



## CITY OF TOMBALL

### APPLICATION FOR USE OF HOTEL OCCUPANCY TAX

Applications may be mailed or hand delivered to:

Finance Director  
City of Tomball  
501 James Street  
Tomball, TX 77375

Applicant Organization: TOMBALL SISTER CITY

Organization Director: CRAIG BOGNER

Project or Event for which funding is requested: TGCM & TGHF

Date of Event: DEC. 9,10,11/ MAR. 24,25,26

Description of project or event for which funding is requested: 14TH ANNUAL GERMAN  
CHRISTMAS MARKET. 22 ANNUAL GERMAN HERITAGE FESTIVAL.

FEATURING LIVE MUSIC FROM GERMAN FOLK ARTISTS FROM AROUND  
TEXAS. ETHNIC FOLK DANCERS, OTHER MUSIC,ARTS,CRAFTS AND EXHIBITS.

THE DAY EVENT BRINGS VENDORS FROM AS FAR AWAY AS NEW YORK AND COLORADO.

Location of project or event: TOMBALL DEPOT PLAZA, MARKET STREET BETWEEN ELM AND PINE.

#### GRANT AMOUNTS:

Amount Requested for Current Fiscal Year:	<u>2022-2023</u>	<u>\$ 160,000</u>
Amount Received for Previous Fiscal Year:	<u>2021-2022</u>	<u>\$ 160,000</u>
% increase requested over last year's grant:	<u>0</u> %	

## 2021-2022 Organization Budget Summary

	City Funds	Other Funds	Total
Personnel	47,000		47,000
Contracted Services		100,000	100,000
Labor vendor		11,000	11,000
Rental Expense	88,000	82,000	170,000
Depreciation/Mortgage			
Advertising	25,000	50,000	75,000
Insurance		5,000	5,000
Other expense		40,000	40,000
Exchange Students		3,000	3,000
Sister City Relations		12,000	12,000
Total	160,000	303,000	463,000

**Grants to an organization will not exceed 35% of the organization's adopted budget**  
**FUNDS FROM SOURCES OTHER THAN THE CITY OF TOMBALL**

Government Amount of Funds

Local \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_  
Federal \_\_\_\_\_

Other Investors/Contributors

Individual \_\_\_\_\_  
Corporate \_\_\_\_\_  
Foundations \_\_\_\_\_

Fees

Admissions \_\_\_\_\_  
Applications \_\_\_\_\_  
Vendors 200,000  
Tuition \_\_\_\_\_

<u>Concessions</u>	_____	50,000	_____
<u>Memberships</u>	_____		
<u>Subscriptions</u>	_____		
<u>Other</u>	_____	55,000	_____
	Total	305,000	_____

How many people do you expect will visit Tomball from out-of-town as a result of this project or event? Explain the basis of your answer to the preceding question:

ANSWER: 25,000 outside of Tomball will attend. Total attendances 60,000. Past studies and surveys with the City and hotels indicate many patrons are from out of town. The Christmas Market and the Heritage Festival attract vendors and visitors alike from significant distances to participate in the festivities and activities of these 4 day events.

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Are attendees for this event or users of this project expected to stay overnight in Tomball hotels or motels? If you answer yes to this question, state the basis for your answer:

ANSWER: Yes, Overnight stays. Past studies and surveys with the hotels and the City. The Christmas Market and the Heritage Festival attract vendors and visitors alike from significant distances to participate in the festivities and activities of these 4 day events.

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Organization Contact Name, Title, Address and Phone Number:

Craig Bogner, GM, P.O. Box 1131, Tomball, TX 77377, 832-715-6291

Contact's Signature:



Date:

7/19/2022



### **VALIDATION OF APPLICATION**

The signatory declares that he/she is an authorized official of the applicant, is authorized to make this application, and certifies that the information in this application is true and correct to the best of his/her knowledge. Signatory further declares that applicant, if previously funded by the City of Tomball, has successfully fulfilled all prior Grant contract obligations.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title within Organization

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address



### **NARRATIVE QUESTIONS**

Please look at the criteria in the grant guidelines when you answer the following questions. Be specific and give examples. Answers to individual questions should be as brief as possible and should in no case exceed one page.

1. Describe the history and purpose of the organization.

**ANSWER:** Formally established in 2000, the sister city relationship between Tomball and Telgte goes back to 1996, when Christian C. Tiews and his Telgte-born wife Lula moved to the Tomball area and noticed the many similarities between Tomball and Lula's home town. Telgte (pronounced Tell-gee, as in "Telge Road"), is a quaint German town, pop. 18,700, situated in the park-like landscape of North Rhine-Westphalia, 10 miles east of Münster, in northwest Germany. It was founded in 1238 and is well known for its beautiful medieval architecture. Telgte is situated in the middle of Germany's "horse country". 34% of its economy is based on manufacturing, 21% on trade and tourism and 32% on other services. The Tomball Sister City Organization is a nonprofit corporation formed for the purpose of the establishment, sponsorship, promotion and support of cultural, business, educational, diplomatic and other exchanges with Tomball's sister city – Telgte, Germany. To this end the corporation will endeavor to promote and heighten public interest in and appreciation of the culture, business, education, products, people or language of sister cities of the City of Tomball, Texas, and to develop programs and provide activities that highlight such culture, business, education, products, people or language, and to assist its members in the development of such programs and the provisions of such activities.

2. Describe how any grant funds will be used.

**ANSWER:** The Grant Funds will be used to supplement the organizations advertising budget to continue to attract more visitors to the Sister City events and the City of Tomball.

3. List the programs and activities for the grant year.

**ANSWER:** The Sister City Organization will host a German Heritage Festival in March and a German Christmas Market in December. Additionally, the Sister City Organization encourages and supports a student exchange program. To date the exchange program had 60 students and families participate.

4. Show evidence of growth in community support prior to the grant year. Include the number of performances, exhibitions, audience sizes, services or enrollment. Be sure to include specific information as to the percent of activities taking place within the City of Tomball.

