## 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.

2015

Open to Public Inspection

OMB No. 1545-0047

For the 2015 calendar year, or tax year beginning JULY0.12015, and ending JUNE 30 2016 B Check if applicable C Name of organization BLYTHE CHAMBER OF COMMERCE D Employer identification number Address change Doing business as 95-<del>1736587</del> / Name change Number and street (or P O. box if mail is not delivered to street address) Boom/suite E Telephone number Initial return 07 E HOBSONWAY (760)922-8166 Final return/ City or town, state or province, country, and ZIP or foreign postal code G Gross terminated BLYTHE CA 92225 158,796 receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Yes Application pending H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) 501(c)( 4) **◄**(insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization Corporation Trust Association L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROMOTE LOCAL BUSINESS AND TOURISM, AND ENHANCE ECONOMIC Governance DEVELOPMENT Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 13 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a O Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 40,474 32,563 Revenue 128,493 124,430 9 Program service revenue (Part VIII, line 2a) Investment income (Part VIII, column (A), lines 34, and 24) 2 5 2017 10 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 1,803 11 2,693 171,660 158,796 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines (1-3). 13 Benefits paid to or for members (Part IX, column (A), line 4) 39,594 41,887 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 125,177 131,545 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 171,139 167,064 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 521 -8,268Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 83,655 20 Total assets (Part X, line 16) 63,183  $3,\overline{398}$  $3,\overline{257}$ 21 Total liabilities (Part X, line 26) 59,785 80,398 22 Net assets or fund balances. Subtract line 21 from line 20 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. anature of officer Sian Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I if Paid self-employed P00240706 RONDA TERRIAN **Preparer** BLOCK Firm's EIN ▶ 330176251 Firm's name ► H AND R **Use Only** Firm's address ▶ 128 N SPRING Phone no. BLYTHE CA 92225 7609225134 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

	<del></del>	Service Accomplishments a response or note to any line in this Part III			X
1	Briefly describe the organization's miss		·	<u>···</u>	кл
	PROMOTE LOCAL BUSIN	ESS AND TOURISM ENHANCE I	ECONOMIC DEVELO	PMENT	
2	prior Form 990 or 990-EZ? .	nrficant program services during the year which we	ere not listed on the	Yes	⊠ N
3	If "Yes," describe these new services of	on Schedule O. , or make significant changes in how it conducts, a	ny program		
3	services?		ny program	Yes	⊠ N
	If "Yes," describe these changes on So			□ .00	EA
4	Describe the organization's program se	ervice accomplishments for each of its three largest (4) organizations are required to report the amoun	program services, as measur it of grants and allocations to	ed by others,	
4a	(Code ) (Expenses \$	94,523 including grants of \$	) (Revenue \$	111	,216)
	SEE ATTACHMENT #1				·
					<del>_</del>
			·		
				<del>_</del>	
	(Code ) (Expenses \$	3,404 including grants of \$	\		,434)
40	(Code) (Expenses \$	including grants of \$	) (Revenue \$		, 131
	· · · · · · · · · · · · · · · · · · ·	<del></del>			
				<del></del>	
			<del>_</del>		
	<del>,</del>	2 242			3,380)
4C	(Code) (Expenses \$	2,242 including grants of \$	) (Revenue \$		, 360 )
					-
		· · · · · · · · · · · · · · · · · · ·			<del></del>
				<del> </del>	
4d	Other program services (Describe in S (Expenses \$	·			
	·= 0	including grants of \$	(Revenue \$	١	

# Form 990 (2015) BLYTHE CHAMBER OF COMMERCE 95-173 583 5687 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
_	complete Schedule A	1		XX
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		_X_
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II $\dots \dots \dots N/A$	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	-		
Ū	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<del></del>
_	complete Schedule D, Part III	8		X
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		Χ
10	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		Х
11	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		Х
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		Х
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		_X_
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
	business, investment, and program service activities outside the United States, or aggregate foreign investments			\ ,,
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1=		.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	_15_		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			v
47	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
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	10		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		X
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Part IV

