Form 990,

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public:

2017 Open to Public

OMB No. 1545-0047

		of the Treasur enue Service	▶ Go to www.irs.gov/Form990 for instructions and the latest information	nation. []	<i>YQ</i> <b>•</b>	Inspection
A	For th	e 2017 cale	ndar year, or tax year beginning $JULY 01$ , 2017, and en		30	, 2018
_		applicable	C Name of organization BLYTHE CHAMBER OF COMMERCE			ntification number
$\prod A$	Address	change	Doing business as 75-17-25-02-1	95-17		
٦	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui	te <b>E</b> Teleph	one nur	mber
I	nitial reti	urn	207 E HOBSONWAY	(760)	922-	81 <u>66</u>
□ F	Final retu	ırn/	City or town, state or province, country, and ZIP or foreign postal code	G Gross	_	
_ t	erminate	e d	BLYTHE CA 92225	receipt	s \$	140,124
<u></u>	Amended	i return	F Name and address of principal officer H(a) is th	is a group return	for subor	dinates? Yes X No
	Application	on pending		ıll subordınates ı	ncluded?	∐ Yes ∐ No
1 3	ax-exe	empt status	501(c)(3) X 501(c)(4) ◀(insert no.) 4947(a)(1) or 527	"No," attach a lis	t (see ins	tructions)
		<u>e: ► N/A</u>	H(c) Grou	p exemption num	nber 🕨	
		organization	Corporation Trust Association Other ► L Year of formation	1	M State	of legal domicile
P	art I	Summ	ary <u> </u>			
	1		cribe the organization's mission or most significant activities.			. <u>.                                   </u>
بو	PRO	OMOTE	LOCAL BUSINESS AND TOURISM AND ENHANCE EC	<u>CONOMIC</u>	DEV	ELOPMENT
Jue 1	<u> </u>					
Governance	;					
é	2		box \( \bigcup \) if the organization discontinued its operations or disposed of more than	25% of its net	- 1	1.2
			voting members of the governing body (Part VI, line 1a)		3	13
ties	4		independent voting members of the governing body (Part VI, line 1b)		4	2
Activities &	5		ber of individuals employed in calendar year 2017 (Part V, line 2a)	•••••	5	13
Ac	• 1 _		ber of volunteers (estimate if necessary)		6	
	7a		ated business revenue from Part VIII, column (C), line 12		7a 7b	
	<del>  0</del>	ivet unitera	ted business taxable income from Form 990-T, line 34	Prior Year	/b	Current Year
_	. 8	Contributio	ons and grants (Part VIII, line 1h)		305	38,470
Revenue	9		ervice revenue (Part VIII, line 2g)	132,		94,000
Ş	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)			3.7000
2	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7.	657	7,654
	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,		140,124
	13		d similar amounts paid (Part IX, column (A), lines 1-3)			
	14		aid to or for members (Part IX, column (A), line 4)			
w		•	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	36,	181	41,101
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			····
Dec	Ь		raising expenses (Part IX, column (D), line 25)			
ũ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,	077	120,625
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	179,	258	161,726
	19	Revenue le	ess expenses. Subtract line 18 from line 12	-3,	012	-21,602
2	<b>"</b>		ess expenses. Subtract line 18 from line 12 RECEIVED Begi	nning of Current	Year	End of Year
SSe	<u>စို</u> 20	Total asset	s (Part X, line 16)	110,	362	88,812
Net Assets or Fund	[ 21	Total liabili	s (Part X, line 16)		555	2,548
		Net assets	or fund balances. Subtract line 21 from line 20	106,	807	86,264
Pa	irt II	Şignat	ure Block OCDEN 117			· · · · · · · · · · · · · · · · · · ·
			I declare that I have examined this return, including accompanying schedules and statements, and. Declaration of preparer (other than officer) is based on all information of which preparer has any.		y knowled	dge and belief, it is
rue,	correct,	and/complete	Declaration of preparer (other than officer) is based on an information of which preparer has any			
		<b>E</b> —				
Sig		Sign	ature of officer		Ψ	99/25   19
lei	re		047			1 1 1
	-	<del> </del>	or print name and title	re Chor	7	DTIN
Pai	d .	~	Type preparer's name Preparer's signature Date	Check	_  ff	PTIN
	u :pare		DA TERRIAN GOLLA UNILLI 9/25/			P00240706
	e Only	` ├──	name ► H AND R BLOCK	Firm's EIN	230.	1/0231
-36	- Uiij	5	address ▶ 128 N SPRING ST	Phone no.	) ) . E :	1 2 /
Acre	the IE	BLY'	······································	<u>[(760) 92</u>	44-5	Yes X No
			s return with the preparer shown above? (see instructions)		· · ·	Form <b>990</b> (2017)
•	. upcił		non not notice, occ the ocpulate monutations.			1 01111 330 (2017)