ANSWER: 100% of our events take place in Tomball. The German Heritage Festival and the German Christmas Market have shown increased attendance and vendor participation each year from their inception (2000 for the Heritage Festival and 2007 for the Christmas Market). The Sister City has substantially increased their expenditures with the implementation of the additional shuttle transportation. The new system has provided a safe, stable and relatively quick transportation to the festival area and has been well received by the attendees.

5. How does your project/event qualify for use of Municipal Hotel Occupancy Tax funds as defined in the Hotel Occupancy Tax Guidelines?

ANSWER: Vendors and out of town visitors occupy local area hotels and motels

6. How do you publicize your activities? How do you evaluate these efforts and what have you done to increase the effectiveness of your marketing efforts?

ANSWER: Publicity and advertising for the events is done through state-wide magazine advertising local radio and television ads.

7. Explain the public benefits to the City of Tomball that will result from your organization's efforts.

ANSWER: The City of Tomball will receive sales tax dollars from the sales generated by the vendors, additional regional and state exposure to the City from the visitors to it and local business see increased traffic in their businesses.

8. What is your organization doing to bring visitors to Tomball, to stay in local hotels and otherwise support the hospitality industry?

ANSWER: The Christmas Market and the Heritage Festival attract vendors and visitors alike from significant distances to participate in the festivities and activities of the two events. The Sister City promotes their efforts and by extension promotes the city of Tomball in some of the following. City of Tomball Events, Greater Tomball Chamber of Commerce, Lone Star College, Tomball High School, Klein Fest, Houston Fest, Texas German Society and Texas Festivals and Events Association.



## OTHER REQUIRED DOCUMENTATION

The following information is required to process the grant application:

1. Articles of Incorporation, if applicable
2. Constitution and/or By-Laws
3. If your organization's budget exceeds \$100,000 (exclusive of in-kind) attach a copy of the last independent audit of financial records. If no audit was completed, explain why.
4. Schedule of Board of Directors meetings for the period of October 1 of the current year through September 30 of the following year. Board of Directors meetings must occur at least once per quarter.
5. Resumes of principal staff and artists or relevant job descriptions.
6. Depending on the nature of the project or event for which grant funding is requested, the organization will obtain a Certificate of Insurance for liability coverage as outlined in the attached Exhibit A. The City of Tomball requires each grantee having an event in the City aimed to attract both residents and tourists to have liability insurance to protect the public for acts by the grantee. This mandated coverage does not cover the grantee or any of its members. We encourage the grantee to acquire insurance to cover itself and its members as it deems fit. Please see your insurance agent for the local government endorsement. The cost of the local government endorsement may be included as part of your budget to be considered for a grant.

## OPTIONAL SUPPORTING DOCUMENTATION

This should be additional material that you wish to attach that further explains the activities of your organization such as:

1. Long Range Plan – 3-5 years
2. One labeled videotape of performance(s), exhibits, workshops, capital project and /or other activities for which City of Tomball grant funds will be utilized.
3. Programs, publicity, articles, reviews, etc.
4. Letters of support from patrons or other organizations in the community.



## **EXHIBIT A**

Organization shall procure and maintain for the duration of the grant agreement, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the services performed or to be performed hereunder by the Organization its agents, representatives, employees, volunteers, officers, directors or sub-contractors.

The organization shall maintain insurance with limits not less than \$500,000 per occurrence, \$1,000,000 aggregate and will be as broad as ISO Form Number GL 0002 (Ed 1/72) covering Comprehensive General Liability and ISO Form Number GL 0404 covering Broad Form Comprehensive General Liability, or ISO Commercial General Liability coverage ("occurrence for CG 0001). Coverage will include: A) Premises – Operations; B) Broad Form Contractual Liability, C) Broad Form Property Damage and D) Personal Injury.

The policy will be endorsed to contain the following provisions: The City, its officials, employees, volunteers, Boards and Commissions are to be added as "Additional Insured" in respect to liability arising out of any activities performed by or on behalf of the Organization. The policy shall contain no special limitations to the scope of coverage afforded to the City. The Organization's insurance shall be primary and any insurance or self-insurance shall be in excess of the Organization's insurance and shall not contribute with it. Certificate must include a waiver of subrogation as regards to the workers compensation policy. If your organization has no employees, and therefore does not carry workers compensation insurance, you must provide to the City of Tomball a letter stating that you have no employees and therefore do not carry workers compensation insurance.

Insurance shall be placed with insurers with an A.M. Best rating of no less than A:VI or a Standard & Poor rating of A or better.

The Organization shall furnish the City with a certificate of insurance which shows the coverage provided.

The insurance policy will be endorsed to state that coverage shall not be suspended, voided, canceled, non-renewed, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the City.





## Office of the Secretary of State

### CERTIFICATE OF FILING OF

The Tomball Sister City Organization  
File Number: 800077334

The undersigned, as Secretary of State of Texas, hereby certifies that the application for reinstatement for the above named entity has been received in this office and has been found to conform to law. It is further certified that the entity has been reinstated to active status on the records of this office.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing.

Dated: 01/19/2010

Effective: 01/19/2010



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255-0023

DATE OF THIS NOTICE: 01-21-2003  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 43-1991155  
FORM: SS-4 NOBOD  
0532957028 0

TOMBALL SISTER CITY ORGANIZATION  
% CHRISTIAN TIEWS  
401 MARKET ST  
TOMBALL TX 77375

FOR ASSISTANCE CALL US AT:  
1-800-829-0115

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 43-1991155. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 21 2003**

THE TOMBALL SISTER CITY  
ORGANIZATION  
401 MARKET ST  
TOMBALL, TX 77375

Employer Identification Number:  
43-1991155  
DLN:  
403136001  
Contact Person:  
GIL STOREY ID# 52603  
Contact Telephone Number:  
(877) 829-5500  
Internal Revenue Code  
Section 501(c)(4)  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth

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THE TOMBALL SISTER CITY

month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt

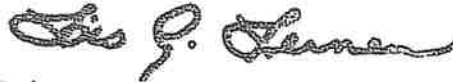
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THE TOMBALL SISTER CITY

status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being more prominent.

Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 948 (DO/CG)

## Article I ORGANIZATION

- Section 1. Organization and Purpose. The Tomball Sister City Organization (hereafter referred to as the **TSCO**) is a non-profit corporation within the meaning of Section 501 (c) (4) of the United States Internal Revenue Code, incorporated under the laws of the State of Texas on 4/18/2002, filing number 800077334. The TSCO was incorporated for educational and charitable purposes, to foster and promote intercultural understanding and cooperation among the residents of the City of Tomball, through relationships with cities in other countries and through other related means.
- Section 2. The Principal Office. The principal office of the TSCO shall be in the city of Tomball, County of Harris, State of Texas, United States of America.
- Section 3. Other Offices. The TSCO may also have offices and places of business at other places as determined by the **Board of Directors** or as the business of the TSCO may require.

## Article II MEMBERS AND MEMBERSHIP

- Section 1. Membership Purpose. The purpose of TSCO **Membership** is two-fold:
- a. To generate interest in the TSCO and its vision, and
  - b. To generate a minimal source of income for covering the TSCO's operating expenses and charitable contributions.
- Section 2. Period of Membership. The **Period of Membership** is January 1 through December 31.
- Section 3. Member Categories and Voting Rights. The TSCO shall have two **Member** categories: **Voting and Non-voting (Honorary) Members.**
- a. Voting Members are those persons or groups who apply for membership and make payment of the required **Membership Fee** for the Period of Membership. There shall be two types of Voting Members:
    - i. *Individual:* Any person 18 years or older: Individual Voting Members are entitled to one vote on matters calling for ratification by the TSCO Membership.
    - ii. *Corporate:* Any corporation, business, or association of corporations or businesses shall be entitled, through its duly recognized representative, one vote on matters calling for ratification by the TSCO Membership.
  - b. Non-voting (Honorary) Members are those persons or groups who have rendered conspicuous service for the improvement of international relations through activities connected with the TSCO, as determined by the Board of Directors. Non-voting (Honorary) Members shall not be allowed to vote on issues affecting the TSCO, but, without prejudice, may attend meetings, socials, and other TSCO activities as may occur, under the provisions appropriate to those activities.
- Section 4. Membership Application. Any person, family, or corporation desiring to be admitted as a Voting Member in the TSCO shall file a written **Membership Application**, as determined by the Board of Directors.
- Section 5. Membership Fees. The cost of and accounting for Membership Fees shall be as determined by the Board of Directors. Membership Fees are payable annually on or before January 1 and are delinquent on March 1, which constitutes **Membership Termination** (see Section 7).

Section 6. Membership Value. Membership in the TSCO is voluntary, intangible and shall have no monetary worth. Primary benefits to be derived from Membership in the TSCO shall be construed to be as stated in Article I of these By-Laws.

Section 7. Membership Termination or Withdrawal.

- a. Any cause which would render any person, family or corporation ineligible for membership in the TSCO under the provisions of these By-Laws may result in Membership Termination, as determined by the Board of Directors. Likewise, any member may, by giving written notice of such intention to the TSCO, withdraw from membership without cause, thereby constituting Membership Withdrawal.
- b. Terminations or Withdrawals shall be effective when recorded upon the books and records of the TSCO.
- c. All rights, privileges and interests of a member in or to the TSCO shall cease on Membership Termination or Membership Withdrawal or upon the termination of the TSCO as a corporation, whichever occurs first. Any forms submitted or any fees incurred by individuals, families or corporations as a result of seeking or obtaining membership shall remain the property of the TSCO, regardless of the date or reason for Membership Termination or Membership Withdrawal. There shall be no *pro rata* or other refunds of Membership Fees.

Section 8. Membership Rolls, Records and Administration. Membership Rolls and Records of the TSCO shall be maintained as determined by the Board of Directors. Administrative matters such as, but not limited to, the provision or non-provision of membership certificates, cards, mementos, incentives, terms of honorary membership(s) and the like shall be as determined by the Board of Directors.



### Article III

## DIRECTORS AND BOARD OF DIRECTORS

- Section 1. Purpose. The business and affairs of the TSCO shall be vested in, controlled by and conducted by a Board of Directors (**Board**).
- Section 2. Duties. It shall be the duty of the Board:
- a. To carry on and conduct the business of the TSCO for its Members.
  - b. To perform all acts necessary and proper to carry out the objectives and purposes of the TSCO.
- Section 3. Structure. The Board shall be comprised of not less than seven (7) nor more than fifteen (15) **Directors**. Fewer than seven Voting Members willing to serve as Directors becomes grounds for corporation dissolution.
- Section 4. Classes of Directors. There shall be two classes of Directors:
- a. **Elected Directors** (no more than 12 and no fewer than 4, total) shall be elected from among the Voting Members of the TSCO, by the Voting Members at the **Annual Membership Meeting** (See Article V).
  - b. **Appointed Directors** (no more than 3, total) may be appointed by the incumbent Tomball Mayor and Council. To vote on Board matters, an Appointed Director must be a Voting Member.
- Section 5. Term. Directors shall serve a three (3) year term.
- a. Terms shall be staggered, the intent being to elect or appoint one-third of all Directors each calendar year.
  - b. Any Director may be removed from office for cause by a three-fourths vote of the remaining Board or by a majority vote of the Voting Members.
  - c. The Board has the authority to fill a vacant Elected Director position with a qualified Voting Member, but only until the next Annual Membership Meeting. A new Elected Director filling the vacancy will serve only until the end of the original vacated term.
  - d. The Mayor and Council have the authority to fill a vacant Appointed Director position at any time, to serve only until the end of the original vacated term.

- e. In the event all Elected Directors resign or their positions otherwise become vacant, their successors shall be elected at a **Special Membership Meeting** or at the Annual Membership Meeting in accordance with the provisions of these By-Laws (see Article V).

Section 6. Compensation. The Directors shall not receive any compensation for their services as such, but, by resolution of the Board, Directors may be reimbursed for actual and necessary expenses incurred in the performance of their duties.

Section 7. Policies and Procedures. The Board of Directors shall operate under their own written and voted **Policies and Procedures** to manage the affairs of the TSCO or to conduct its business.

