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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

	r + b	2015.0	alendar year, or tax year beginnin	g 01_01_2015 and onding 12	21_2015				
		applicable	C Name of amountain	g 01-01-2015 , and ending 12	-31-2013	<u> </u>	D Emplo	ver ide	entification number
		applicable change	Calabasas Chamber of Commerce		23-7291271				
┌ Nar		=	Doing business as					29127	1
Initi		-	Doing business as						
Fina	a I			all is not delivered to street address)	Room/suit	te	E Teleph	one nun	nber
retu	ırn/te	erminated	23945 Calabasas Road				(818)	222-	5680
M Am	ended	d return	City or town, state or province, coun Calabasas, CA 91302	try, and ZIP or foreign postal code			200000		÷ 202.476
M App	licatio	on pending	Calabasas, CA 71502				G Gloss I	receipts	\$ 293,476
			F Name and address of prin	s this a group	returi	n for			
							ubordinates?		「Yes ▼No 「Yes ▼No
							re all subord icluded?	mates	i tes i no
						I	f "No," attach	n a list	(see instructions)
		empt status		Insert no) 4947(a)(1) or 52	!/	H(c) (Group exempt	tion nu	ımber ►
J W	ebsit	te:► wv	ww calabasascommerce com						
K Forn	n of o	organizatio	n 🔽 Corporation 🗆 Trust 🗀 Association	Other 🕨	•	L Year	of formation 19	955 N	1 State of legal domicile CA
Pa	rt I	Sun	nmary						
		•	escribe the organization's mission	_					
a 1	<u>T</u>	TO PROI	MOTE OPPORTUNITIES and suc	cess FOR LOCAL and regional	BUSINE	ESSES			
<u> </u>	_								
ema									
Governance	2	Check t	his box 析 if the organization dis	continued its operations or disp	osed of	more tha	an 25% of its	net as	ssets
	3	Number	of voting members of the governi	ng body (Part VI, line 1a) .				з	15
es (of independent voting members o					4	15
Ĭ.	5	Total nu	ımber of ındıvıduals employed ın c	alendar year 2015 (Part V, line	2a) .			5	10
Activities &	6	Total nu	ımber of volunteers (estımate ıf ne			6			
-	7a Total unrelated business revenue from Part VIII, column (C), line 12							7a	0
	b N	Net unre	ated business taxable income from	m Form 990-T, line 34				7b	
							Prior Year		C Vaan
	_						riioi reai		Current Year
9	8		ributions and grants (Part VIII, lir					946	0
renue	9	Progr	am service revenue (Part VIII, lii	ne 2g)			160,	846	
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Use Only

Firm's address > 23901 Calabasas Rd Ste 2085

Calabasas, CA 913023380

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes □No

Phone no (818) 224-4411

orm	990 (2015)				Page	2
Part		ent of Program Service A				
			or note to any line in this Part III	<u> </u>	<u> </u>	_
1	Briefly describe	the organization's mission				
O PI	ROMOTE OPPOR	RTUNITIES and success FOR L	OCAL and regional BUSINESSES			_
						_
						_
2	the prior Form 99	90 or 990-EZ?	rogram services during the year whi		「Yes ▼No	
		e these new services on Schedi				
3			sıgnıfıcant changes ın how ıt condu · · · · · · · · · · ·		⊤Yes ▼No	
	If "Yes," describ	e these changes on Schedule O				
4	expenses Section		omplishments for each of its three anizations are required to report the program service reported			
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)	_
	TO PROMOTE OPPO	ORTUNITIES and success FOR LOCAL ar	d regional BUSINESSES			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
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4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
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	-					_
						_
4d	Other program :	services (Describe in Schedule	0)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)	
4e	Total program s	ervice expenses 🗠				_
						_

Part IV Checklist of Required Sc	hedule	•
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		
		28a	No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No
		For	m 990 (2015)

	990 (2015)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O Contains a response of note to any line in this rait V	 т	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		Na
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		NO .
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
٠	The rest, to fine 3a of 3b, did the organization me rotin 8880-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.	7		
_	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)...........	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110
	2		orm 99 ((2015)

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

50	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		No
	in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O). Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►CHIEF EXECUTIVE OFFICER 23945 Calabasas Road 216 CALABASAS, CA 91302 (818) 222-5680

