephone number					
	┥	return	211 LUBBOCK RD									806	-637	-2564				
		return/	City or t	town, state or p	rovince, coul	ntry, and ZIP or for	eign postal c	ode									-	
-	Amen	ded	BROWN	FIELD, 1	rx 793	316							G G	ross recei	pts \$			
	Applic	ation	F Name a	ind address of p	nncipal office	er Si	•	1				/	H(a)	Is this a g		n for Yes	X No	
) н(ь)	Are all sub		ctuded? Yes	XN	
ī	Tax-ex	empt sta	atus	501(c)(3)	X 501(c)(6) ∢ (ır	sert no)	4947	'(a)(1)	or	52	X	1	If "No,"	attach a li	st (see instruction		
J	Websi	te: 🕨	•						8		V		H(c)	Group exe	emption nu	ımber 🕨		
K	Form o	of organ	ization X	Corporation	Trust	Association	Other	>	1	L	. Year of	format	ion	N	/ State	of legal domicile	ΤX	
Р	art I	Su	mmary						7									
	1	Briefly	describe	the organizat	ion's missi	on or most signif	icant activi	ties TH	E P	URPO	SE C	F TI	HE	CHAMB	ER I	S TO ADV	ANCE	
စ္ပ						IAL, AND												
Jan		PRON	OTING	BUSINES	S ACTI	VITY THRO	UGH FU	ND RA	ISE	RS A	ND O	THEF	R A	CTIVI	TIES	•		
ctivities & Governance	2	Check	this box	▶ if the	organizati	on discontinued	its operat	ions or d	lispose	ed of m	nore tha	ın 25%	of it	s net ass	ets			
ŝ	3	Numb	er of votin	ng members o	f the gover	ning body (Part \	/I, line 1a)								3		12	
త	4	Numb	er of inde	pendent votin	g members	of the governir	ng body (Pa	irt VI, line	e 1b) .						4		12	
Ę	5	Total r	number of	f individuals e	mployed in	calendar year 2	017 (Part V	/, line 2a))						5		4	
Ę	6	Total r	number of	f volunteers (e	stimate if n	ecessary)									6		12	
Ą						art VIII, column (IVE]		7a			
	b	Net ur	related b	usiness taxab	le income f	rom Form 990-T	line 34 .	. . ,	Γ		- I V L	 , ,	اں		7b			
				•				9					9	ior Year		Current \	ear ear	
41	8	Contri	butions ai	nd grants (Par	t VIII, line 1	h)		. [중]	_ J <i>!</i>	AN 2	2 20	19	134	9,346	.00	220,05	50.00	
ž				-		g)							圆					
Revenue		-		-), lines 3, 4, and			.00	GDF	-N.I	JT		387	.00	12	28.00	
, מב ה	11	Other	revenue (Part VIII, colu	ımn (A), line	es 5, 6d, 8c, 9c,	10c, and 1	1e) —						3,698	.00	73,40	00.00	
· •						must equal Part							21	3,431	.00	293,57	78.00	
						, column (A), line										•		
	14	Benefi	its paid to	or for membe	rs (Part IX,	column (A), line	4)											
	15	Saları	es, other o	compensation	, employee	benefits (Part IX	, column (A	A), lines 5	5-10).				7	9,813	.00	82,54	16.00	
Expenses	16 a	Profes	sional fur	ndraising fees	(Part IX, co	lumn (A), line 1	le)											
g	ь	Total f	undraisin	g expenses (P	art IX, colui	mn (D), line 25)	•							_				
Û	17	Other	expenses	(Part IX, colu	mn (A), line	es 11a-11d, 11f-2	24e)						12	0,446	.00	189,21	4.00	
Expenses						equal Part IX, col							20	0,259	.00	271,76	50.00	
	19		-			from line 12							1	3,172	.00	21,81	8.00	
2 9 2 9 3 9	20 21 22	-										Begin	ning	of Curren	t Year	End of Ye	ar	
land	20	Total a	assets (Pa	rt X, line 16)									12	4,187	.00	146,02	9.00	
Ass	21		•											795	.00	8 3	9.00	
F F	22	Net as	sets or fu	and balances	Subtract lir	ne 21 from line 2	0						12	3,392	.00	145,21	0.00	
Pa	irt II	Sig	nature E	Block		_												
Un	der per	alties o	f perjury, I	declare that I h	nave examin	ed thus return, incl	uding accor	npanying	sched	ules an	d staten	nents, a	and to	the best	of my k	nowledge and b	elief, it is	
tru	e, corre	ct, and	complete	eclaration of pr	eparer (other	f than officer) is ba	sed on all in	rormation	or wni	ich pre	parer nas	s any Kr	Towle	l	1/1	0/10		
			///	MMn	/ //	WM_									<u> </u>	1/19		
Sig		7	Signature	of officer	1/1.	- 160	-6.0	,		h		/		Date		•		
He	re		1 U	grena	Vale	wa	EXEC	21.4U	e_	120	nec	400	-					
_			Type or pri	nt name and title)													
_		Print	Туре ргера	rer's name		Preparer's s	ignature	11	@D	Da	te		\Box	Check X	ıf P	TIN	ĺ	
Paid		WIL	LIAM E	E. HOLLO	YAY	Willea	S Has	Maa	y 14	0	1/15	/19		self-empl		P01390	687	
	parer			EDDY HO		CPA							Fırm	's EIN 🕨	47-1	592999		
USE	Only					Y, BROWNF	IELD,	TX 7	931	6				ne no		-636-3566	5	
Ma	v the	IRS di	scuss th	is return with	the prep	arer shown at	ove? (see	Instruc	tions))						. X Yes	No	

