Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

A For the 20	5 calendar year, or tax year beginning	, and ending			
B Check if applica		ring Branch Area Chambe	er	D Employe	identification number
Address chang	Of Commerce				
Name change	Doing business as				567985
	Number and street (or PO box if mail is not delivered to	to street address)	Room/suite	E Telephon	number 138-4285
Instal return	PO BOX 91 City or town, state or province, country, and ZIP or fore	ran postal code	<u> </u>	630 -	130 1203
terminated		78163		G Gross rece	ents 262,640
Amended retur	F Name and address of principal officer	70203		G Glossie	apase
Application per	Rhonda Zunker		H(a) is this a gr	oup return for s	ubordinates Yes X N
	29710 US HWY 281 Nor	th	H(b) Are all sui	ordinates incl	_{uded?} Yes N
D .	Bulverde	TX 78163	If "No.	" attach a list	(see instructions)
Tax-exempts					
J Website.	www.bulverdespringbran	chchamber.com	H(c) Group exe	mption numb	er 🕨
K Form of organ	ation X Corporation Trust Association	Other D	Year of formation		M State of legal domicile
Part I	Summary		- 		
1 Brief	y describe the organization's mission or most significant				
	e Chamber advocates and prom	notes the members and a	responsibl	e grow	th of
ie t	e business community.				
) e					
ිලි 2 Che	k this box ▶☐ ıf the organızation discontinued	•	an 25% of its net	1 1	10
2 Che 3 Num 4 Num	per of voting members of the governing body (P			3	18
A Num في (per of independent voting members of the gover			4	18
=	number of individuals employed in calendar year	ar 2015 (Part V, line 2a)		5	3
	number of volunteers (estimate if necessary)	(0) " 40		6	58,45
	unrelated business revenue from Part VIII, colu	•		7a 7b	3,51
b Net	nrelated business taxable income from Form 99	Prior Ye		Current Year	
8 Con	ibutions and grants (Part VIII, line 1h)		5,939	83,05	
9 Proc	am service revenue (Part VIII, line 2g)		1,984	179,38	
- Turk	tment income (Part VIII, column (A), lines 3, 4,		402	199	
11 Othe	revenue (Part VIII, column (A), lines 5, 6d, 8c,				
12 Tota	revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)	21:	9,325	262,640
13 Gran	s and similar amounts paid (Part IX, column (A)), lines 1–3)			
14 Ben	fits paid to or for members (Part IX, column (A),	line 4)			
ន្ល 15 Sala	es, other compensation, employee benefits (Pa	9:	2,988	97,85	
15 Sala 16a Prof b Tota	ssional fundraising fees (Part IX, column (A), lin	ne 11e)			
₽ b Tota	fundraising expenses (Part IX, column (D), line	The state of the s	1		
	expenses (Part IX, column (A), lines 11a–11d,	11f–24e)		1,375	202,109
18 Tota	expenses (tattix, column (x), lines Tra-Tro, expenses. Add lines 13–17 (must equal Part IX nue less expenses. Subtract line 18 from line 12	, column (A), line 25)		4,363	299,960
19 Rev	nue less expenses. Subtract line 18 from line 12	ECEIVED OF	Beginning of Cu	5,038	-37,32(End of Year
\$20 Tota	assets (Part X, line 16)	~ <u> </u>		7,615	189,26
13,231	labilities (Part X, line 26)	MAY 3 0 2017		1,481	28,98
27 Not	ssets or fund balances. Subtract line 21 from lin	[[CY]		6,134	160,28
Part II	Signature Block	OGDEN. UT		- <i>7</i> 1	
	s of perjury, I declare that I have examined this return		etataments and to	the best of	my knowledge and helief
true, correct,	nd complete Declaration of preparer (other than offic	er) is based on all information of which pre	eparer has any kno	wiedge	iny kilowieuge and belief
		 			· · · · · · · · · · · · · · · · · · ·
Sign	Signature of officer			Date	
Here	Kate Crosby	Boar	d Chairm	an	
	Type or print name and trile				· ·· · · · · · · · · · · · · · · · · ·
Prii	Type preparer's name Pre	eparer's signature	Date	Check	f PTIN
Paid Sh	rry Tolbert		07/14	/16 self-en	ployed P00850496
Dropome	sname > Tolbert CPA LLC			irm's EIN ▶	27-0654140
Use Only	22610 US 281 N		-		
Fin	s address > San Antonio, TX			Phone no	210-971-712
	scuss this return with the preparer shown above	e? (see instructions)			X Yes No
may allo into o					Form 990 (201