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) (C) A verage Position (do not check							(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week (list any hours for related	more than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BRIDGET KARL	40 00	l x		x				60,967	0	
President & CEO	0 00	_ ^		^				00,507	0	
(2) Doug Long Director	2 00	х						0	0	ı
(3) Lauren DeBoalt	2 00									
Director	0 00	×						0	0	ı
(4) BONNIE MULHOLLAND	2 00									
Chairman	0 00	X		×				0	0	
(5) Keith Geiger	2 00									
Director	0 00	X						0	0	
(6) KARI SOUZA CONTRERAS	2 00									
Vice chair	0 00	X		х				0	0	
(7) SALEEM SALEEM	2 00									
Director		×						0	0	
(8) DANA ROLLAND	2 00									
Director		x						0	0	
(9) JEANNE GARRISON	2 00									
1st vice chair		×		×				0	0	
(10) Kirk Bell	2 00									
Director	0 00	x						0	0	
(11) Iris Stone	2 00									
Director	0 00	X						0	0	
(12) DAVID GLUCKSMAN	2 00									
Finance	0 00	X		Х				0	0	
(13) Steve Brevidoro Director	2 00	х						0	0	
(14) MARK LEVINSON	2 00									
GOV AFFAIRS	0 00	×		Х				0	0	
	0 00				\vdash					
_										
							_			

(continued
;

	(A) Name and Title	(B) Average hours per week (list any hours	more t	:han o	one l both	box, an	heck unless officer stee)	3	Repor comper from organiza	compensation compensation among from the from related conganizations (W-		(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> -					
c d	Total from continuation sheet Total (add lines 1b and 1c) .					•	. •		6	0,967		
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose l		d abov	e) w	ho receive	d more th	nan	
3	Did the organization list any f e	ormer officer, dii	rector o	r trus	itee,	key	emplo	yee,	or highes	t compen	sated employee	Yes No
	on line 1a? If "Yes," complete S					•		•				3 No
4	For any individual listed on line organization and related organ individual											4 No
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon	or individual for	5 No
_	ation D. Vadons advat C.										L	- 140
1	Complete this table for your five compensation from the organization compensation from the organization from t	ve highest comp										
		(A) lame and business						-			(B) cription of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V	1 1 1	Statement o			this Dawt \/III			_
		Check if Schedu	ule O contains a respor	nse or note to any lii	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
								512-514
2 2	1a	Federated camp	paigns 1a					
Grants mounts	b	Membership du	es 1b					
Gr mo	С	Fundraising eve	ents 1c					
ffs, rA	d	Related organiz	rations 1d					
Gi ila		_						
ns,	е	Government grants	s (contributions) 1e					
tio er S	f	All other contribution similar amounts no	ons, gifts, grants, and 1f					
함	q		ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	9	1a-1f \$						
Co an	h	Total. Add lines	s 1a-1f	· · · •	0			
9				Business Code				
illi	2a	CITY SUPPORT			18,496	18,496		
Program Serwce Revenue	ь	MEMBERSHIP FEES			130,284	130,284		
je F	С							
1. M.	d							
<u>بر</u>	e							+
Iran	f	All other progra	am service revenue					
ا پر								
ш.	g		s 2a – 2f		148,780			
	3		ome (including dividen ar amounts)		0			
	4		tment of tax-exempt bond		0			
	5	Royalties		▶	0			
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental						
	_	expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
		·						
	b	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	c d	` ′ ′	s)	_	0			
۸.		Gross income fi						
μ		events (not incl	_					
•		\$						
ъ.		See Part IV, lin	reported on line 1c)					
Other Revenue		,	а	144,696				
₹	b	Less direct ex	penses b	89,517				
	С	Net income or ((loss) from fundraising	events 🛌	55,179			
	9a		rom gaming activities					
		See Part IV, lin	ie 19 a					
	b	Less direct exi	penses b					
		•	(loss) from gaming acti		0			
	10a	Gross sales of		-				
		returns and allo						
	L	loca sast f	a h					
			oods sold b (loss) from sales of inve	entory 🛌	0			
		Miscellaneous		Business Code	<u> </u>			
	11a	seemaneous		545111653 C046				
	b	-						+
	С	-						+
	d	All other revenu						
	e		s 11a-11d	🕨				
				• • •	0			
	12	Total revenue.	See Instructions .	🕨	203,959	148,780		

