

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
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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): One Civic Center Circle 2nd Floor
 Room/suite:
 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 \$ 271,042

F Name and address of principal officer:
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)
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

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 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 2015 (Part V, line 2a)	5	5
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	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	157,344	128,217
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9	17
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,656	74,025
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204,009	202,259
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)	92,404	104,010
	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)	56,582	84,734
	18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	148,986	188,744
19 Revenue less expenses—subtract line 18 from line 12	55,023	13,515	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 69,355	End of Year: 92,088
	21 Total liabilities (Part X, line 26)	35,689	44,907
	22 Net assets or fund balances—subtract line 21 from line 20	33,666	47,181

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: 2016-11-07
 Michael Becher Director
 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	Check <input type="checkbox"/> 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	