Form 990 (2015) Bulverde-Spring Branch Area Chamber 2-0567985	Page 2
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission:	
The Bulverde/Spring Branch Area Chamber of Commerce is an ass businesses and individuals organized to advocate and promote our members and responsible growth of our business community.	the success of
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ Power Lunch Seminars - Monthly seminars which provide members and networking to help them succeed in business. Average attebusinesses per month.	
· · · · · ·	
·	
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ Chamber Rodeo - Promotes the BSBACOC and its members thru intwith the businesses of the community and members of the community and members of the community. Businesses purchase sponsorships / advertising for the event for members of the community. Average number of participants and community members and there are 22 volunteers.	nity. which is held
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ Governmental Affairs - Serving as a liason to foster a positive relationship between government entities and local Chamber but encourage local business success.	ve working sinesses to
	•
4d Other program services (Describe in Schedule O.) (Expenses \$ 299,966 including grants of\$) (Revenue \$)
4e Total program service expenses ▶ 299,966	
DAA	Form 990 (2015)

Form 990 (2015) Bulverde-Spring Branch Area Chamber 2-0567985 Part IV: Checklist of Required Schedules

2 is the organization required to complete Schedule B, Schedule C Contributions (see instructions)? 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 II Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If Yes, "complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part IV 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 negotation services? If Yes," complete Schedule D, Part V II Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If Yes, complete Schedule D, Part V III If the organization sanswer to any of the following questions is Yes," complete Schedule D, Part V II If the organizatio		•		Yes	No
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Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodran 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 Did the organization electly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI In Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI In 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 In Did the organization report an amount for investments—program related in Part X, line 18? If "Yes," complete Schedule D, Part VII In 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 19? If "Yes," complete Schedule D, Part XI In Did the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part X In Did the organization is 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 In Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedul	•		7		x
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		· · · · · · · · · · · · · · · · · · ·	18		Х
If "Yes," complete Schedule G, Part III	9	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		X

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b If "Yes," complete Schedule L, Part I 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 X 26 disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

Form	990 (2015) Bulverde-Spring Branch Area Chamber 2-0567985		Р	age 5
P	rt Va Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- " > " * * * * * * * * * * * * * * * * *	rike je Kili je	1500
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		经系统	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			- 1/1 - 1/2 - 1/2 - 1/2
	reportable gaming (gambling) winnings to prize winners?	1c	16 10 3 7	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	建	7.00	学是
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	3.5.1g		医贫.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u></u>
	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?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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			
	account)?	4a	ويندون	X
þ	If "Yes," enter the name of the foreign country. ▶	62.75	م المراجعة الماركة الم الماركة الماركة	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	20 (4.2)		
	(FBAR).	- % 1	中門信	ميار والم
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	. 1 1 1 1 1 1	X
7	Organizations that may receive deductible contributions under section 170(c).	的		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_ 1	有大家	學完
	and services provided to the payor?	7a		├─
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	12	N. W.	55,5%
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	بآ لذانيفام	D25 0 14
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		14-63	255
•	sponsoring organization have excess business holdings at any time during the year?	8	~ (.70*)	o ()otera)
9	Sponsoring organizations maintaining donor advised funds.	\$1.28 ⁷	(4.1d)	1800
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			N. M.
а	Initiation fees and capital contributions included on Part VIII, line 12			100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		The State of	
b	Gross income from other sources (Do not net amounts due or paid to other sources			p Fish.
	against amounts due or received from them.)			The second
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			· 施拉
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	THE ST	4.46	17.4
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	Mary Company	18	(b):65
b	Enter the amount of reserves the organization is required to maintain by the states in which		100	经验
	the organization is licensed to issue qualified health plans	逐點		想数
C	Enter the amount of reserves on hand	李杨	(A)	PARTY.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Forn	990	(2015)

