

Form **990**
(Rev. January 2020)
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
2019
Open to Public Inspection

A For the 2019 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

D Employer identification number
95-1450205

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

E Telephone number
714-529-3660

City or town, state or province, country, and ZIP or foreign postal code
Brea CA 92821

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? 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 39			
Revenue			Prior Year	Current Year
	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			Beginning of Current Year	End of Year
	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** Director
Date: _____
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Michael B. Becher** Preparer's signature: **Michael B. Becher** Date: **08/26/20** Check if self-employed PTIN: **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