

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Brea Chamber of Commerce
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: One Civic Center Circle
 City or town, state or country, and ZIP + 4: Brea, CA 92821

D Employer identification number: 95-1450205
E Telephone number: (714) 529-4938
G Gross receipts \$ 295,030

F Name and address of principal officer: _____
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: ▶ www.breachamber.com

K Form of organization: Corporation Trust Association 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 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 22		
	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 2012 (Part V, line 2a)	5 7		
	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 _____		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	168,719	160,329
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,266	78,001	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		235,985	238,331	
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)	131,871	148,079
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ^D			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	103,383	106,471	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	235,254	254,550	
19 Revenue less expenses Subtract line 18 from line 12	731	-16,219		
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	19,937	7,204	
	21 Total liabilities (Part X, line 26)	40,330	43,816	
22 Net assets or fund balances Subtract line 21 from line 20	-20,393	-36,612		

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: _____ Date: 2013-06-06
 Type or print name and title: David Rader Director

Paid Preparer Use Only

Print/Type preparer's name: Michael B Becher Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00645942
 Firm's name: Miller Giangrande LLP Firm's EIN: _____
 Firm's address: 915 W Imperial Hwy Ste 110 Brea, CA 928213815 Phone no: (714) 494-2200

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