	990 (2015) Bulverde-Spring Branch Area Chamber 82-0567985		7h h -1			age 6
Pa	rt.VI.: Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rougi	1 /b bei	ow, and to	ora "	NO"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in c	scriedui	e O. See	msuu	
.	Check if Schedule O contains a response or note to any line in this Part VI					_X_
sec	tion A. Governing Body and Management				Van	
_		اما	18	18	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		2 3 3 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	If there are material differences in voting rights among members of the governing body, or				15.42	الله المراد
	if the governing body delegated broad authority to an executive committee or similar	!				
	committee, explain in Schedule O		10		2.0	7,257
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18	م خار کارگردی ان می محمولات از ان		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				13.50	
	any other officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a				_		
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					l
	stockholders, or persons other than the governing body?			7b	X	শেশবন্ধ স্থ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e yea	r by the	_	William Chi	14 th 1.65
a	The governing body?			8a_	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			1 9	<u></u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inter	nai Ke	venue C		1
				Г	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the form		X	304 - 57
b				" " " " " " " " " " " " " " " " " " "		A SULT
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b		e rise	to confli	cts? 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?		•	14	X	1376 A
15	Did the process for determining compensation of the following persons include a review and approval by			J. Karan	含號	10 10 5
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?			rug"	1, 1, 14
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X grant year	54.2 12
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			A STATE	No.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1.68		200
	with a taxable entity during the year?			16a	1111. Sec	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					13, 15, 15
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1. 19. 1.	1377	A COLE
	organization's exempt status with respect to such arrangements?			16b	L	Ь
	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104	on 501	(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	st policy.	, and		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and	recor	ds: 🟲			
	Rhonda Zunker, BSBACOC PO BOX 91					
B	ulverde TX 781	<u>ර</u>		<u>830-43</u>		
DAA				For	m 99 (D (2015)

- -om 990° <i>(2</i> 0	015) Bulverde-Spring Branch Area Chamber82-0567985	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ed Employees, and
	Independent Contractors	
	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.

(A) Name and Title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV2) Tussianisc)	organization and related organizations
(1) Paula White						П				
	2.00									
Director	0.00	X		1				0	0	0
(2) Sherry Tolbert										
. ,	3.00					ll		•		
Past Chair	0.00	X		X				0	0	0
(3)Melinda Taylor										
(-, <u>-</u>	3.00									
Treasurer	0.00	x		x		1 1		0	0	_ 0
(4) Susan Herr						П				
(,, 2 = = = = = = = = = = = = = = = = = =	2.00	1			1					
Secretary	0.00	X		x				0	0	0
(5) Jim Binkley		+	Г							
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00									
Director	0.00	X				1		0	0	0
(6) Clay Bridges										
(,, , , , , , , , , , , , , , , , , , ,	2.00			l						
Director	0.00	x				H		0	0	0
(7) Kate Crosby			<u> </u>							
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00									
1st Vice Chair	0.00	x		x				0	0	0
(8) Tom Hackleman										
(0, 2011 1000 000 000 000 000 000 000 000 0	2.00]		1 1			!	
Director	0.00	x						0	0	0
(9) Robert J Falken	berg					П				
(-,	2.00									
Director	0.00	X				lΙ		0	0	0
(10) Sandy Hancock	†	T	1		T	1 1				
(,	2.00	1								
Chair	0.00	X		X				0	0	0
(11)Sherry Mosier		† <u> </u>	Τ							
(,5::5==3	2.00	1								
Director	0.00	X						0	0	l 0
DAA		1				4	_			Form 990 (2015)

