

Form **990-EZ**
 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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
ORANGE CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
655 S MAIN STREET STE 200-310

City or town, state or province, country, and ZIP or foreign postal code
ORANGE, CA 92868

D Employer identification number
95-1068320

E Telephone number
(714) 538-3581

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ ORANGECHAMBER.COM

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

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

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 ▶ \$ 193,496

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	60,608
	3	Membership dues and assessments	3	72,438
	4	Investment income	4	
	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	60,450	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	193,496	
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	77,366
	13	Professional fees and other payments to independent contractors	13	2,117
	14	Occupancy, rent, utilities, and maintenance	14	18,350
	15	Printing, publications, postage, and shipping	15	438
	16	Other expenses (describe in Schedule O)	16	79,854
17	Total expenses. Add lines 10 through 16 ▶	17	178,125	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,371
	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	6,511
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-22,000
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	-118

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	4,245	22	8,562
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,266	24	1,820
25 Total assets	6,511	25	10,382
26 Total liabilities (describe in Schedule O)		26	10,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,511	27	-118

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
 TO PROMOTE BUSINESS WITHIN THE COMMUNITY

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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. Row 1: 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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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 2019-05-05 Date AL RICCI Chairman Type or print name and title

Paid Preparer Use Only Print/Type preparer's name PATRICK S GUZMAN CPA Preparer's signature Date Check if self-employed PTIN P00354029 Firm's name Guzman & Gray Certified Public Accountants Firm's EIN 33-0302407 Firm's address 4510 E Pacific Coast Highway Suite Long Beach, CA 90804 Phone no (562) 498-0997

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 95-1068320
Name: ORANGE 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.)	
<p>28 PROVIDE LEADERSHIP AND BUSINESS DEVELOPMENT FOR ITS MEMBERS THROUGH SEMINARS, CONFERENCES, SHOWCASES, SPECIAL EVENTS AND WEEKLY MEETINGS IN AN EFFORT TO PROMOTE BUSINESSES AMONG ITS MEMBERS AND COMMUNITY</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATIE PRINGLE Chairman	1 00	0		
MICHELLE SCOLARO Director	1 00	0		
FRANCISCO BARAJAS Director	1 00	0		
BERKENDA CANTLO Director	1 00	0		
MATT GREVILLE Director	1 00	0		
ADAM GUSS VICE CHAIR	1 00	0		
JORDAN KAHF Director	1 00	0		
BRIAN RAUSO Director	1 00	0		
AL RICCI Director	1 00	0		
SHANON PFEIFFER Director	1 00	0		
PAT BUTTRESS Past Chairman	1 00	0		
WIL DEE VICE CHAIR	1 00	0		
CHARLA LENARTH President & CEO	40 00	44,375		
LAWRENCE JONES Director	1 00	0		
JACK RAUBOLT VICE CHAIR	1 00	0		

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CHERI SAINS Director	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ORANGE CHAMBER OF COMMERCE**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.

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

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

95-1068320

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	CHAIRMAN CIRCLE/FEE \$60450

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$645

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$446

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3839

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	STATE OF THE CITY \$23562

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	LEADERSHIP ORANGE \$14792

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	NEW MEMBER COMMISSION \$9838

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	OTHER EXPENSES \$6128

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	WEBSITE \$4559

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	TELEPHONE \$4478

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MERCHANT FEES \$2844

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	INSTALLATION \$2696

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	AUTO EXPENSES \$1750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	PAYROLL FEES \$1734

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	UTILITIES \$912

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	DUES & SUBSCRIPTIONS \$399

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	TAXES & LICENSES \$356

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	MEMBERSHIP EXPENSES \$353

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	BANK CHARGES \$293

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	BOARD OF DIRECTORS \$143

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	MEALS \$87

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$90 Furniture and Fixtures - Ending \$7

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$676 Machinery and Equipment - Ending \$313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DEPOSITS - Beginning \$1500 DEPOSITS - Ending \$1500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1008	Unsecured Notes and Loans Payable - Beginning \$0 Unsecured Notes and Loans Payable - Ending \$10500