FUI	m 990 (2017) Page 2
Ρ	art Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	THE CHAMBER PROMOTES BUSINESS IN OUR COMMUNITY TO ENCOURAGE GROWTH IN SALES AND
	SERVICE. WE SEEK OPPORTUNIES TO EXPAND THE LOCAL WORKFORCE AND ENCOURAGE CIVIC
	INVOLVEMENT IN COMMUNITY 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? Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 68,873.00 including grants of \$) (Revenue \$131,373.00)
	HARVEST FESTIVAL - CELEBRATION WITH TALENT CONTEST, ENTERTAINMENT, & PRIZES. OVER
	10,000 COMMUNITY PARTICIPANTS & OUTSIDE VISITORS.
4b	(Code) (Expenses \$ 42,212.00 including grants of \$) (Revenue \$ 48,323.00) VINYARD FEESTIVAL - SERVICING OVER 500 ANNUALLY. THE FESTIVAL SHOWCASES THE AREA'S
	VINYARDS AND PROMOTES THE LOCAL WINE INDUSTRY.
4c	(Code) (Expenses \$ 15,827.00 including grants of \$) (Revenue \$ 19,905.00)
	ANNUAL CHAMBER BANQUET - RECOGNIZE CIVIC LEADERS, PROMOTE LEADERSHIP IN THE
	COMMUNITY, AND ENCOURAGE BUSINESS NETWORKING.
4-1	Other program convices (Describe in Schedule O.)
+ ū	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 126, 912.00
	Form 990 (2017)

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Pari	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	Ά
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,		- ''	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	·	_	,	
	Part III.	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			_ <u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14ь		Х
4 E		140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	, ,		v
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		٠.
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Bid the organization operate one or more respirations in the	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		N	/A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	1	Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b		24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		N	/ n
	transaction with a disqualities portion during the year.	25a		<u> </u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		N/	Α
	If "Yes," complete Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	•	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	.		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I	<u> </u>	- 1	
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		l	
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/	A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		N	Α
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	/	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	, ,	İ	Х
••	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O	30	000	

Form **990** (2017)