Act Notice, see the separate manuchons.

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Form	990 (2017) BLYTHE CHAMBER OF COMMERCE 95-1736587	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission.	
•	PROMOTE LOCAL BUSINESS AND TOURISM ENHANCE ECONOMIC DEVELOPMENT	
	INCIDED BOOM BOOMBOO MAD TOOKTOM BRIMWOO BOOKOME BEVELOUMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠ No
	services?	Мио
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 7,122 including grants of \$) (Revenue \$1	3,200)
	SEE ATTACHMENT #1	
	65.540	<u> </u>
4b	(Code) (Expenses \$65,548 including grants of \$) (Revenue \$7	6,800)
		-
		·
4c	(Code) (Expenses \$ 360 including grants of \$) (Revenue \$	4,000)
		·
		<del></del>
		<del></del>
		· <del>-</del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 73,030	



orm	1990 (2017) BLYTHE CHAMBER OF COMMERCE 95-1736587		P	age 3
Par	t 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,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			T
	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		X
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,"	<u>·</u>	<del> </del>	<del>                                     </del>
	complete Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	` <del>  •</del>	1	<u> </u>
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	İ	1	ŀ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u>                                    </u>	┼	1
	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,			<u> </u>
• •	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
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	114	1	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	110	+-	<u> </u>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-	<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	111		<sub>v</sub>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	-	<del>  ^</del>
ı	the organization's separate or consolidated linancial statements for the tax year include a floothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	446	ŀ	<sub>v</sub>
120		· 11f		X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		v
_	Schedule D, Parts XI and XII	12a	-	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	· 14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			٠,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X

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

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FDA

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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .

Form 990 (2017)

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Checklist of Required Schedules (continued) Part IV Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ...... 20b 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 Χ 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 Χ 22 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 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 Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year N/A to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  $\cdots N/A$ 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 X 25a 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 Х 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 26 Х disqualified persons? If "Yes," complete Schedule L, Part II 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 Х 27 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). Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV ... 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ 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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х . . . . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II ..... 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable N/Arelated organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

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Part V State	ments Regard	ing Other IA	S Fi	lings and Tax	Compliance	
Form 990 (2017)	BLYTHE	CHAMBER	OF	COMMERCE	95-1736587	
•						

,	Check if Schedule O contains a response or note to any line in this Part V			Ш	L
			Yes	No	)
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 0	Į			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u></u>			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ	
	reportable gaming (gambling) winnings to prize winners?	1c		X	
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				_
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		X	
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		Х	
ь	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				
	grifts were not tax deductible? $\dots \dots	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 services provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		Х	_
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		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х	
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		Х	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X	_
10	Section 501(c)(7) organizations. Enter			ĺ	Ī
а	Initiation fees and capital contributions included on Part VIII, line 12		<u> </u>	ĺ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ	
11	Section 501(c)(12) organizations. Enter:			ĺ	
а	Gross income from members or shareholders		. 1	ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		.	ĺ	
	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		X	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L .	إ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X	_
	Note. See the instructions for additional information the organization must report on Schedule O.	·			Ī
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				į
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b			_
	47 0005		200 /	2017	_