Form 990 (2015) Bulverde										Page 8
Part VIII Section A. Officer	s, Directors, T	rust	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continue	ed)
· (A)	(B)	1		(C	;)			(D)	(E)	(F)
Name and title	Average	l		Posi				Reportable	Reportable	Estimated
	hours per			heck r				compensation	compensation from	amount of other
	week			ess per ndadi				from the	related organizations	compensation
	(list arry hours for							organization	(W-2/1099-MISC)	from the
	related	individual to or director	1 2	Officer	<u>~</u>	물	Š.	(W-2/1099-MISC)	,	organization
	organizations	125	I₹	8	9	동종	퓛	•	1	and related
	below dotted	용물	Š		夏	8 6	_		1	organizations
	line)	` 	말		Key employee	#		ļ.		
		Trustee	Institutional trustee		•	Highest compensated employee				
		L	_ *			ated				
(12) Mechelle Sal	mon									
	2.00	1								
Director	0.00	x						0	l ol	0
(13) Jon Sams										
(==) 0011 Damb	2.00	1		1 1						
Director	0.00	x						0	l ol	0
		╀┻		╂╌┤		$\vdash \vdash$		<u> </u>	 	
(14) Mike Johnson	B .	İ						:	1	
	2.00	İ	l			ll		1		•
Director	0.00	X	<u> </u>					0	0	0
(15) Amanda Pawke	t		1	ll					 	
	2.00									
Director	0.00	x				li		1 0	l ol	0
(16) Thomas N Tur	** ** ** ** ** ** ** ** ** ** ** ** ** 	125	┢	\vdash		┝┈┤			 	
(16) Thomas N Tur		ļ							1 1	
•	2.00	1								•
Director	0.00	X		Щ		Ш		0	0	0
(17) Laurie Wilso	h.	1]					İ	1	
	2.00		l						1	
Director	0.00	X	l	1		1 1		1 0	l ol	0
(18) Rhonda Zunke		+==	1				_	1		
(10) Kilolida Zulike		1								
*	50.00	l	1					-7 115	ا م	^
President	0.00	╄	┞	X		X		57,115	0	0
		1		ΙI					1	
	j	1	i]	
•			l .							
1b Sub-total	· ····		-				▶	57,115		
c Total from continuation sh	eets to Part VI	l Se	ctio	nΔ			•			
d Total (add lines 1b and 1c)		, ••	-					57,115		
2 Total number of individuals (t line	itad	to th		liete	dak			
reportable compensation from				to th	ose	uste	น ลเ	oove) who received more	man \$100,000 or	
reportable compensation not	ili tile olganizat	JUIL	~_				-			Yes No
3 Did the organization list any	former officer	direc	tor	or ta	eta	a ka	v ar	mnlovee or highest comp	enested	· 被心 虚复: 是这
employee on line 1a? If "Yes									ensated	3 X
4 For any individual listed on li									ation from the	
organization and related organization	anizations dreat	ter th	an 9	150	000	? If "	Yes	s " complete Schedule J fo	or such	· · · · · · · · · · · · · · · · · · ·
individual	armzanorio groa			,,		••		, complete concess s		4 X
5 Did any person listed on line	1a receive or a	ccru	e co	mpei	nsat	ion f	rom	any unrelated organization	on or individual	Maria Caranta
for services rendered to the										5 X
Section B. Independent Contrac								** · · · · · · · · · · · · · · · · · ·		
1 Complete this table for your		nnan	eate	d ind	lane	nda	at co	ontractors that received in	ore than \$100 000 of	
compensation from the organ	nization. Report	t con	nper	satio	n fo	r the	cal	lendar vear ending with o	r within the organization's t	ах уеаг.
	(A) d business address		.,						(B) puon of services	(C) Compensation
Name and	d business address						_	Descri	ption of services	Compensation
							1		-	
							1			
	 		•							
							1			
							├			
							1			
			.,							
										
2 Total number of independent	t contractors (in	chid	ina t	out no	at lir	nited	to 1	those listed above) who		克斯亚亚洲流 河维
received more than \$100,00	0 of compensat	ion f	rom	the o	rga	nizat	ion	>	0	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (A) Revenue excluded from tax Total revenue Unrelated exempt business under sections 512-514 revenue 1a Federated campaigns 77,450 b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants and similar amounts not included above 5,607 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue **为形式版家** Busn. Code 120,929 120,929 2a Business, Leadership & Ed 58,455 511140 58,455 b Directory & Banner Ad Sales C d f All other program service revenue 医多种性原体 医动物性神经病 医红色性 g Total. Add lines 2a-2f Investment income (including dividends, interest, 199 199 and other similar amounts) Income from investment of tax-exempt bond proceed 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets other than invento b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue 学是是有关的。 第一个人的人的人们,但是是一个人的人的人的人的人的人的人们的人们的人们的人们的人们的人们的人们们的人们们是一个人们的人们的人们的人们的人们的人们们们的人们们们的 Total. Add lines 11a-11d Total revenue. See instructions. 262,640 58,455