		Ì	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
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		Х
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		Х
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? If "Yes,"			
	complete Schedule J	23	l	Х
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		- 1	
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $N/A$	24b		
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? N./ A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N / A	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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,"		Ì	
	complete Schedule L, Part I	25b		X
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			- 21
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	- 23
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	l		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
_	Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- 21
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- <del></del> -		<del></del>
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del> -		<del></del> -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<del></del>
•	or IV, and Part V, line 1	34		_ X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-35a-		-X-
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<del>  ^`</del> -
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	555		<del>                                     </del>
55	organization? If "Yes," complete Schedule R, Part V, line 2	36		}
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<del></del>	<del>                                     </del>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>"</del>		Α_
J0	Note. All Form 990 filers are required to complete Schedule O	38	Х	]
	140E. All 1 0111 000 meis are required to complete octionale O	30		<u> </u>

om 990 (20	15) <u>E</u>	PIIHE	CHAMBER	OF_	COMMERCE	95-1/35	287 J C	70)	-
Part V	Statement	s Regardi	na Other IR	S Fili	nge and Tay	Compliance		•	

	Check if Schedule O contains a response or note to any line in this Part V .			. 🔲	
			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				Ţ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l	
	gaming (gambling) winnings to prize winners?	1c		Х	
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 2a 2			l	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $N/A$	3b			_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х	
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).	_		1	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,		
	gifts were not tax deductible? . N./ A.	6b		<u></u>	
7	Organizations that may receive deductible contributions under section 170(c).		ļ		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				اً
	and services provided to the payor?	7a		X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$ $\mathbb{N}/\mathbb{A}$	7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ	ľ	ļ	
	required to file Form 8282?	7c		X	
đ	If "Yes," indicate the number of Forms 8282 filed during the year				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-		,
	sponsoring organization have excess business holdings at any time during the year?	8		X	_
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X	_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X	_
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	1			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>.</b>	-	ļ
11	Section 501(c)(12) organizations. Enter:	Ì	1		
а	Gross income from members or shareholders	-			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1			
	against amounts due or received from them.)	-		-,,	7
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b> </b>	X	_
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .    12b	4		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del>  ,,</del>	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	X	-
-	Note. See the instructions for additional information the organization must report on Schedule O.	}		1	
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	<del>  -</del> -	<u> </u>	<del>  ,,</del>	_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $N/A$	14b	ŀ	1	

Form 990 (2015) BLYTHE CHAMBER OF COMMERCE 95-173 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 12 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. Enter the number of voting members included in line 1a, above, who are independent ... 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? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? . Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ 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? N/A 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a 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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give N/A12b . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/Adescribe in Schedule O how this was done 12¢ 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O) Another's website

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT

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

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

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, and 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.

(A)	(B)			(C Posi	ition	ian one		(D)	(E)	(F)
Name and Title	Average hours per		(do not box, un officer a	check less pe	more th	ian one both an		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	e Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DEREK COPPLE		Х								
PRESIDENT				i						
GEORGE THOMAS		X		 	[	[				
FLOIE BARROWS		x								
ANGIE PATEL		x								
GEORGE HALBY		x				ļ				
SAM PATEL		x				;				
STEVE MONTGOMERY		x					İ			
MILLIE RODRIGUEZ		x								
TOM EISENHAUER		x								
MELVIN CULP		x					 			
KIME WILLIAMS		X								
LOIS SHAFFER		x								
KATHERINE VEGA SECRETARY		x								

Form **990** (2015)

Part	VII Section A. Officers	, Director	s, Trust	ees, K	(ey En	nploye	es, and	High	est Compensated E	mployees (continu	ed)
	(A)	(B)			(C Posi	C) Ition			(5)	(5)	(F)
	(A) Name and title	(B) Average		box, μι	t check nless pe	more ti erson is	han one both an		( <b>D)</b> Reportable	(E) Reportable	Estimated amount of
		hours per week (list	d <u>2</u>		1		/trustee) 	ייב	compensation	compensation	other
		any hours	Individual trustee or director	Institutional trustee	Officer	Key employee	ighe.	Former	from	from related	compensation
		for related organiza-	ual tr	iona	] ]	loldu	st co yee		the organization	organizations	from the organization
		tions below	uste.	trus		/ee	mpe	1	(W-2/1099-MISC)	(W-2/1099-MISC)	and related
		dotted line)		tee			Highest compensated employee		,		organizations
				,							
1b	Sub-total	4- 4- D-		<b>!</b>	4			<b>&gt;</b>			
c d	Total from continuation sh Total (add lines 1b and 1c)		ırt vii, S	Section	n A. 		•				<del> </del>
	Total number of individuals (			mited			d above	) who	received more than	1 \$100.000 of reporta	ble compensation
_	from the organization							,		,	
								-			Yes No
3	Did the organization list any						y emplo	yee, o	r highest compensat	ed employee	
4	on line 1a? If "Yes," complet For any individual listed on li						encation	and c	other companyation f	· ·	3 X
•	organization and related org										4 X
5	Did any person listed on line							-			1 h
	services rendered to the org	anızatıon?	If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson .	<u> </u>	5 X
Section	n B. Independent Contracto										
1	Complete this table for your										<b>.</b>
	compensation from the orga	(A)	eport co	mpen	sauon	ior ine	calenda	ar yeai	r enging with or withi	n the organization's	(C)
	Name and		address	<u> </u>					Description of se	ervices	Compensation
	<del></del>										
	<del></del>								<del></del>		
									<del></del>	<del></del>	
2	Total number of independen \$100,000 of compensation fr				out not	limite	d to thos	e liste	d above) who receive		