The Enter the number reported in Box 3 of Form 1096. Enter 40- if not applicable		990 (2017)			Page
The Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable	Pai				_
1a Enter the number reported in Box 3 of Form 1098 Enter Q-if not applicable		Check if Schedule O contains a response or note to any line in this Part V	• • •		<u>. </u>
b Enter the number of Forms W-2G included in line 1a Enter-0-if not applicable. □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to preze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -felia (see mistructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did any taxable party notify the organization have an interest in, or a signature or other authority over, a financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial accounts (FRAN) 5b If "Yes" enter the name of the foregin country > N/A 5c If Pax (in the organization approach of the foregin country (such as a bank account, securities account or other financial accountry (such as a bank account, securities accountry	4.0	Enter the number reported in Rev 2 of Form 1006. Enter 0 of not continoble		105	NO
c Dd the organization comply, with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Eletter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 A Company of the second of the calendary year ending with or writhin the year covered by this return. 3 A I the set on its reported on Ine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3 Letter of the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of lines 1 is and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of lines 1 is and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of lines 1 is and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of lines 1 is and 2 is greater than 250, you may be required to e-file (see instructions). 3 Letter of the sum of the foreign country (see its sum of the su		Effect the flatible reported to box 5 of 1 offir 1050. Effect 45 applicable.	,		
a Either the number of employees reported on Form W-3, Transmittal of Wage and Tax		• •			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	•		1c	N / 2	
Statements, filed for the calendary ear ending with or within the year covered by this return. 2a 4	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3c All 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 No. 1					
3a X bif "Yes," has it field a form 990-T for this yea? /f "No" of line 3b, provide an explanation in Schedule O	b		2b	Х	<u></u>
b If "Yes," has it filed a Form 990-7 for this year? If "No" to line 3b, provide an explanation in Schedule O. 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 accounts). 5b If "Yes," enter the name of the foreign country \(\)		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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)? b If "Yes," enter the name of the foreign country ► M/A See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-72. 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shave annual gross recepts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization seceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization enewe a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to file Form 82827 c Did the organization of the value of the goods or services provided? 7 To the organization of the value of the goods or services provided? 7 To the organization of the value of the goods or services provided? 8 To the organization of unity the donor of the value of the goods or services provided? 9 To the organization of the value of the goods or services provided? 10 The organization of the organization of unity the donor of the value of the goods or services provided? 11 The N/A 12 To the organization of the value of the goods o				ļ	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ N/A See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			3b	N/2	-
b If "Yes," enter the name of the foreign country NA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4a				
b If "Yes," enter the name of the foreign country ▶ N/A See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			4.		v
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	b				
c Enter the amount of reserves on hand	_		ľ	ľ	-
14a Did the organization receive any payments for indoor tanning services during the tax year?		Enter the difficulty of feed too on head,	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				N / 7	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No Yes 12 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a The governing body?..... Х 8ь Each committee with authority to act on behalf of the governing body?............ is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, N. İΑ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c Х 13 Х 13 Х 14 Did the organization have a written document retention and destruction policy?.......... Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the N/ Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

LORENA VALENCIA, 211 LUBBOCK ROAD, BROWNFIELD, TX 79316, 806-637-2564

Form 990 (2017)

