

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , **2016**, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Brea Chamber of Commerce One Civic Center Circle, 2nd Floor Brea, CA 92821	D Employer identification number 95-1450205 E Telephone number (714) 529-3660 G Gross receipts \$ 295,987.
F Name and address of principal officer: Same As C Above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶
J Website: ▶ www.breachamber.com		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1945 M State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provides member businesses with access to business opportunities, political advocacy and educational programs.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,217.	171,811.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17.	21.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,259.	212,886.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,010.	115,499.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,734.	77,400.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,744.	192,899.	
19	Revenue less expenses. Subtract line 18 from line 12	13,515.	19,987.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	92,088.	119,437.
	22	Net assets or fund balances. Subtract line 21 from line 20	44,907.	52,269.
			47,181.	67,168.

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.

Sign Here	Signature of officer: <u>COPY</u>	Date
	Type or print name and title: <u>Michael Becher</u> Director	

Paid Preparer Use Only	Print/Type preparer's name: <u>Michael B. Becher</u>	Preparer's signature: <u>Michael B. Becher</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00645942</u>
	Firm's name: <u>Miller Giangrande LLP</u>				
	Firm's address: <u>915 W Imperial Hwy Ste 110 Brea, CA 92821-3815</u>	Firm's EIN: <u>33-0098722</u>	Phone no. <u>(714) 494-2200</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No