- a. The TSCO shall maintain a file of Policies and Procedures, which shall be open to inspection by all Members.
- b. Policies and Procedures may be changed or rescinded by a simple majority vote of those Directors present (if a **Quorum**) at any **Regular Board Meeting** (see Article V).

Section 8 Liaisons. Board of Directors shall recognize and request the following offices serve themselves or appoint an agent as permanent Liaisons to the Board. These offices are the City Manager of Tomball, President of the Tomball Community College, President of Tomball Chamber of Commerce, and the Tomball I.S.D. Superintendent. Liaisons, without prejudice, may attend meetings, socials, and other TSCO activities as may occur, under the provisions appropriate to those activities.

## **Article IV OFFICERS**

- Section 1. Purpose. The business and affairs of the Board of Directors shall be focused and administered by the TSCO **Officers**.
- Section 2. Duties. It shall be the duty of the Officers:
- a. To perform the necessary administrative functions for the TSCO to conduct its normal business requirements and corporate obligations.
  - b. To provide guidance and continuity in order to further the objectives and purposes of the TSCO.
- Section 3. Structure. The Officers of the TSCO shall be a President, a Vice-President, a Secretary, and a Treasurer.
- a. President. The President shall be the chief executive officer of the TSCO and as such shall:
    - i. Preside at all meetings of the Directors and members;
    - ii. Subject to the advice and control of the Directors, have general supervision of the affairs of the TSCO, and shall cause the approved resolutions of the Board of Directors to be carried into effect.
    - iii. Retain during his/her tenure, and pass on to his/her successor:
      - The TSCO Articles of Incorporation,
      - The latest copy of the TSCO By-Laws, and
      - The Policies and Procedures of the TSCO.
    - iv. Maintain official copies at Tomball City Hall.
  - b. Vice-President. The Vice-President shall, in the absence or disability of the President, perform the duties and exercise the powers of the President and perform additional duties as the Board of Directors shall prescribe.
  - c. Secretary. The Secretary shall:
    - i. Attend all meetings of the Members and of the Board of Directors and keep full and complete minutes of the proceedings; in case of absence, the President shall designate a Secretary for that meeting from among the Board of Directors.
    - ii. Maintain an historical record of all written TSCO Minutes (monthly or otherwise)
    - iii. Have custody and control of the corporate seal of the TSCO.

- iv. Perform and discharge such other duties as may be required by law, by the Articles of Incorporation, by these By-Laws, or by the Board of Directors.

d. Treasurer. The Treasurer shall:

- i. Receive and keep all funds of the TSCO and deposit the same in such bank or banks as designated by the Board of Directors. He/she shall have authority to sign checks alone for up to \$200.00. Any checks in excess of \$200.00 shall require two authorized signatures.
- ii. Keep accurate and timely records of all fiduciary accounts, receipts, disbursements, appropriations and obligations, and provide an accounting of same at each Regular Board Meeting.
- iii. Prepare an Annual Budget in conjunction with guidance determined by the Board of Directors.
- iv. Maintain a complete historical record of TSCO budgets, monthly Treasurer Reports and other financial documents.
- v. Perform and discharge other duties as may be required by law, by the Articles of Incorporation, by the By-Laws, or by the Board of Directors.

Section 4. Qualifications. Officers will be chosen by the Directors from among those Directors who are also Voting Members, according to procedures determined by the Board.

Section 5. Term. Officers shall serve a one (1) year term, from October 1 through September 30.

- a. Election of Officers shall be held at the Annual meeting of the Board of Directors in September of each year, and those positions will be effective as of that meeting.
- b. Any Officer may be removed from office for good cause by a three-fourths vote of the Board or by a majority vote of the Voting Members.
- c. Vacancies, however occurring, will be filled for only the remaining term of the vacant position.

## **Article V Committees**

- Section 1. Purpose: The purpose of committees is to strengthen the role of the Board of Directors by explaining, proposing, studying and/or recommending courses of action for review by the Board of Directors and for presentation to the membership.
- Section 2. Committee Formation: Members of the committees shall be recommended by the President and approved by the Board of Directors or may be selected by the Committee Chair. Committee members may come from the Directors, TSCO membership or the community at large. Committee members serve at the pleasure of the Board and the Committee Chair.
- Section 3. Rules Governing Committees:
- a. The Chair of a committee must be a member of the Board of Directors. Unless the Board of Directors has selected a chairperson or the Chair is otherwise designated in these by-laws, the committee shall select a chair from its own number.
  - b. Non-board members may be appointed to Board committees with the exception of the Executive Committee. However, in no case will non-board members make up the majority of any committee.
  - c. The designation of any committee and the delegation thereto of authority shall not relieve the Board, or any member thereof, of any responsibility imposed by law, the Articles of Incorporation or the By-Laws.

- d. The Board of Directors, with approval of a majority of the entire Board, may abolish a committee, except for Standing Committees. Standing Committees may be abolished only by an amendment to these by-laws.
- e. No committee shall expend money or incur a financial obligation for TSCO without submitting a request to and receiving prior approval from the Board of Directors. Such request shall contain a detailed budget, including expenses and where income is coming from to support the program.

Section 4. Committee Role and Duties: All committees shall act in an advisory capacity to the Board and each shall have powers and perform such duties not inconsistent with law, the Articles of Incorporation and the by-laws. Except in cases where otherwise provided in the by-laws, a majority of the committee shall constitute a quorum. The vote of a majority of such quorum at a duly constituted meeting shall be sufficient to pass any measure. The rules and regulations governing Standing Committees apply to Ad Hoc Committees. Committee structure is determined by function and responsibility, role and definition.

- a. Each committee shall keep a full and fair account of its transactions.
- b. All business, acts or recommendations of a committee shall be reported by the Chair of the Committee to the Board of Directors at their next meeting. The Board of Directors shall review reports and may approve or disapprove of committee reports.
- c. When designated by the by-laws or upon need, the Chair of the Committee shall submit a report and recommendations to the membership at the annual meeting for their consideration and vote.