20

financial statements available to the public during the tax year

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Form 990	120171				

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								_

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box, office or direct	not cl	Pos heck	c) lition more	than both or/true Highest compensated employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	LORENA VALANCIA	40									
	MANAGER					Х			48,260.00	0.00	3,000.00
(2)	JUSTIN HESSE	0									
	PRESIDENT				X				0.00	0.00	0.00
_(3)	ELLEN COLLINS	0								0.00	0.00
	SECRETARY				Х				0.00	0.00	0.00
(4)	JOHNNY GARCIA	0	.,,						0.00	0 00	0 00
	DIRECTOR		Χ_	_	_	_			0.00	0.00	0.00
_(5)	PAM BROCK	0	.,						0.00	0.00	0.00
	DIRECTOR		Х				-		0.00	0.00	0.00
(6)	BOBBY VAUGHAN	0	v			ŀ			0.00	0.00	0.00
	DIRECTOR	0	Х	\vdash	<u> </u>	_			0.00	0.00	0.00
_(7)	BRIAN BRISENDINE	0	Х						0.00	0.00	0.00
(0)	DIRECTOR	0							0.00	0.00	
(8)	BRIAN PAIVA DIRECTOR	0	х						0.00	0.00	0.00
-(0)	BUZZ TIMMONS	0	Α.		-				0.00	0.00	0.00
(3)	DIRECTOR	1.0	х			Ì			0.00	0.00	0.00
(10)	KIM FRANKE	0	Α.		_				0.00		0.00
(10)	DIRECTOR		х						0.00	0.00	0.00
(11)	RITA TODD	0	 -		<u> </u>				3.30		
11.17	DIRECTOR	-	х						0.00	0.00	0.00
(12)	KELLY RILEY	0	-								
3/_	DIRECTOR		х						0.00	0.00	0.00
(13)											
(14)				<u> </u>							
						l		l			

Part VII Section A. Officers, Directors, True	stees, Key	/ Em	ploy	ontinued)							
(A) Name and title	(B) Average hours per week (list any	box,	unles r and	Pos heck sspe dad	rson Irect	e than o	an ee)	(D) Reportable compensation from	(E) Reporta compensati relate	on from	(F) Estimated amount of other
,	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizal (W-2/1099-		compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)								;			
(22)											
(23)											
(24)											
(25)									! 		
1b Sub-total	ection A						A A	48,260.00			3,000.00
d Total (add lines 1b and 1c)	t limited to		e li				who	48,260.00 received more the	nan \$100,0	000 of	3,000.00
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	11	"Ye	S, "	complete Schedu	ıle J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	sati	ion	fror	n any	ur ur	nrelated organizatı	on or indiv	ıdual	5 X
Section B. Independent Contractors	ca, compre	<u> </u>	1100	uio	0 10	3401	ρυ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · ·	··-	
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business addi	ess							(B) Description of se	vices	C	(C) ompensation
NONE											
			_								
2 Total number of independent contractors received more than \$100,000 of compensation	-	-							ve) who		

Pa	rt VII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		oneok ii odneodie o comains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514									
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	0												
Program Service Revenue	2a b c d	All other program service revenue													
<u> </u>	3 4 5	Investment income (including dividends, interest, and other similar amounts)	128.00												
	6a b c d 7a	Gross rents													
Other Revenue	b c d 8a	assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c).													
Other	с 9а	See Part IV, line 18													
	10a b														
	11a b	Miscellaneous Revenue HOTEL OCCUPANCY TAX INSURANCE RECOVERY	60,290.00												
	c d e 12	MISCELLANEOUS All other revenue	73,400.00 293,578.00												

Part IX Statement of Functional Expenses

Section	501	1(c)(3)	and	501(0	;)(4,	organiz	ations mi	ıst com	plete a	Il columns	All other	organization	s must co	mplete	column	(A)	

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			'	
•	- · · · · · · · · · · · · · · · · · · ·	· · ·			-
2	Grants and other assistance to domestic individuals See Part IV, line 22				
2	Grants and other assistance to foreign				
,	organizations, foreign governments, and foreign				, .
	individuals See Part IV, lines 15 and 16				·
4	Benefits paid to or for members			1	,
	Compensation of current officers, directors,				
Ī	trustees, and key employees	48,260.00			
6	Compensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·			
Ī	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,939.00	· · · · · · · · · · · · · · · · · · ·		
	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits	3,360.00			
10	Payroll taxes	5,987.00			
11	Fees for services (non-employees)				
	Management				
	Legal				
C	Accounting	1,778.00			
d	Lobbying				
	Professional fundraising services See Part IV, line 17.			•	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	15,592.00			
13	Office expenses	8,619.00			<u> </u>
14	Information technology				
	Royalties				
	Occupancy	24,023.00			
	Travel				
18	Payments of travel or entertainment expenses	1		į	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest			 	
	Payments to affiliates		··		
	Depreciation, depletion, and amortization	2,979.00		-	
	Insurance	2,519.00			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	,			
	(A) amount, list line 24e expenses on Schedule O)	•			
2	SPONSORED EVENTS	126,912.00			
_	MISCELLANEOUS EXPENSE	6,197.00			
	BICENTENNIAL PARK	2,357.00			
	DUES	757.00			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	271,760.00			
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				,
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)			L	

