

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning OCT 01, 2018, and ending SEP 30, 2019

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
GOLDTHWAITE AREA CHAMBER OF COMMERCE

Number and street (or PO box, if mail is not delivered to street address) Room/suite  
PO BOX 308

City or town State ZIP code  
GOLDTHWAITE TX 76844

Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
75-1659202

**E** Telephone number  
325-648-3619

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

Website: WWW.MILLSCOUNTYCHAMBER.COM

**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

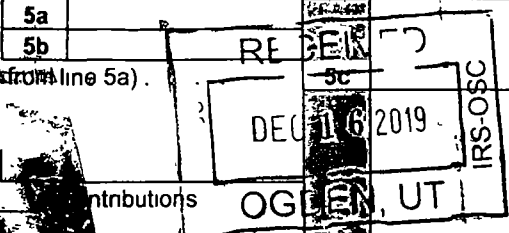
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 55,469.**

**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

01/29/2020 SCANNED JUN 12 2020

1	Contributions, gifts, grants, and similar amounts received	1	4,500.
2	Program service revenue including government fees and contracts	2	.
3	Membership dues and assessments	3	11,050.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b	Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	39,919.
6c	Less direct expenses from gaming and fundraising events	6c	28,697.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,222.
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26,772.
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	20,401.
13	Professional fees and other payments to independent contractors	13	381.
14	Occupancy, rent, utilities, and maintenance	14	3,051.
15	Printing, publications, postage, and shipping	15	518.
16	Other expenses (describe in Schedule O)	16	6,435.
17	<b>Total expenses.</b> Add lines 10 through 16	17	30,786.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,014.)
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	27,849.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	23,835.



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

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**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	13,287.	22 7,323.
23 Land and buildings	14,562.	23 16,512.
24 Other assets (describe in Schedule O)		24
25 Total assets	27,849.	25 23,835.
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,849.	27 23,835.

**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? PROMOTION OF THE COUNTY

Describe the organization's program service accomplishments for each of its three largest program services, 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 <u>PROMOTION OF THE EXISTING BUSINESS AND DEVELOPMENT OF NEW BUSINESS IN THE COUNTY OVER 4900 BENEFIT FROM THE EFFORDS OF THE CHAMBER</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	59,483.
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	59,483.

**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
NATHAN MCCONAL PRESIDENT	Hr/WK		0	
NITA FRAZIER VICE PRESIDENT	Hr/WK		0	
DARNELLE WHITE SECRETARY	Hr/WK		0	
JACKIE BOYKIN TREASURER	Hr/WK		0	
ANGELA ONEILL DIRECTOR	Hr/WK		0	
DAVE JOHNSON DIRECTOR	Hr/WK		0	
JAMIE WIEDEBUSCH DIRECTOR	Hr/WK		0	
JOY SCOTT DIRECTOR	Hr/WK	0	0	
KASEY ABLES DIRECTOR	Hr/WK		0	
LINDA HEAD DIRECTOR	Hr/WK		0	
LINDA CRUM DIRECTOR	Hr/WK		0	
ROBERT POLSTON DIRECTOR	Hr/WK		0	

**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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	X	
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
35c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a 0		
b Did the organization file Form 1120-POL for this year?		
37b		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39 Section 501(c)(3) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. <input type="checkbox"/> 39a		
b Gross receipts, included on line 9, for public use of club facilities. <input type="checkbox"/> 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="checkbox"/>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="checkbox"/>		
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 <input type="checkbox"/>		X
40e		
41 List the states with which a copy of this return is filed <input type="checkbox"/>		
42 a The organization's books are in care of <input type="checkbox"/> LORI GARNER Telephone no. <input type="checkbox"/> 325-648-3619 Located at <input type="checkbox"/> 1001 FISHER City GOLDTHWAITE ST TX ZIP + 4 <input type="checkbox"/> 76844		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>		X
42b		
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 United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>		X
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a		
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b		
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with columns Yes, No and row 46

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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

Table with columns Yes, No and rows 47, 48, 49a, 49b

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

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

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

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

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

Yes No

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

Sign Here: Signature of officer NATHAN MCCONAL, Date PRESIDENT

Paid Preparer Use Only: Pnn/Type preparer's name ELITA WITTY, Preparer's signature, Date 11/14/2019, Check self-employed, PTIN P00101262, Firm's name WITTY BUSINESS SERVICES LLC, Firm's address PO BOX 546 GOLDTHWAITE TX 76844, Firm's EIN 26-3328461, Phone no 325-648-2500

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOAT COOKOFF (event type)	HUNTER CHILI (event type)	7 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	19,618.	11,387.	8,914.	39,919.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	19,618.	11,387.	8,914.	39,919.
Direct Expenses	4	Cash prizes	5,230.			5,230.
	5	Noncash prizes		2,880.		2,880.
	6	Rent/facility costs				
	7	Food and beverages	1,124.			1,124.
	8	Entertainment	2,532.		4,000.	6,532.
	9	Other direct expenses	4,938.	1,031.	6,962.	12,931.
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Subtract line 10 from line 3, column (d)					11,222.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)					
8	Net gaming income summary Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

REA CHAMBER OF

Employer identification number

75-1659202

PAGE 1, PART 1, LINE 16, OTHER EXPENSES

AD SCHEDULE OF OTHER EXPENSE

FORM

PAGE 3, PART V, LINE 34 - CHANGES

NAME CHANGE

AMENDED FILING WITH STATE OF TEXAS FOR NAME

CHANGE

ation

78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

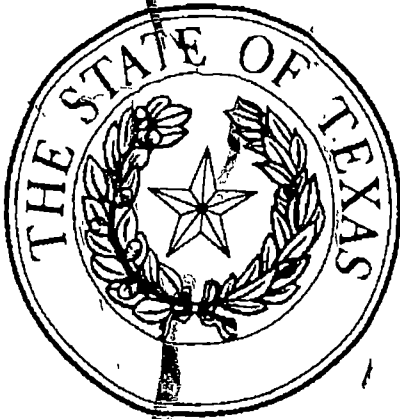
signed, as Secretary of State of Texas, does hereby certify that the attached is a true and  
y of each document on file in this office as described below

Goldthwaite Area Chamber of Commerce  
Filing Number 47829201

amendment

August 13, 2019

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on November 14,  
2019



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State



State  
3697  
78711-3697  
63-5709

See instructions



**Certificate  
of Amendment**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 47829201 08/13/2019  
Document #: 906521960003  
Image Generated Electronically  
for Web Filing

**Entity Information**

is a Domestic Nonprofit Corporation

filing entity MILLS COUNTY CHAMBER OF COMMERCE AND AGRICULTURE

issued to the filing entity by the secretary of state is 47829201

**Amendment to Name**

changes the formation document of the filing entity to change the article or provision that names the  
provision is amended to read as follows

The name of the filing entity is:

Goldthwait Area Chamber of Commerce

A letter of consent, if applicable, is attached

**Statement of Approval**

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity

**Effectiveness of Filing**

- A This document becomes effective when the document is filed by the secretary of state.
- B This document becomes effective at a later date, which is not more than ninety (90) days from the date of filing by the secretary of state. The delayed effective date is: **August 14, 2019**

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument

Date August 13, 2019

Lori Garner

Signature of authorized person

FILING OFFICE COPY