Part VIII

	<u> </u>	Check if Schedule (	ontains a	respons	se or note to any line	ın thıs Part VIII		_	П
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under sections
12 25	12	Federated campaigns		1a		<del>                                     </del>	revenue	revenue	512-514
퉏		Membership dues	•	1b	23,317	1			
ΩĒ		Fundraising events	•		8,296				
ifts r A	l .	Related organizations	• •	1c		1		!	
2.5	1		h	1d	<del></del>				
Siż	1	Government grants (contri	•	1e		-			
ž ž	'	All other contributions, gift			950				
텵		similar amounts not includ  Noncash contributions includes		1f	<del></del>	4			,
Contributions, Giffs, Grants and Other Similar Amounts		Total. Add lines 1a-1f		•		30 563			
	-"	Total. Add lines 1a-11	• • • • • • • • • • • • • • • • • • • •	• • •	· · · · •	32,563			-
-	22	MIICIC PPOPITIA	т		Business Code	111 216			:
<u>i</u>	ı	MUSIC FESTIVA		ONIE		111,216			
ē Š	b	<u> </u>		ONE		9,434			
n S ent	C					3,380			
e a	d	======================================	<u> </u>			400			
Program Service Revenue	e				·				
	q	All other program service r Total. Add lines 2a-2f	evenue .	• •		124 420			
					<u> </u>	124,430			
	3	Investment income (includ	ing aiviaena	s, intere	st, and				
		other similar amounts)					<del>-</del>		
	4 5	Income from investment of Royalties	tax-exempt	bona p	_				
	Э	noyallies	· (\) D-	<del></del>					
	6a	Gross rents .	(ı) Re	<u> </u>	(II) Personal				
	b								
		Rental income or (loss)		_					and the state of t
	d				. •				
	ŭ	rectantial moone of (1033)	(ı) Secur		(II) Other	<u>-</u> -	<del></del>		
	7a	Gross amount from sales	(i) Occur		(II) Other				
		of assets other than inventory							;
	b	Less: cost or other basis			-				
		and sales expenses							
	c	Gain or (loss)	**						1
		Net gain or (loss)							'
		Gross income from fundral	sina events						
a l		(not including \$		296		Ì			
Ĭ.		of contributions reported or	n line 1c).	-					ł
e e		See Part IV, line 18 .	•	а					1
<u>ت</u> ا	b	Less direct expenses		b					1
Other Revenue		Net income or (loss) from fi		ents	. ▶				1
١		Gross income from gaming	_			-			
ĺ		Part IV, line 19		а					
	b	Less direct expenses		_b_					
	С	Net income or (loss) from g	aming activi	ies				= = = = = = = = = = = = = = = = =	
	10a	Gross sales of inventory, le	ss						-
i		returns and allowances		а					ł
	b	Less. cost of goods sold		b					į
	С	Net income or (loss) from s	ales of inven	tory	▶				
		Miscellaneous Rev			Business Code				
	11a	COMMUNITY IMP	ROVEME	TV		1,803			
	b							,	
1	C								
	е	Total. Add lines 11a-11d		•	<b>•</b>	1,803			i
ľ	12	Total revenue. See instruc	tions		▶ [	158,796			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 38,630 38,630 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 3,25 3,25 10 Pavroll taxes Fees for services (non-employees). Management . . Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 6,329 300 6,029 12 Advertising and promotion 2.096 2,096 13 Office expenses Information technology ..... 14 15 Rovalties 6,150 6,150 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,098 22 Depreciation, depletion, and amortization ... 502 502 Insurance 23 . . . . . . . . . . . . . . . . . . . 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.) 2,098 2,098 BANK FEES 4,673 4,673 CONTRACT SERVICES h TAX AND LICENSE 101,951 101,951 COST OF REVENUE d All other expenses 167,064 102,251 63,715 Total functional expenses. Add lines 1 through 24e 25 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note		(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing .		63,183	1	24,294
	2	Savings and temporary cash investments .	•	03,103	2	
	3	Pledges and grants receivable, net	· · · · · ·		3	
	4	Accounts receivable, net	· ··		4	<del></del>
	5	Loans and other receivables from current and form	eer officers, directors			<del> </del>
	5	trustees, key employees, and highest compensated	· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L	d employees.		5	
	6	Loans and other receivables from other disqualified persons	s (as defined under section		-	<del></del> -