	990 (2015)				Page 1 (
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	60,969	60,969		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	62,624	62,624		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	7,748	7,748		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	2,583	2,583		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	33,007	33,007		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	441	441		
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP EXPENSE	29,597	29,597		
b	OTHER	17,383	17,383		
c	INSURANCE	14,070	14,070		
d	TELEPHONE	3,471	3,471		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	231,893	231,893	0	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 47.049 37.960 1 2 2 0 Savings and temporary cash investments 0 3 6.750 4 7.270 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part 7 0 7 8 8 9 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b 10b 442 10c Less accumulated depreciation 11 0 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 0 15 2.027 15 2.027 16 Total assets. Add lines 1 through 15 (must equal line 34) 56.268 16 47,257 1.764 2,070 **17** 17 18 18 8.489 27,106 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 10.253 26 29,176 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete Balance lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 46,015 32 Retained earnings, endowment, accumulated income, or other funds 18,081 33 46.015 18,081 33

Total liabilities and net assets/fund balances

34

47.257

56.268

34

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

DLN: 93493259010756

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

alabasas Chamber of Comme	iice				23-729127	1
	ctivities.Comple ers are not requir		_		' on Form 990, Part I	V, line 17.
Indicate whether the orga	anızatıon raısed fun	ds througl	n any of th	ne following activities (heck all that apply	
a Mail solicitations				e Solicitation of r	on-government grants	
b Internet and email so	olicitations			f Solicitation of g	overnment grants	
c Phone solicitations				g Γ Special fundrais	sing events	
d	ns					
Did the organization have or key employees listed i services?						es√ No
b If "Yes," list the ten high to be compensated at le	nest paid individuals ast \$5,000 by the o	s or entition	es (fundra on	isers) pursuant to agre	ements under which the	fundraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
. 0						
otal			>			
3 List all states in which the registration or licensing	organızatıon ıs regi	stered or	licensed	to solicit contributions	or has been notified it is	exempt from

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 o
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000

	receipts greater than \$5,000).			
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		PUMPKIN FESTIVAL	MAP/ACORN	3	(add col (a) through
		(event type)	(event type)	(total number)	col (c))
Φ					
景					
Reveilue	1 Gross receipts	55,008	45,913	43,775	144,696
~	3 Lana Cambubutuana				
	2 Less Contributions				
	line 2)	55,008	45,913	43,775	144,696
		<u> </u>	,	<u>, </u>	,
	4 Cash prizes				
	5 Noncash prizes				
,	6 Rent/facility costs				
žě.	7 Food and beverages				
Expenses	8 Entertainment				
	9 Other direct expenses	20,954	44 247	24 216	90 517
Direct	·	·	•	24,316	
	10 Direct expense summary Add lines				89,517
	11 Net income summary Subtract line 1	10 from line 3, column (d)	<u> </u>	55,179
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
			(h)Dull tabe (I not ant		(4)
Revenue		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col
₫					(a) through col (c))
₩ ₩	1 6 7000 7000				
	1 Gross revenue				
မှာ	2 Cash prizes				
ğ					
Direct Expenses	3 Noncash prizes				
ū					
ည	4 Rent/facility costs				
₫	5 Other direct expenses				
	J Other direct expenses	_			
		└ Yes %	Yes%	Γ Yes	
	6 Volunteerlabor	l No	No	l No	
	7 Direct expense summary Add lines	2 through 5 in column (d)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)	<u>.</u> . <u>•</u>	
9	Enter the state(s) in which the organiza				Yes
а	Is the organization licensed to conduct	gaming activities in eac	n of these states?		, 105 , 115
b If "No," explain					
					I
10-	Wara any of the organization's gaming l				
	Were any of the organization's gaming l				ГYes
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ	201

Page	3
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11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		ГYes Г	No
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name ▶				
15a	Does the organization have a contract		whom the organization receives gaming		
	revenue?	men a emia parcy nom v	mom the organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🟲 \$ a		110
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
	·	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?				
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the explain the state of the stat	anations required by Part I, line 2b, as applicable. Also complete this pa		(v); and
	Return Reference		Explanation		
		L	· · · · · · · · · · · · · · · · · · ·		

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DLN: 93493259010756

Supplemental Information to Form 990 or 990-EZ

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	Employer identification number
Calabasas Chamber of Commerce	
	23-7291271

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part III, Line 4d - All Other Accomplishment	Incurred to promote business opportunities for local businesses
Form 990, Part VI, Line 11b - Organization's Process to Review Form 99	Form 990 is reviewed by the financial vice chair, who is an officer, a board member and the president/ceo. No review is conducted by all other members of the board.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy	Board members are required to make any potential conflict of interest known to the other m embers of the board. In the event of a situation where a conflict of interest could influe nce decision making, board members are instructed to excuse themselves from the situation.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanatio	No documents available to the public
Form 990, Part VI, Line 7a - Election of Members and Their Rights	The entire membership votes via mail-in ballots on nominees to elect or remove each board member
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members	The vote to elect members of the board is put out to the entire membership