Form 990 (2015) Bulverde-Spring Branch Area Chamber 2-0567985 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 97,857 97,857 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): a Management b Legal 3,913 3,913 c Accounting d Lobbying · "是我们的是一个是一个是一个是一个的。" e Professional fundraising services. See Part IV, line 1 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) Advertising and promotion 2,111 2,111 Office expenses Information technology

14	Information technology						<u> </u>
15	Royalties						
16	Occupancy	12	,070	12	,070		
17	Travel						
18	Payments of travel or entertainment expense	s					
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	25	,482	25	,482		
23	Insurance						
24	Other expenses. Itemize expenses not covered	建筑等的成长	ALTERNATION OF THE PARTY OF THE			注:這些語:	《李林》的《李林》
	above (List miscellaneous expenses in line 24e If						
	line 24e amount exceeds 10% of line 25, column	经验证证 证			3		
	(A) amount, list line 24e expenses on Schedule O)	S. Carlotte			是於湖南	紅水影響到時期	然是有限的对称的
а	Events	62	,317	62	,317		
b	COGS	53	,937	53	,937		
С	Business & Education	12	,460	12	,460		
d	Advertising & Marketing	6	,596	6	,596		
e	All other expenses	23	,223	23	,223		
25	Total functional expenses. Add lines 1 through 24e		,966		,966	0	0
26	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 following SOP 98-2 (ASC 958-720)				-		
DAA							Form 990 (2015)

Form 990 (2015) Bulverde-Spring Branch Area Chamber 82-0567985 Page 11 **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 199,952 156,747 Cash--non-interest bearing 2 Savings and temporary cash investments 3 119 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 3,035 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 428 other basis. Complete Part VI of Schedule D 10a 7,663 ,871 22,557 10b 10c b Less: accumulated depreciation Investments—publicly traded securities 11 Investments—other secunties See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 5,344 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 207,615 189,269 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 11,355 28,875 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 126 of Schedule D 481 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 196,134 160,287 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

> 189,269 Form 990 (2015)

160,287

32

33

196,134

207,615

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

om	1990 (2015) Bulverde-Spring Branch Area Chamber 2-0567985			Page 12
Pa	rt XI Reconciliation of Net Assets			
	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		2,640
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,966
3	Revenue less expenses. Subtract line 2 from line 1	3		7,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	<u>6,134</u>
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		1,479
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	160	0,287
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			STALL S	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		18.18	
	Schedule O		1.16.5	等点 多數
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 compiled or			疆門路
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		Minas d	是是 图象
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		## S	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		ike di S	STATE OF STATES
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		1.5%	。到的自由
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Cırcular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			Form	990 (2015)

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

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

Open to Public Inspection

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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III

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

Nam	of Commerce	ranch Area Chamr	er	82-05679	trication number			
Pai	TI'A' Complete if the organization is ex	cempt under section 50	(c) or is a sec					
1	Provide a description of the organization's direct and i			don't ar organi				
2	Political expenditures			▶ \$				
3	Volunteer hours							
		·						
Pa	t'I-B: Complete if the organization is ex	cempt under section 50°	1(c)(3).					
1	Enter the amount of any excise tax incurred by the org	ganization under section 4955		▶ \$				
2	Enter the amount of any excise tax incurred by organize	zation managers under section	4955	▶ \$				
3	If the organization incurred a section 4955 tax, did it fil	le Form 4720 for this year?			Yes No			
	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.							
Pai	nt I-C: Complete if the organization is ex			ection 501(c)(3).				
1	Enter the amount directly expended by the filing organ	nization for section 527 exempt	function					
	activities			▶ \$				
2	Enter the amount of the filing organization's funds con	tributed to other organizations f	for section					
	527 exempt function activities		•	▶ \$				
3	Total exempt function expenditures Add lines 1 and 2	. Enter here and on Form 1120	-POL,					
	line 17b			. ▶\$				
4	Did the filing organization file Form 1120-POL for this	•			Yes No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing							
	organization made payments. For each organization le							
	the amount of political contributions received that were							
	as a separate segregated fund or a political action cor	nmittee (PAC). If additional spa	ce is needed, prov	ide information in Pa				
-	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and			
]]	filing organization's funds if none, enter -0-	promptly and directly			
				Tanas ii none, ana.	delivered to a separate			
					political organization If			
					none, enter -0-			
(1)			}					
					<u> </u>			
(2)]					
(3)				· · · · · · · · · · · · · · · · · · ·				
(4)					ī			
(5)								
								