Form 990 (2017)

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,249.00	1	84,601.00
	2	Savings and temporary cash investments		2	32,255.00
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,938.00	4	29,173.00
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees	A 1		
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
"		organizations (see instructions) Complete Part II of Schedule L		6	
iet	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a	· · · · · · · · · · · · · · · · · · ·		
	b	Less accumulated depreciation		10c	·
	11	Investments - publicly traded securities	·	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	124,187.00		146,029.00
	17	Accounts payable and accrued expenses	795.00	17	819.00
	18	Grants payable		18	
	19	Deferred revenue	- 	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	· .		
Liabilities		trustees, key employees, highest compensated employees, and	· · · · · · · · · · · · · · · · · · ·	-	
iat		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	705 00	25	010 00
	26	Total liabilities. Add lines 17 through 25	795.00	26	819.00
sec		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	123,392.00	27	145,210.00
Ba	28	Temporarily restricted net assets		28	<u> </u>
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			•
इं	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	123,392.00	33	145,210.00
	34	Total liabilities and net assets/fund balances	124,187.00	34	146,029.00
		_ :			Form 990 (2017)

orm 99	90 (2017)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,</u> 578	
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 760	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>,818</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123	,392	.00
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		145	<u>,210</u>	.00
art	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			丄
			-		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			•		١.
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın		1.0 -	'
	Schedule O			<u> </u>	<u></u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	ı a		· 4	
	separate basis, consolidated basis, or both				- 2 - 2	7
	Separate basis Consolidated basis Both consolidated and separate basis		ļ.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversig	ght		·N/	7.
	of the audit, review, or compilation of its financial statements and selection of an independent ac	countai	nt?	2c	IN /	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year,			,		
	Schedule O		1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın		*	
	the Single Audit Act and OMB Circular A-133?			3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo t	the		,,,	_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at			3b	N/	ıΑ

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) then

	Section 501(c)(4), (5), or (6) org				
	e of organization			Employer ide	ntification number
BE	ROWNFIELD CHAMEBER (OF COMMERCE		75-1186	
		organization is exempt under	section 501(c) or		
1		organization's direct and indirect			
	definition of "political campa	•	ponnour company, a		
2	•	expenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
عضعه		organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
	_	a section 4900 tax, did it life i offit	-		
	If "Yes," describe in Part IV				res NO
	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).</u>
1		expended by the filing organization			<u>r</u>
•		expended by the filling organization			
2		ng organization's funds contributed			
2		es			
3		enditures Add lines 1 and 2 Er			
J		Add lines I and 2 Er			
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification numb	per (EIN) of all section	on 527 political organiza	ations to which the filing
		s For each organization listed, er			
		tributions received that were pron			
	as a separate segregated fur	nd or a political action committee (PAC) If additional sp	pace is needed, provide i	nformation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)	· · · · · · · · · · · · · · · · · · ·			-	<u> </u>
(' '		·	1		
(2)					
(-/					
(3)					<u> </u>
ισ,			1		
(4)	·-·				
· •/			1		
(5)					
٠,			1		
(6)		······································			-
,		·	1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