- Section 5. Meeting of Committees: Meetings will be called by the Chair of the committee. Committees shall also meet at the call of the President or any three (3) members of the Committee.
- Section 6. Standing Committees: The following shall be the Standing Committees of TSCO. Each standing committee shall have and may exercise all the authority as may be assigned to it by the Board of Directors and the by-laws.
- a. **By-Laws Committee**: The By-Laws Committee shall meet to review and update the by-laws at least biennially in even years or as needed. The membership or the board may submit by-laws to the Committee as a recommended item for vote at the annual meeting.
    - i. The By-Laws Committee reviews by-laws for continuity, language or administrative conflicts.
    - ii. The By-Laws Committee submits all proposed by-law changes to the Board for review and recommendation of acceptance or rejection.
    - iii. The By-Laws Committee will prepare a written presentation to the membership that will reflect the existing by-laws, proposed changes and the Board position. The pro and con positions can be discussed at the annual meeting, prior to the general membership meeting.
    - iv. The Chair of the By-Laws Committee shall give the presentation on proposed by-law changes to the membership at the annual meeting.

- b. **Student Exchange Committee:** The Student Exchange Committee shall meet as necessary to conduct and oversee the exchange of students. The purpose of this committee shall be to oversee the exchange of all students between sister city communities.
  - i. The Student Exchange Committee recruits host families or students as necessary.
  - ii. The Student Exchange Committee makes policies concerning exchange students and host families as necessary and not in conflict with TSCO Articles or By-Laws or Sister City International Policies.
  - iii. The Student Exchange Committee will prepare a written presentation to the membership that will be presented to the annual membership as a status of the program.
  - iv. The Wayne Stovall Scholarship
- c. **Tomball German Heritage Festival Committee:** TSCO began the event in 2001 as a one-day community event and has become an annual, family-oriented festival promoting camaraderie and fun, including arts and crafts, children's activities, such as a petting zoo and rides, German music and dancing, Heritage center and German church, Alphenfest, the premier German band in Texas, German food concessions, a Biergarten and vendor booths. In 2004 the festival became a two day event.
  - i. The focus of the Tomball German Heritage Festival is the celebration of Tomball's prominent German American heritage, legacy of the determined nineteenth century immigrants who settled in the Tomball and surrounding areas over 150 years ago.
  - ii. The City of Tomball, the Tomball Area Chamber of Commerce, numerous civic clubs, businesses, and private donors have actively supported the Festival since its inception.



- iii. More than 20,000 – 30,000 people have attended the Festival yearly, bringing the community together and bringing visitors into Tomball, thereby creating a significant tourism event, benefiting the Festival's many supporters.
- iv. The TSCO desires and request the support and endorsement of the City of Tomball in this community-wide effort.

**d. Public Relations Committee:** The Public Relations Committee shall meet as necessary to conduct and oversee the communication of TSCO business. The purpose of the Public Relations Committee is to provide all external and internal official TSCO communication.

- i. The Public Relations Committee maintains a directory of current memberships and affiliations.
- ii. The Public Relations Committee makes policies concerning communications as necessary and not in conflict with TSCO Articles or By-Laws or Sister City International Policies.
- iii. The Public Relations Committee will prepare a written presentation to the membership that will be presented to the annual membership as a status of the events not covered by other committees.
- iv. The Public Relations Committee shall produce a TSCO newsletter as given in the TSCO Policy and Procedures.

Section 7. Ad Hoc Committees. Committees referred to as Ad Hoc Committees are committees that from time to time, and as necessary, are created and authorized to fulfill an organizational need. Such committees shall be designated by the President with approval of the Board of Directors, for such tasks as circumstances warrant. The committee shall limit its activities to the accomplishment of the task, for which it is appointed and shall have no power to act, except as is specifically conferred by the Board

of Directors. Upon completion of tasks for which the committee is appointed, such committee shall stand discharged

## Article VI MEETINGS

### Section 1. Types of Meetings.

- a. Membership Meetings
  - i. Annual
  - ii. Special
- b. Board Meetings
  - i. Regular
  - ii. Special

### Section 2. Membership Meetings

- a. Annual Membership Meeting.
  - i. There shall be an Annual Membership Meeting in the month of September each year, within the city limits of the City of Tomball, unless otherwise determined by the Board of Directors.
  - ii. The purposes of the Annual Membership Meeting are to:
    - Elect TSCO Directors to vacant or expiring positions,
    - Receive annual reports from TSCO Officers and
    - Transact other TSCO business as required.
  - iii. Any program beyond the purposes set forth above shall be arranged by the Board of Directors, and shall be devoted to subjects of general interest to TSCO Members.
  - iv. Specific Procedures for Annual Membership Meetings.
    - a. Nominations for Elected Directors.
      - 1. The President shall appoint a **Nominating Committee**, consisting of at least three Voting Members who may, but need not be Directors, but who may not be candidates for election or re-election that year, to nominate candidates for any Elected Director vacancies.
      - 2. In addition, at the Annual Membership Meeting, nominations of any Voting Member may be made from the floor by another Voting Member. A Voting Member nominated from the floor must accept the nomination before his or her name shall be placed on the ballot. Any person or committee nominating a Voting Member for Director must have the written consent of the nominee at the time of nomination, if the nominee is not present to accept in person.