(6)								
								

Sche	dule C (Form 990 or 990-EZ) 2015 Bulv							Page 2
Pai	rtill-Age Complete if the organ	nization is exem	pt under section	n 501(c)(3)	and fi	led Form 576	B (ele	ction under
	section 501(h)).	 						
4 (Check 🕨 🔲 if the filing organiza						ed gro	up member's
	name, address, Ell							
3 (Check ▶ 🦳 if the filing organiza	ition checked bo	x A and "limited o	control" prov	visions	apply.		
	Limits on Lo	bbying Expendi	tures			(a) Filing		(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.)		org	anızatıon's totals		group totals
1a	Total lobbying expenditures to influence	public opinion (gras	s roots lobbying)					
b	Total lobbying expenditures to influence	e a legislative body (d	tirect lobbying)					
C	Total lobbying expenditures (add lines	la and 1b)						
þ	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (ad	d lines 1c and 1d)		•				
f	Lobbying nontaxable amount. Enter the	amount from the foll	lowing table in both				-	
	columns.		•					
٢	if the amount on line 1e, column (a) or (b)	ls: The lobbying no	ntaxable amount is:		2 de 1		و ويد و دو المراجع المراجع المراجع المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المر	Cather St.
	Not over \$500,000	20% of the amou				的是是是	idea e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	500,000			SECTION AND ADDRESS OF THE PARTY OF THE PART	
Γ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1	,000,000				
	Over \$1,500,000 but not over \$17,000,000		6 of the excess over \$1,		Section like the			还是在这种的
丁	Over \$17,000,000	\$1,000,000						
q	Grassroots nontaxable amount (enter 2							
_	Subtract line 1g from line 1a If zero or	•		•				
	Subtract line 1f from line 1c. If zero or le							
	If there is an amount other than zero or	•	1. did the organization	on file Form 4	720			
•	reporting section 4911 tax for this year?		.,					Yes No
			ng Period Under	ection 501/	h)			
	(Some organizations that mad					ll of the five co	limne	below
			nstructions for line			ii oi tile live co		Delow.
	•	ee ille sepalate il	istructions for inte	es za tinou	gii Zi.,			
	Lo	bbying Expenditu	res During 4-Year	r Averaging	Period	1		
								
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 201	4	(d) 2015	- [(e) Totai
	beginning in		, ,	, ,				
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount		Complete Market Control	3360000 A		是自然的概念。		
	(150% of line 2a, column(e))		"我们是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一		6 7 5 W			
С	Total lobbying expenditures							
	Grassroots nontaxable amount							
				<u> </u>				
е	Grassroots ceiling amount				激素基		25 3	
	(150% of line 2d, column (e))	"是是是一种是一种,是	激力的发展的发展	一种生物。		中的军事的是开门。		
	Grassroots lobbying expenditures							
•	Cidosionis ionnilini exheminimas		t	1		1	1	

Schedule C (Form 990 or 990-EZ) 2015

response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 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)? c Media advertisements? 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 1: 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 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III: A: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)		Amount
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)? c Media advertisements? 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 1: 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 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A: Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)		
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	5), c	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	5), c	
	5), c	or section
1 Were substantially all (90% or more) dues received nondeductible by members?		Yes No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2 X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	•	3 X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."		or section
1 Dues, assessments and similar amounts from members	7 (2)	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	£ 100	
and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	5	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2015 Bulverde-Spring Branch Area Chamber 82-0567985 Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990,