	section 501(h)).					
A	Check ▶ if the filing organization address, EIN, expense	•			ch affiliated group mem	nber's name,
В	Check ▶ if the filing organization	n checked box	A and "limited contr	ol" provisions appl	у	
	Limits on (The term "expenditure	Lobbying Expens" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influ	ence public opin	ion (grass roots lob	bying)		
Ŀ	Total lobbying expenditures to influ	ence a legislativ	e body (direct lobby	ring) [_		
c	: Total lobbying expenditures (add lii	nes 1a and 1b).				
c	Other exempt purpose expenditure	·		[
е	Total exempt purpose expenditures	(add lines 1c ar	nd 1d)	[
	Lobbying nontaxable amount Ent	· · · · · · · · · · · · · · · · · · ·				
	columns					
	If the amount on line 1e, column (a) or	(b) is: The lobbyi	ng nontaxable amount	is:		
	Not over \$500,000		amount on line 1e			
	Over \$500,000 but not over \$1,000,00	\$100,000 p	lus 15% of the excess	over \$500,000		,
	Over \$1,000,000 but not over \$1,500,0	00 \$175,000 p	lus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000	000 \$225,000 p	lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
Q	Grassroots nontaxable amount (en	ter 25% of line 1f)			
h	Subtract line 1g from line 1a If zero	or less, enter -0) <i></i>			
i	Subtract line 1f from line 1c If zero					-
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720					
j	If there is an amount other than	zero on either	line 1h or line 1i,	did the organizat	ion file Form 4720	
j	If there is an amount other than reporting section 4911 tax for this	/ear?	<u> </u>			Yes No
j		/ear?	raging Period Unde 01(h) election do no te instructions for	er section 501(h) ot have to comple lines 2a through	ete all of the five colun	
j	reporting section 4911 tax for this	/ear?	raging Period Unde 01(h) election do no	er section 501(h) ot have to comple lines 2a through	ete all of the five colun	
j 	reporting section 4911 tax for this	/ear?	raging Period Unde 01(h) election do no te instructions for	er section 501(h) ot have to comple lines 2a through	ete all of the five colun	
j 	(Some organizations that m	/ear?	raging Period Under D1(h) election do no te instructions for notitures During 4-Y	er section 501(h) of have to comple lines 2a through	ete all of the five colunction (2f.)	nns below.
	(Some organizations that m Calendar year (or fiscal year beginning in)	/ear?	raging Period Under D1(h) election do no te instructions for notitures During 4-Y	er section 501(h) of have to comple lines 2a through	ete all of the five colunction (2f.)	nns below.
t	(Some organizations that m Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount	/ear?	raging Period Under D1(h) election do no te instructions for notitures During 4-Y	er section 501(h) of have to comple lines 2a through	ete all of the five colunction (2f.)	nns below.
c	(Some organizations that m Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	/ear?	raging Period Under D1(h) election do no te instructions for notitures During 4-Y	er section 501(h) of have to comple lines 2a through	ete all of the five colunction (2f.)	nns below.
c	(Some organizations that m Calendar year (or fiscal year beginning in) Lobbying nontaxable amount (150% of line 2a, column (e)) Total lobbying expenditures	/ear?	raging Period Under D1(h) election do no te instructions for notitures During 4-Y	er section 501(h) of have to comple lines 2a through	ete all of the five colunction (2f.)	nns below.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Schedule C (Form 990 or 990-EZ) 2017

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8	-	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						·
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
a	Volunteers?				-	•	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?					~~~	
c d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?					_	
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
Q Dat	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(0)(5)		ootior			
ı aı	501(c)(6).	(C)(S)	, or s		· 		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501	_			3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			_1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts	of				
	political expenses for which the section 527(f) tax was paid).			2a			
a	Current year			2b			
b	Carryover from last year			2c	-		
С 3	Total			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					_	
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible k						
	and political expenditure next year?			4			
5_	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>		5			
	t IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	d grou	ip list), Part	II-A, lu	nes 1	and
2 (se	ee instructions), and Part II-B, line 1 Also, complete this part for any additional information						
—							
							_
							-

Schedule C (Form 990 or 990-EZ) 2017	Page .
Part IV	Supplemental Information (continued)	
		
