

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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, 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 \$ **307,377**

F Name and address of principal officer:
John Koos
210 W. Birch Street, Suite 201
Brea CA 92821

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **www.breachamber.com** **H(c)** Group exemption number ▶

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	20
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
	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 38	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	209,880	179,488
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26	53
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,086	37,840
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	250,992	217,381
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)	137,913	129,951
	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)	67,462	65,202
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	205,375	195,153
19	Revenue less expenses. Subtract line 18 from line 12	45,617	22,228	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	136,507	156,723
	21	Total liabilities (Part X, line 26)	23,722	21,710
22	Net assets or fund balances. Subtract line 21 from line 20	112,785	135,013	

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** Director
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Michael B. Becher** Preparer's signature: _____ Date: **07/08/19** Check if PTIN self-employed **P00645942**

Firm's name: **Miller Giangrande LLP** Firm's EIN: **33-0098722**

Firm's address: **915 W Imperial Hwy Ste 110 Brea, CA 92821** Phone no.: **714-494-2200**

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