OMB No 1545-0047 2015

Open to Public Inspection ***

	or the organization		Employer Identification number			
	ulverde-Spring Branch Area Chamber	00 0567005				
	f Commerce		82-0567985			
e P	Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes" o	· · · · · · · · · · · · · · · · · ·				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised				
	funds are the organization's property, subject to the organization's e	xclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors					
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose				
	conferring impermissible private benefit?		Yes No			
∴Pa	irt II Conservation Easements.					
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).				
	Preservation of land for public use (e g , recreation or education	Preservation of a historically in	portant land area			
	Protection of natural habitat	Preservation of a certified histo	ric structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a	conservation			
	easement on the last day of the tax year.		্রি 🚟 Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organic	anization during the			
	tax year ▶	RECEIVED				
4	Number of states where property subject to conservation easement	is located	קיר			
5	Does the organization have a written policy regarding the periodic m	16 1	181			
•	violations, and enforcement of the conservation easements it holds?	/ IAO 1	ທ Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservations	tion easements during the year			
•		OGDEN, UT				
7	Amount of expenses incurred in monitoring, inspecting, handling of		easements during the year			
•	S	violations, and omoroning conservation	and your			
Ω	Does each conservation easement reported on line 2(d) above satis	sty the requirements of section 170(h)(4	MB)(i)			
·	and section 170(h)(4)(B)(ii)?	.,	Yes No			
۵	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense stat	ابا ابا			
3	balance sheet, and include, if applicable, the text of the footnote to t					
	organization's accounting for conservation easements.	no organización o infancial otatornomo				
'. D :	artill: Organizations Maintaining Collections of A	rt Historical Treasures or Ot	her Similar Assets			
100	Complete if the organization answered "Yes" of		nor Chimar Addotto.			
4.	If the organization elected, as permitted under SFAS 116 (ASC 958)		and halance sheet			
ıa	works of art, historical treasures, or other similar assets held for pub		_			
	public service, provide, in Part XIII, the text of the footnote to its fina					
D	If the organization elected, as permitted under SFAS 116 (ASC 958)					
	works of art, historical treasures, or other similar assets held for pub		minierance or			
	public service, provide the following amounts relating to these items		~ *			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical treasures,		n, provide the			
	following amounts required to be reported under SFAS 116 (ASC 95)	58) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
Ь	Assets included in Form 990, Part X		▶ \$			

Schedule D (Form 990) 2015 Bulverd						Page Z
Part III. Organizations Maintair						
3 Using the organization's acquisition, accollection items (check all that apply):	ession, and other rec	ords, check any o	of the following t	hat are a s	ignificant use of its	
a Public exhibition	d 🗍	Loan or exchang	e programs			
b Scholarly research						
c Preservation for future generations		•				
4 Provide a description of the organization	's collections and exp	lain how they fur	ther the organiza	ation's exe	empt purpose in Par	rt
XIII.		······ • • • • • • • • • • • • • • • •			• • •	
5 During the year, did the organization sol	icit or receive donatio	ns of art historic	al treasures or o	other simils	ar	
assets to be sold to raise funds rather th						Yes No
Rart IV Escrow and Custodial		o part or the orgi	IIIZGGGII O GOIIG	otioit.		
Complete if the organiza	ition answered "Y	es" on Form 9	900 Part IV	line 9 o	r reported an ar	mount on Form
990, Part X, line 21.	illori ariswerea - i	05 0111 01111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		roportou um un	nount on a sun
	-4	andian for contri	utions of other	acceta not		
1a Is the organization an agent, trustee, cu	stodian or other intern	nediary for contri	outions or other	assets no		□ Voc □ No
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the	e following table:			 	Amazint
						Amount
c Beginning balance					1c	
d Additions during the year		-			1d	
e Distributions during the year					1e	·
f Ending balance					1f	
2a Did the organization include an amount	on Form 990. Part X.	line 21, for escro	w or custodial a	ccount liab	olity?	Yes No
b If "Yes," explain the arrangement in Part						
Part V Endowment Funds.						
Complete if the organiza	ition answered "Y	es" on Form 9	90 Part IV	line 10		
Complete ii tilo organize	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four years back
As Destadou of constants	(a) Culterit year	(b) Floi year	(6) 146 3	ana back	(a) three years back	(c) i dai yaara zaari
1a Beginning of year balance	 					
b Contributions						
 Net investment earnings, gains, and 	į	[1			
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses				•		
g End of year balance						
2 Provide the estimated percentage of the	current year end hals	ance (line 1g. col	ımn (a)) hald as	·		
a Board designated or quasi-endowment	•	anoc (into 19, ooi	arriir (a)) riola ac	••		
•						
	%					
c Temporarily restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2d					_	
3a Are there endowment funds not in the p	ossession of the orga	nization that are	neld and admini	stered for	the	
organization by:						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations	_					3a(ii)
b if "Yes" on line 3a(ii), are the related org	anizations listed as re	quired on Sched	ule R?		·	3b
4 Describe in Part XIII the intended uses		· ·	i			
Part VI Land, Buildings, and E			··· · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	(a) Cost or other		est or other basis		Accumulated	(d) Book value
Description of property	(a) Cost of other		(other)	1	epreciation	(a) book false
	(magnight)	' 	(30,61)		<u> </u>	
1a Land	<u> </u>			34點,程為美	CONTRACTOR OF THE STATE OF THE	
b Buildings				↓		
c Leasehold improvements						
d Equipment						
e Other			54,428	3	31,871	22,557
Total Add times 1a through 1e (Column (d) n	nust equal Form 990	Part X column (N	22 557