- b. Voting at the Annual Membership Meeting.
  - 1. Each Voting Member who has paid his or her annual Membership Fee by September 1 of that year shall be entitled to vote at the Annual Membership Meeting. Likewise, the statutory agent or any person properly authorized in writing may cast the vote for a Corporate Voting Member.
  - 2. Voting for the election of TSCO Elected Directors at the Annual Membership Meeting shall be by secret paper ballot, unless done by acclamation. In all other matters, the Chair of the meeting (TSCO President) shall have the authority to conduct voting by voice, show of hands, or paper ballot.
  - 3. Any candidate for the position of Director shall have the right to an observer during the vote count.
  - 4. The actual paper ballots cast shall be retained for a period of thirty (30) calendar days by the TSCO Secretary, during which time any Voting Member may review them and note a challenge to any election.
- c. Special Membership Meeting.
  - 1. The purpose of a Special Membership Meeting is to conduct business that is of such urgency that it cannot wait until the next Annual Membership Meeting.
  - 2. Special Membership Meetings may be called by
  - 3. The President,
  - 4. A majority of the Board of Directors, or
  - 5. A petition of at least ten percent (10%) of the Voting Members, which must be submitted to the President at least 30 days prior to the date of the requested meeting.
  - 6. Any call for a Special Membership Meeting shall state the day, date, time and place of the meeting, which must occur within the city limits of Tomball, Texas.
  - 7. If no designation is made, the place of meeting shall be the Tomball City Hall
- d. Procedures applicable to either Annual or Special Membership Meetings.
  - 1. Notice of Annual or Special Membership Meeting.
    - Notice stating the day, date, time and place of any Annual or Special Membership Meeting shall be by the official Tomball City Newsletter, another newspaper of general circulation in the City of Tomball, and to Members (Voting and Honorary) by First Class mail.
    - Mailing, notification or public notice shall occur not less than one (1) week before the date of the meeting.

2. Quorum at Annual or Special Membership Meeting. Ten percent (10%) of the Voting Members of the TSCO present in person at any Annual or Special Membership Meeting, shall constitute a Quorum for the transaction of any and all business.
3. Order of Business at Annual or Special Membership Meeting. This order of business may be altered or suspended at any meeting by a majority vote of the Voting Members present. Parenthetical entries show primary responsibility for the Agenda item.
  - Call to order. (President)
  - Approval of the Agenda. (Voting Members)
  - Approval of Minutes of previous meeting. (Voting Members)
  - Communications. (Secretary)
  - Reports of Officers. (President, Vice-President, Treasurer, Secretary)
  - Special reports. (Board and/or Members)
  - Old business. (Board and/or Members)
  - New business. (Board and/or Members)
  - Election of Directors. (Nominating Committee and Voting Members)
  - Adjournment. (President)
4. Presiding Officers at Annual or Special Membership Meetings. The President and the Secretary of the TSCO shall act as Chair and Secretary respectively at all Annual or Special Membership Meetings.

Section 3. Board Meetings

a. Regular Board Meetings.

- i. There shall be a scheduled, ~~quarterly~~ Regular Board Meeting at a time and place as determined by the Board of Directors.
- ii. The purpose of the Regular Board Meeting is to transact TSCO business, as required.
- iii. Regular Board Meetings will be open.
- iv. Attendance is important; the TSCO has adopted an attendance policy of no more than three (3) consecutive absences without an excuse for regular board or committee members. The Chair of the Board or Committee can excuse a member's absence.

- b. Procedures for Regular Board Meetings.
  - i. Notice of Regular Board Meetings: every reasonable attempt shall be made to inform the TSCO Membership of the day, date, time and place of all Regular Board Meetings. This will normally be accomplished through the official Tomball City Newsletter and TSCO announcements as determined by the Board of Directors, and will normally be available via the Tomball City Hall master calendar of events.
  - ii. Regular Board Meetings may be canceled or deferred by the President for inclement weather or other valid reason.
- c. Special Board Meetings.
  - i. Special Board Meetings may be called by the President or by a majority of the Board of Directors at a day, date, time and place appointed by those calling the meeting.
  - ii. The purpose of a Special Board Meeting is to conduct business that is of such urgency that it cannot wait until the next Regular Board Meeting.
  - iii. When a Special Board Meeting is called, the Secretary shall give the Directors five (5) days notice of such meeting by mail, or forty-eight (48) hours notice by telephone, stating day, date, time, place, and the principal items of business to be transacted.
- d. Procedures applicable to either Regular or Special Board Meetings.
  - i. Quorum: Attendance at any Board Meeting by at least fifty percent (50%) of the Directors who are Voting Members shall constitute a Quorum for the transaction of any and all business by the Board.
  - ii. Order of Business: The order of business for any Board Meeting shall be established by the President or the Directors, as appropriate.



***TOMBALL SISTER CITY ORGANIZATION***

**Tomball, Texas – Telgte, Germany**

**P.O. BOX 1131**

**TOMBALL, TEXAS 77377**

**Tomball Sister City Board or the IRS does not require Audits. We fill out the required 990 that is inserted into this packet. The Amount of the Audit is 10 to 15K. If this committee would like to provide the extra funds for the Audit TSCO will complete one to your specifications.**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2020****Open to Public Inspection**

<b>A</b> For the 2020 calendar year, or tax year beginning <b>October 01</b> , 2020, and ending <b>September 30</b> , 20 21			
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TOMBALL SISTER CITY ORGANIZATION</b>		<b>D</b> Employer identification number <b>43-1991155</b>
	Doing business as		<b>E</b> Telephone number <b>281-924-3324</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>14107 SPRING PINES DR</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>TOMBALL, TX 77375-2315</b>		<b>G</b> Gross receipts \$ <b>258,550</b>
	<b>F</b> Name and address of principal officer: <b>Grady Martin</b> <b>14107 SPRING PINES DR, TOMBALL, TX 77375-2315</b>		
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2002</b>	<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Promote the German Heritage of the Tomball community through presenting a Christmas Market in the winter and a heritage festival in the spring of each year.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>5</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>0</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . .	<b>5</b>	<b>1</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>50</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>\$ 0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<b>\$ 0</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	<b>\$ 160,000</b>	<b>\$ 0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>\$ 167,901</b>	<b>\$ 257,712</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>\$ 101</b>	<b>\$ 5</b>
	<b>12</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>\$ 1,178</b>	<b>\$ 833</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>\$ 329,180</b>	<b>\$ 258,550</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>\$ 0</b>	<b>\$ 0</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<b>\$ 0</b>	<b>\$ 0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>\$ 51,224</b>	<b>\$ 52,228</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>\$ 0</b>	<b>\$ 0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>\$ 239,114</b>	<b>\$ 203,372</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>\$ 290,338</b>	<b>\$ 255,600</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>\$ 38,842</b>	<b>\$ 2,950</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	<b>\$ 204,555</b>	<b>\$ 208,288</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>\$ 9,315</b>	<b>\$ 14,056</b>
			<b>\$ 195,240</b>	<b>\$ 194,232</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>			
	<b>Craig Bogner, Executive Director</b>				
	<b>Type or print name and title</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no. ▶	
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No				



**Part III 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:

Promote the German Heritage of the Tomball community through presenting a Christmas Market in the winter and a heritage festival in the spring of each year.