_		· · · · · · · · · · · · · · · · · · ·
		·
		· · · · · · · · · · · · · · · · · · ·
_		
•		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 75-1186728 BROWNFIELD CHAMEBER OF COMMERCE Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations e а f b Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations g C d In-person solicitations 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 services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) (ii) Activity custody or control of fundraiser listed in or entity (fundraiser) from activity organization contributions? col (i) Yes No 1 2 3 10 Total 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

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

		gross receipts greater than \$5,00	10			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HARVEST FESTIVAL	VINYARD FESTIVAL	1	(add col (a) through
		<u> </u>	(event type)	(event type)	(total number)	col (c))
nue						
Revenue	1	Gross receipts	131,373.00	48,323.00	19,905.00	199,601.00
ፙ						
		Less Contributions	0.00	0.00	0.00	
	3	Gross income (line 1 minus				
		line 2)	131,373.00	48,323.00	19,905.00	199,601.00
	4	Cook areas				
	4	Cash prizes				
	5	Noncash prizes	8,368.00		1,031.00	9,399.00
	•	Noncash prizes	0,300.00		1,051.00	3,399.00
es	6	Rent/facility costs	6 444 00			6,444.00
Direct Experses	Ĭ	Transfer de la constant de la consta	0,111.00			<u> </u>
꼾	7	Food and beverages		10,384.00	2,400.00	12,784.00
뒿						
)Ire	8	Entertainment	8,548.00	9,993.00	750.00	19,291.00
_						
	9	Other direct expenses	45,513.00	21,835.00	11,646.00	78,994.00
		_				
		Direct expense summary Add lines 4				126,912.00
	11	Net income summary Subtract line 10				72,689.00
Pa	rt [nization answered "Ye	es" on Form 990, Par	t IV, line 19, or repo	rted more
		than \$15,000 on Form 990-E2	Z, line 6a			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue		<u>}</u> -	· · ·	bingo/progressive bingo		col (a) through col (c))
Re	4	0				
_	<u>'</u> -	Gross revenue				
w	2	Cash prizes				
Se	_	Guar prizes				
Direct Expenses	3	Noncash prizes				
Ж	-					
ect	4	Rent/facility costs				
₫		,				
	5	Other direct expenses,				
	_		%	%		
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2	through 5 in column (d)		<i>.</i>	
	_					
	8	Net gaming income summary Subtract	ct line 7 from line 1, colu	ımn (d)	<u> ▶</u>	
•	_					
9		nter the state(s) in which the organization				Yes No
a		the organization licensed to conduct ga	aming activities in each	of these states		. Yes No
b	11	"No," explain				
					 	
10 2	w	ere any of the organization's gaming lic	censes revoked susper	nded, or terminated during	ng the tax year?	Yes No
		"Yes," explain	Jonato To Foncu, auspei	iaca, or terriminated dum	.go tan your . , , ,	. [
		. Co. Creation				
	11	<u> </u>				

Schea	ule G (Form 990 or 990-EZ) 2017 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	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	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.

SCHEDULE O (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

75-1186728P BROWNFIELD CHAMEBER OF COMMERCE PART VI, LINE 11b - THE MANAGER AND BOARD REVIEW AND APPROVE THE TAX RETURN BEFORE SENDING IT TO THE IRS. IF THEY HAVE ANY QUESTIONS THEY CLEAR THEM WITH THE PREPARER BEFORE APPROVING. PART VI, LINE 15 - THE BOARD REVIEWS THE MANAGER'S AND ANY OTHER KEY EMPLOYEES' SALARIES ANNUALLY. ANY INCREASES ARE APPROVED BY THE BOARD. THEY DO COMPARE THEIR PAYROLL TO SIMILARLY SIZED CHAMBERS AS A GUIDELINE, BUT THEY DO NOT RELY ON THAT AS THE ONLY FACTOR. PART VI, LINE 19 - ALL DOCUMENTS THAT ARE OPEN TO PUBLIC INSPECTION ARE KEPT AT THE CHAMBER'S MAIN OFFICE AND ARE PROVIDED FOR REVIEW ON REQUEST.