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and co	· .			
		sponsoring organizations of section 501 (c)(9) voluntary empl	·		-	
ফ		organizations (see instructions). Complete Part II of Schedul	· ·		6	
Assets	7	Notes and loans receivable, net	-		7	
ď	8	Inventories for sale or use .	•		8	
	9	Donat and a second and distance for the	· · · · · ·		9	
	_	Land, buildings, and equipment cost or other	, , <sup>,</sup> ,		-	
	IVa	basis. Complete Part VI of Schedule D	10a 80,131	, /d •	ľ	
	h	Less. accumulated depreciation	10b 20,770		10c	59,361
	11	Investments publicly traded securities	20,770		11	03,001
	12	Investments other securities. See Part IV, line 1	· · · · · · · · · · · · · · · · · · ·		12	
	13	Investments program-related. See Part IV, line	}-		13	
	14	Intangible assets	· · ·		14	
	15	Other assets. See Part IV, line 11.			15	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 34)	63,183	16	83,655
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	F		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	F		20	
	21	Escrow or custodial account liability. Complete Par	t IV of Schedule D		21	
S	22	Loans and other payables to current and former of	ficers, directors,			,
Liabilities		trustees, key employees, highest compensated em	ployees, and			
iap		disqualified persons. Complete Part II of Schedule	L	More and secundarithing has accused all secular healthir	22	<b>,</b>
_	23	Secured mortgages and notes payable to unrelated	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the	hird parties		24	
	25	Other liabilities (including federal income tax, payal	bles to related third			
		parties, and other liabilities not included on lines 17	7-24). Complete Part X			
		of Schedule D		3,398		3,257
	26	Total liabilities. Add lines 17 through 25		3,398	26	3,257
		Organizations that follow SFAS 117 (ASC 958),			-	
Ses		complete lines 27 through 29, and lines 33 and	34.			
<u>a</u>	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets	, <u>, , , , , , , , , , , , , , , , , , </u>		28	
pur	29	Permanently restricted net assets	— — ·		29	
Ē.		Organizations that do not follow SFAS 117 (ASC	C 958), check here ▶ 🏻 and			
Net Assets or Fund Balances		complete lines 30 through 34.		er • -		
set	30	Capital stock or trust principal, or current funds	<b>-</b>		30	
t As	31	Paid-in or capital surplus, or land, building, or equ		440 440	31	110 070
Š	32	Retained earnings, endowment, accumulated incom	me, or other funds	119,146		110,878
	33	Total net assets or fund balances		119,146		110,878
	34	Total liabilities and net assets/fund balances.		122,544	34	114,135

BWF 990

Form	990 (2015) BLYTHE CHAMBER OF COMMERCE 95-173	<b>運うら</b>	3/	Page	e <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		158,	796
2	Total expenses (must equal Part IX, column (A), line 25)	2			,064
3	Revenue less expenses. Subtract line 2 from line 1	3			,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		119,	,146
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	!			
	column (B))	10		110,	,878
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form **990** (2015)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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BWF 990

1.	(a) Description of liability	(b) Book value
	) Federal income taxes	
(2	) PAYROLL LIABILITY	3,25
(3	)	
(4	)	
(5	)	
(6	)	
(7	)	
(8	)	
(9	)	
Tota	al. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	3,25

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

### **SCHEDULE 0**

(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.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

**Employer identification number** 

BLYTHE CHAMBER OF COMMERCE

95-173**6587 568** 

LINE 1A - NO BROAD AUTHORITY WAS GIVEN TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE

LINE 8A - THE ORGANIZATION DID DOCUMENT ALL MEETINGS AND PART VI PROVIDE COPIES TO THE GOVERNING BODY

LINE 19 - YES, THE DOCUMENTS ARE AVAILABLE TO THE PART VI SEC C PUBLIC AT ALL TIMES