**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 ☒ No  
If "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? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**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 \$ 164,274 including grants of \$ 0) (Revenue \$ 177,712)  
The festival brings approximately 50,000 visitors to Tomball during its 3 days of operations and provides visitors with the opportunity to experience German foods, crafts, dancing, and music. The festival provides an opportunity for our school districts German Exchange students to enjoy their experience in Texas.

**4b** (Code: ) (Expenses \$ 13,450 including grants of \$ 0) (Revenue \$ 80,000)  
The German Christmas Market offers visitors the opportunity to purchase German crafts and other items during the 3 days of its operations. Music, food, and beverages are also available.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **177,724**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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 III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> 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 employees? <i>If "Yes," complete Schedule J</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>1</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>4a</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)?	<b>4a</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>6a</b>	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?	<b>6a</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 5	
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 on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b> 0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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 on Schedule O . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>10b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b> <input type="checkbox"/>	<input type="checkbox"/>

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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 records ►  
**Craig Bogner, PO Box 1131, Tomball, TX 77377 (832) 715-6291**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.
- See instructions for the order in which to list the persons above.

☐ 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)	(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 (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Grady Martin Chariman	25 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(2) Kit Pfeiffer Vice Chairman	10 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) Sandra Martin Secretary	10 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(4) Sandra Martin Treasurer	10 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(5) Craig Bogner Executive Director	40 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48,300	0	0
(6)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(7)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(9)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(10)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(11)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(12)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(13)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(14)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(16)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(17)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(18)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>48,300</b>	<b>0</b>	<b>0</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ ☒
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☐ ☒
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ ☒

	Yes	No
<b>3</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 0					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 0					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	0					
	<b>Program Service Revenue</b>	<b>2a</b>	<b>Civic and Social Organizations</b>					Business Code <b>813410</b>
<b>b</b>		<b>Civic and Social Organizations</b>	813410	80,000	80,000	0	0	
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶	257,712					
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5	5	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b>	Gross rents . . . . . <b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b>	Less: rental expenses <b>6b</b>						
	<b>c</b>	Rental income or (loss) <b>6c</b>						
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory <b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses <b>7b</b>						
	<b>c</b>	Gain or (loss) <b>7c</b>						
	<b>d</b>	Net gain or (loss) . . . . . ▶						
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>8a</b>		0				
	<b>b</b>	Less: direct expenses <b>8b</b>		0				
	<b>c</b>	Net income or (loss) from fundraising events . . ▶		0		0	0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>9a</b>						
	<b>b</b>	Less: direct expenses <b>9b</b>						
	<b>c</b>	Net income or (loss) from gaming activities . . . ▶						
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>10a</b>						
	<b>b</b>	Less: cost of goods sold . . . . . <b>10b</b>						
	<b>c</b>	Net income or (loss) from sales of inventory . . . ▶						
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code	833	833	0	0	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	833					
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶	258,550	258,550	0	0		



**Part IX 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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	48,300	0	48,300	0
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	0	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	234	0	234	0
<b>10</b> Payroll taxes . . . . .	3,694	0	3,694	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .	34,601	34,601	0	0
<b>13</b> Office expenses . . . . .	14,140	640	13,500	0
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	0	0	0	0
<b>17</b> Travel . . . . .	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	140,410	138,637	1,773	0
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,126	0	1,126	0
<b>23</b> Insurance . . . . .	3,939	2,996	943	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Auto . . . . .	2,201	0	2,201	0
<b>b</b> Donations . . . . .	252	0	252	0
<b>c</b> Meals . . . . .	1,681	0	1,681	0
<b>d</b> Repair/Maint . . . . .	2,846	0	2,846	0
<b>e</b> All other expenses . . . . .	2,176	850	1,326	0
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	255,600	177,724	77,876	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>198,363</b>	<b>1</b>	<b>202,313</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>0</b>	<b>2</b>	<b>0</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>0</b>	<b>3</b>	<b>0</b>
	<b>4</b> Accounts receivable, net . . . . .	<b>0</b>	<b>4</b>	<b>0</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	<b>0</b>	<b>5</b>	<b>0</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	<b>0</b>	<b>6</b>	<b>0</b>
	<b>7</b> Notes and loans receivable, net . . . . .	<b>0</b>	<b>7</b>	<b>0</b>
	<b>8</b> Inventories for sale or use . . . . .	<b>0</b>	<b>8</b>	<b>0</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>0</b>	<b>9</b>	<b>0</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> <b>11,605</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> <b>5,630</b>	<b>6,192</b>	<b>10c</b> <b>5,975</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>0</b>	<b>11</b>	<b>0</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>0</b>	<b>12</b>	<b>0</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>0</b>	<b>13</b>	<b>0</b>
	<b>14</b> Intangible assets . . . . .	<b>0</b>	<b>14</b>	<b>0</b>
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>0</b>	<b>15</b>	<b>0</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	<b>204,555</b>	<b>16</b>	<b>208,288</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>0</b>	<b>17</b>	<b>0</b>
	<b>18</b> Grants payable . . . . .	<b>0</b>	<b>18</b>	<b>0</b>
	<b>19</b> Deferred revenue . . . . .	<b>0</b>	<b>19</b>	<b>0</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>0</b>	<b>20</b>	<b>0</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>0</b>	<b>21</b>	<b>0</b>
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	<b>0</b>	<b>22</b>	<b>0</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>0</b>	<b>23</b>	<b>0</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>0</b>	<b>24</b>	<b>0</b>
	<b>25</b> 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 . . . . .	<b>9,315</b>	<b>25</b>	<b>14,056</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>9,315</b>	<b>26</b>	<b>14,056</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	<b>0</b>	<b>29</b>	<b>0</b>
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	<b>0</b>	<b>30</b>	<b>0</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>195,240</b>	<b>31</b>	<b>194,232</b>
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	<b>195,240</b>	<b>32</b>	<b>194,232</b>
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	<b>204,555</b>	<b>33</b>	<b>208,288</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>258,550</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>255,600</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>2,950</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	<b>195,240</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	<b>(3,958)</b>
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses . . . . .	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	<b>194,232</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> 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 Circular A-133? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**TOMBALL SISTER CITY ORGANIZATION**

