

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

A For the **2019** calendar year, or tax year beginning , 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 Name of organization <p align="center">Brea Chamber of Commerce</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite One Civic Center Circle, 2nd Floor City or town, state or province, country, and ZIP or foreign postal code Brea CA 92821	D Employer identification number 95-1450205 E Telephone number 714-529-3660 G Gross receipts \$ 315,401
F Name and address of principal officer: Jay Badillo 900 E. Birch Street Brea CA 92821		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: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.breachamber.com		L Year of formation: 1945 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provides member businesses with access to business opportunities, political advocacy and educational programs.			
	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	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	100	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b Net unrelated business taxable income from Form 990-T, line 39	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)			0
	9 Program service revenue (Part VIII, line 2g)	179,488		169,737
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53		129
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,840		29,617
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,381		199,483
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	129,951		130,655
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,202		79,516
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,153		210,171	
19 Revenue less expenses. Subtract line 18 from line 12	22,228		-10,688	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	156,723	145,932	
	21 Total liabilities (Part X, line 26)	21,710	21,607	
	22 Net assets or fund balances. Subtract line 21 from line 20	135,013	124,325	

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	COPY		
	Signature of officer	Michael Becher	Date
	Type or print name and title	Director	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Michael B. Becher	Michael B. Becher	08/26/20
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	Miller Giangrande LLP	33-0098722	P00645942
	Firm's address	Phone no.	
	915 W Imperial Hwy Ste 110	714-494-2200	
	Brea, CA 92821		