

Form **990**

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

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 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) **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 **192,042**

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) | 21 | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 19 | | | |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 3 | | | |
| | 6 | Total number of volunteers (estimate if necessary) | 50 | | | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | | | |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0 | | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | 13,000 | |
| | 9 | Program service revenue (Part VIII, line 2g) | 169,737 | 140,200 | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 129 | 45 | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 29,617 | -6,404 | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 199,483 | 146,841 | | |
| 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) | 130,655 | 102,822 | | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | 0 | |
| Net Assets or Fund Balances | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 79,516 | 53,869 | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 210,171 | 156,691 | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -10,688 | -9,850 | | |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | 145,932 | 136,122 |
| | 21 | Total liabilities (Part X, line 26) | 21,607 | 21,647 | | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 124,325 | 114,475 | | | |

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: **09/27/21** Check if self-employed if 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

For Paperwork Reduction Act Notice, see the separate instructions.