

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form 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/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
RSM Chamber of Commerce

Number and street (or P O box, if mail is not delivered to street address) Room/suite
22232 El Paseo

City or town, state or province, country, and ZIP or foreign postal code
Rch Sta Margarita, CA 92688

D Employer identification number
82-2513823

E Telephone number
(949) 667-3776

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ rsmchamber.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 191,833

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																						
Revenue	1	Contributions, gifts, grants, and similar amounts received																																																
	2	Program service revenue including government fees and contracts																								163,830																								
	3	Membership dues and assessments																								28,003																								
	4	Investment income																																																
	5a	Gross amount from sale of assets other than inventory																		5a																														
	b	Less cost or other basis and sales expenses																		5b	0																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								5c																								
	6	Gaming and fundraising events																																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																		6a																														
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																		6b	0																													
c	Less direct expenses from gaming and fundraising events																		6c	0																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								6d																									
7a	Gross sales of inventory, less returns and allowances																		7a																															
b	Less cost of goods sold																		7b	0																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								7c																									
8	Other revenue (describe in Schedule O)																								8																									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																								9	191,833																								
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								10																								
	11	Benefits paid to or for members																								11																								
	12	Salaries, other compensation, and employee benefits																								12																								
	13	Professional fees and other payments to independent contractors																								13	6,684																							
	14	Occupancy, rent, utilities, and maintenance																								14																								
	15	Printing, publications, postage, and shipping																								15																								
	16	Other expenses (describe in Schedule O)																								16	145,046																							
17	Total expenses. Add lines 10 through 16 ▶																								17	151,730																								
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								18	40,103																							
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								19	8,898																							
	20	Other changes in net assets or fund balances (explain in Schedule O)																								20																								
	21	Net assets or fund balances at end of year Combine lines 18 through 20																								21	49,001																							

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of Bill Burger Telephone no (949) 830-3436
Located at 28813 Los Alisos Blvd Mission Viejo, CA ZIP + 4 92691

Table with columns for question number, description, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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 Jim Leach Vice President <small>Type or print name and title</small>	2019-05-10 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name Jon M LaVine CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00518678
	Firm's name ► LaVine & Associates CPAs Inc	Firm's EIN ► 33-0948616		Phone no (949) 367-1935	
	Firm's address ► 26691 Plaza Drive Suite 222 Mission Viejo, CA 926916348				

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 82-2513823

Name: RSM Chamber of Commerce

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Program services and events promote and enhance the business community of Rancho Santa Margarita by assisting our members through joining, connecting, and growing a vibrant local economy (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
RSM Chamber of Commerce

Employer identification number

82-2513823

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$174

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$2648

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3276

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Events Expense \$134635

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Merchant charges \$1486

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Lunch Mixers Expense \$1242

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Meetings \$691

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Telephone \$587

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Contributions \$307