DAA

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 Bulverde-Spring Branch Area	Chamber82-056	57985	Page 4
	rtXI Reconciliation of Revenue per Audited Financial State	ments With Revenu	e per Return.	
,	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10 m	
а	Net unrealized gains (losses) on investments	2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Donated services and use of facilities	2b	250	
C	Recoveries of prior year grants	2c	#	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	127.4	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	200	
b	Other (Describe in Part XIII.)	4b	Topke by	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		ses per Retum.	
	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 12a.	.,	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	[하시]	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses .	2c		
đ	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		200 Con 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	,
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part-XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2015 Bulverde-Spring Branch Area Chamber 2-0567985 Rant XIII Supplemental Information (continued)

Page 5

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.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99d. Inspection

Bulverde-Spring Branch Area Chamber

Employer Identification number

OMB No 1545-0047

Open to Public

Of Commerce

82-0567985

Form 990, Part III, Line 4d - All Other Accomplishment

Other various events - to raise funds for the Chamber operating expenses, to organize and host events which serve to benefit the members, and to promote the Chamber to the community while striving for innovation, excellence and good stewardship in all projects.

Newsletter - Weekly email educated members on new businesses entering the community, chamber functions and events, and advertising of current businesses which help to promote businesses within the community. Average number of participants - 750 per month.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Regular voting members of the Chamber shall be any individual,

business, or family who had paid the dues for a regular voting member as

required by the Board of Directors, and has in all other respects complied

woth the Articles of Incorporation, By-Laws and other Rules and regulations

of the Chamber.

Individual (non-voting) members shall be individual or family interested in supporting the purposes and activities of the Chamber, and who has paid the dues for an Individual Membership, and in all other respects complied with the Articles of Incorporation, By-Laws and other Rules and Regulations of the Chamber.

Form 990, Part VI, Line 7b - Decisions Subject to Approvative Members
The Chamber By-Laws may be altered, amended, or repealed by a two-thirds
majority vote of the Members present present at any regular meeting or

Employer identification number

Bulverde-Spring Branch Area Chamber

82-0567985

special meeting, where written notice is given of an intention to alter, amend or repeal the By-Laws.

The Chair appoints a nominating committee which returns a slate of nominees to the designated Board meeting. Then the Board supplies that list of nominees, and the opprotunity for write-ins, to the members for a vote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Finance Council reviews the Annual 990 and 990 IRS Forms and recommends them for Board approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual conflicts of interest documents are signed by each board member.

Additionally each meeting requires the member to sign in consenting to the confilct of interest policy again.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Chamber Board analyzes and approves the President's salary annually.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The salary budget for other key employees is approved in total by the

Board; with the exact allocation of those amount at the discretion of the

President.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon request in the office and continually on the Chamber website at

Schedule O (Form-990 or 990-EZ) (2015) Name of the organization Page 2 Employer identification number 82-0567985 Bulverde-Spring Branch Area Chamber www.bulverdespringbranchchamber.com .