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for	a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins	truction	s.	_
	Check if Schedule O contains a response or note to any line in this Part VI			Ш
<u>Secti</u>	on 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 1a 1	3		
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
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		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
_	stockholders, or persons other than the governing body?	7b	ŀ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:		, s.	PA 42 -
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	$\Lambda$	Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
<u>ocou</u>	Of D. 1 Offices (This Section B requests information about policies not required by the internal nevertice code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	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		Х
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIIa		$\triangle$
120		12a		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	106		
_	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			i
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>.                                    </u>	1,7
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		X
	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		X
þ	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? N/A	16b		L
Section	on C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u>	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	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			
	сее хитхсимеми #3			

## 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

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

(A) Name and Title	(B) Average hours per week	-	(do no	Pos t check tless pe	c) ition more therson is	nan one both an trustee)		(D) Reportable compensation	(E) Reportable compensation	( <b>F</b> ) Estimated amount of
,	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	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	0.00			×				0	0	0
PRESIDENT GEORGE THOMAS MEMBER	0.00	x						O	0	0
FLOIE BARROWS MEMBER	0.00	X						0	0	0
ANGIE PATEL MEMBER	0.00	x				;		0	o	0
GEORGE HALBY MEMBER	0.00	x			:			0	0	0
SAM PATEL MEMBER	0.00	x						0	0	0
STEVE MONTGOMERY MEMBER	0.00	x						0	0	0
MILLIE RODRIGUEZ MEMBER	0.00	x						0	0	0
TOM EISENHAUER MEMBER	0.00	x						0	0	0
MELVIN CULP MEMBER	0.00	x			ļ			0	0	0
KIME WILLIAMS MEMBER	0.00	x						0	0	0
LOIS SHAFFER MEMBER	0.00	x		•				О	0	0
KATHERINE VEGA SECRETARY	0.00	x						0	0	0
										5 000 (0047)

Form 990 (2017)

FDA

Pan	(A)  Name and title	(B) Average	s, Trust	(do no	Posi t check nless pe	tion more t	han one both an /trustee)	High	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated amount of
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1b	Sub-total					•		<b>•</b>			
C	Total from continuation sh		rt VII, S	Section	n A						
d	Total (add lines 1b and 1c)  Total number of individuals (		out not l	imited	to thos	e liete	evode be	) wbo	received more than	\$100 000 of	
-	reportable compensation from	•			10 11102	i iisic	u above	, 1110	received more than	ψ100,000 01	
3	Did the organization list any employee on line 1a? If "Yes For any individual listed on li	former off ," complete ne 1a, is th	icer, dir e Sched ne sum (	ector, of dule J f	or suc ortable	h indi comp	ıdual ensation	and o	other compensation f	rom the	Yes No 3 X
_	organization and related organization										4 X
5	Did any person listed on line for services rendered to the						-		=	ndividuai	5 X
Section	n B. Independent Contractor			00, 00							
1	Complete this table for your		t compe	ensated	d indep	ende	nt contra	ctors	that received more th	an \$100,000 of	
	compensation from the organ	nization. R	eport co	mpen	sation	for the	calenda	r year	ending with or within	n the organization's t	
	Name and	(A) business	address	<u> </u>					(B) Description of se	rvices	(C) Compensation
					-						
	Total number of redesendent	t contract:		des t		lumen	1 to the s	. linta	d abovo) who		
2	Total number of independent received more than \$100.000		•	_				: IIS(e(	u above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . (A) (B) (C) (D) Revenue excluded from tax under sections 512-514 Unrelated Total revenue Related or exempt function revenue business revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a 22,475 1b **b** Membership dues 3,000 c Fundraising events 1c 1d d Related organizations . Contributions, and Other Simi e Government grants (contributions) . 1e f All other contributions, gifts, grants, & 12,995 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 38,470 h Total. Add lines 1a-1f **Business Code** 76,800 2a MUSIC FESTIVAL Program Service Revenue 13,200 **b** MISS BLYTHE PAGEANT 4,000 c RUN FOR THE WALL f All other program service revenue g Total. Add lines 2a-2f 94,000 • Investment income (including dividends, interest, and other similar amounts) . Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 7,654 6a Gross rents **b** Less rental expenses 7,654 c Rental income or (loss) 7,654 d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses ... c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ Other Revenue of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b d All other revenue . Total. Add lines 11a-11d 140,124 Total revenue. See instructions

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Pa	rt IX Statement of Functional Expenses				
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other org	anizations must com	plete column (A).	
	Check if Schedule O contains a response or note to	any line in this Part			
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		-		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	29,460		29,460	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .	11 641		12.641	
10	Payroll taxes	11,641		11,641	
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying		·	-	
e	Professional fundraising services. See Part IV, line 17				====
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · · · ·	4,143		4,143	
12	Advertising and promotion	3,970	<u> </u>	3,970	
13	Office expenses	3,370		3,370	<del></del>
14	Information technology				
15	Royalties	5,051		5,051	<u></u>
16 17	Occupancy	0,001			
1 <i>7</i> 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				.=
20	Interest			-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,098			
23	Insurance	670		670	
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	BANK FEES	1,611	-	1,611	
b	COST OF REVENUE	104,082	104,082		
c	· · · · · · · · · · · · · · · · · · ·				
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	161,726	104,082	56,546	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			l	
	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 to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	52,099	1	30,549
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L · · · · ·		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			
şţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	·	7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	l	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D   10a   80,13	1		
	l h	Less accumulated depreciation 10b 21,86		10c	58,263
	11	Investments publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	110,362	16	88,812
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D · · · · · · ·		21	
s	22	Loans and other payables to current and former officers, directors,			<del>-</del>
Liabilities	**	trustees, key employees, highest compensated employees, and			
펿		disqualified persons. Complete Part II of Schedule L		22	<del></del>
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	United the state of the second state of the		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25		1	]	
		parties, and other liabilities not included on lines 17-24). Complete Part X	3,555	25	2,548
	26	of Schedule D	3,555		2,548
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	3,333		2,310
s		complete lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets		27	
<u>a</u>	27	Temporarily restricted net assets		28	
Ø	28 29	Permanently restricted net assets		29	. =
چَ	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕅 and		-23	
Net Assets or Fund Balances		complete lines 30 through 34.	' <b> </b> -		
ţş	20		<del></del>	30	<u> </u>
SSe	30	Capital stock or trust principal, or current funds		31	· · · · · · · · · · · · · · · · · · ·
ΪÀ	31	Paid-in or capital surplus, or land, building, or equipment fund .	107,866	32	. 86,264
ž	32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	107,866		86,264
	33 34	~ . I . I	111,421	34	88,812
FDA		99011 BWF 990 Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.	111,421	34	Form <b>990</b> (2017)
	17	20011 241 200 10111 COLLMAN COPYRIGHT 1330 - 2010 FIRE 18X COUP, INC.			FUIII <b>33U</b> (2017)

FDA

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133?

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N/A

N/A

2c

За

X

			o. See Form 990, Part X, line 12.
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1) Financial o			
• •	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments — Program Relate		
	Complete if the organization answered "Ye		·
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)		'	
(7)			<u> </u>
(8)			
(9)		<u> </u>	
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		4. O F 200 Pert V Ive 45
	Complete if the organization answered "Ye	Description	
(4)	(a)	Description	(b) Book value
(1)			
(0)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)		•	
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	The most equal Form 2000 Part V col. (P) In		
(3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colum	nn (b) must equal Form 990, Part X, col. (B) lin		
(3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) lir <b>Other Liabilities.</b> Complete if the organization answered "Ye	ne 15.)	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Ye  (a) Description of liability	ne 15.)	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYRO	Other Liabilities. Complete if the organization answered "Ye  (a) Description of liability	ne 15.) es" on Form 990, Part IV, line 116	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYR((3)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PAYR((3) (4)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYRO (3) (4) (5)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYR((3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYR(3) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PAYR(3) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal (2) PAYR(3) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Ye (a) Description of liability Income taxes	ne 15.) es" on Form 990, Part IV, line 110 (b) Book value	

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 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BLYTHE CHAMBER OF COMMERCE

**Employer identification number** 

95-1736587

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

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