Employer identification number

**43-1991155**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %

**b** Permanent endowment ▶ \_\_\_\_\_ %

**c** Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

**(i)** Unrelated organizations . . . . .

**(ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	8,248		5,630	2,618
<b>e</b> Other . . . . .	3,357			3,357
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				5,975

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	(1)
(2) <b>Exchange Student fund balance</b>	<b>8,134</b>
(3) <b>Credit Card</b>	<b>5,923</b>
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	<b>14,056</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
----------	---------------------------------------------------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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.

ExplanationTxt:

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**TOMBALL SISTER CITY ORGANIZATION**

**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

**2020**

**Open to Public  
Inspection**

Employer identification number  
**43-1991155**

#1: FormAndLineReferenceDesc: Part VI, Section B, Line 11b

ExplanationTxt:

Board members review their copies of the tax return at a monthly board member.

#2: FormAndLineReferenceDesc: Part VI, Section C, Line 19

ExplanationTxt:

No documents available to the public



# Public Information Report

**Public Information Report**  
**THE TOMBALL SISTER CITY ORGANIZATION**  
Report Year :2021

Information on this site is obtained from the most recent Public Information Report (PIR) processed by the Secretary of State (SOS). PIRs filed with annual franchise tax reports are forwarded to the SOS. After processing, the SOS sends the Comptroller an electronic copy of the information, which is displayed on this web site. The information will be updated as changes are received from the SOS.

You may order a copy of a Public Information Report from [open.records@cpa.texas.gov](mailto:open.records@cpa.texas.gov) or Comptroller of Public Accounts, Open Records Section, PO Box 13528, Austin, Texas 78711.

Title	Name and Address
DIRECTOR	<b>CRAIG BOGNER</b> 31226 ANTONIA LN TOMBALL, TX 77375
TREASURER	<b>CRAIG BOGNER</b> 31226 ANTONIA LN TOMBALL, TX 77375
DIRECTOR	<b>GRADY MARTIN</b> 8118 BOUDREAUX TOMBALL, TX 77375
DIRECTOR	<b>KIT PFEIFFER</b> 31214 HELEN LANE TOMBALL, TX 77375



## **Franchise Tax Account Status**

As of : 07/18/2022 16:14:46

**This page is valid for most business transactions but is not sufficient for filings with the Secretary of State**

### **THE TOMBALL SISTER CITY ORGANIZATION**

**Texas Taxpayer Number** 32005205433

**Mailing Address** PO BOX 1131 TOMBALL, TX 77377-1131

**Right to Transact Business in  
Texas** ACTIVE

**State of Formation** TX

**Effective SOS Registration Date** 04/18/2002

**Texas SOS File Number** 0800077334

**Registered Agent Name** GRADY MARTIN

**Registered Office Street Address** 8118 BOUDREAUX RD. SPRING, TX 77379



***TOMBALL SISTER CITY ORGANIZATION***  
**Tomball, Texas – Telgte, Germany**  
**P.O. BOX 1131**  
**TOMBALL, TEXAS 77377**

**Tomball Sister City Board Meetings**  
**October 2022 – Oct 2023**

**October 6, 2022**  
**March 16, 2023**  
**May 18, 2023**  
**August 17, 2023**

# Craig Bogner

832-715-6291  
31226 Antonia Lane, Tomball, TX 77375

craigbogner@gmail.com

## Work History

### **May 2016 – current**

Tomball Sister City – General Manager Tomball German Festivals

#### Duties & Responsibilities

Oversee all the working of the Tomball German Heritage Festivals and the Tomball German Christmas Festivals. Vendor applications, Advertising, Permits, Entertainment Budgets, Traffic Flow and Safety.

### **March 2004 – March 2016**

Owner , Kwik Kopy Printing, Tomball, TX

#### Duties & Responsibilities

Supervised day to day operations of the prepress department, press room and bindery. Maintained accounts receivable and accounts payable daily.

### **March 2002 – May 2004**

Advertising Consultant, AutoTrader.com

#### Duties & Responsibilities

Worked with independent and franchised auto dealers. Both active and prospect accounts in defined territories. Help guide and educate dealers to make the best advertising decision.

### **March 2000 – March 2002**

Account Representative, Arcadia Financial

#### Duties & Responsibilities

Worked with independent and franchised auto dealers. Both active and prospect accounts in defined territories. To help produce sub-prime auto loans

### **March 1998 – March 2000**

Financial Director, Streater Smith Honda

#### Duties & Responsibilities

Director of 3 dealerships in the financial and insurance department. Matching customers and financial institutions and insurance company's.

## Education

Various Program Certifications

United States Navy

Honorable discharge E-5

Non-Degree Program

Lone Star College System – North Harris

High School Diploma/GED

Magnolia High School



TOMBSIS-01

TGRANDJEAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kaliff Insurance 2009 N.W. Military Hwy San Antonio, TX 78213	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No, Ext):</b> (210) 829-7634	<b>FAX (A/C. No):</b>
<b>INSURED</b>  Tomball Sister City Organization P.O. Box 1131 Tomball, TX 77377	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : T.H.E. Insurance Company</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		
<b>NAIC #</b> 12866		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CPP 0108132 01	5/26/2022	5/26/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	<b>DED</b>						
	<b>RETENTION \$</b>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED WITH RESPECTS TO INSURED'S OPERATIONS AS CONTRACTUALLY OBLIGATED: City of Tomball, its Officials, Employees, Volunteers, Boards and Commissions

## CERTIFICATE HOLDER

## CANCELLATION

City of Tomball  
401 Market Street  
Tomball, TX 77375

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE