

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: BEAUMONT COMMUNITY CHAMBER OF COMMERCE. Number and street: 726 BEAUMONT AVE. City or town: BEAUMONT, CA 92223

D Employer identification number: 95-1806484. Telephone number: (951) 845-9541. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other

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

I Website: www.beaumontchamber.com

J Tax-exempt status: 501(c)(3) (checked), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation (checked), 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. Total: \$139,641

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 (checked)

Table with 3 columns: Description, Sub-part, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 139,641. Total expenses: 158,260. Net assets at end of year: 180,432.

**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
<b>22</b> Cash, savings, and investments . . . . .	79,162	<b>22</b>	69,168
<b>23</b> Land and buildings . . . . .	115,840	<b>23</b>	112,737
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	195,002	<b>25</b>	181,905
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	1,473
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	195,002	<b>27</b>	180,432

**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 THE CITY OF BEAUMONT BUSINESSES

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

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

**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
MARK TURNER PRESIDENT	001 00	0		
BRIAN SYLVA VICE PRESIDENT	001 00	0		
TAMMY G CARTER TREASURER	001 00	0		
LYNN ELDER SECRETARY	001 00	0		
LYNN BOGH BALDI DIRECTOR EMERITUS	002 00	0		
LINDA HANLEY DIRECTOR	001 00	0		
SEAN BALINGIT DIRECTOR	001 00	0		
JACKIE JOHNSON DIRECTOR	001 00	0		
LYLE MILLAGE DIRECTOR EMERITUS	001 00	0		
JIM WALLING DIRECTOR	001 00	0		
JULIA CLONINGER DIRECTOR	001 00	0		
BRENDA OLSEN DIRECTOR	001 00	0		

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 response boxes. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of SHERI BOGH Telephone no (951) 845-9541
Located at 726 BEAUMONT AVE BEAUMONT, CA ZIP +4 922235952

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question, Yes, No. Row 47: No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: No

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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 (\*\*\*\*\*), Date (2016-10-10), Type or print name and title (BRIAN SYLVA PRESIDENT)

Paid Preparer Use Only: Preparer's name (TAMMY G CARTER EA), Date (2016-10-10), Firm's name (ACCURATE TAX & BUSINESS SERVICES), Firm's address (PO BOX 2036, BEAUMONT, CA 92223), Firm's EIN, Phone no (951) 845-2625

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**Additional Data**

**Software ID:** 15000290  
**Software Version:** 15.3.0.0  
**EIN:** 95-1806484  
**Name:** BEAUMONT COMMUNITY CHAMBER OF COMMERCE

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

<b>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses</b> (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
PROMOTION OF THE CITY OF BEAUMONT BUSINESSES AND CHAMBER MEMBERS THROUGH <b>28</b> PERSONAL CONTACTS OF POTENTIAL VISITORS, BUSINESSES, ETC (Grants \$ )                                    If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> SPONSORSHIP OF COMMUNITY EVENTS, NEWSLETTERS, CITY MAP AND FACT BOOKS (Grants \$ )                                    If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	

## TY 2015 Compensation Explanation

**Name:** BEAUMONT COMMUNITY CHAMBER OF COMMERCE

**EIN:** 95-1806484

**Software ID:** 15000290

**Software Version:** 15.3.0.0

Person Name	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
BEAUMONT COMMUNITY CHAMBER OF COMMERCE

Employer identification number

95-1806484

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	COPIES 301
Form 990-EZ, Part I, Line 8, Other Revenue	POSTAGE 181
Form 990-EZ, Part I, Line 8, Other Revenue	OFFICE FURNITURE SOLD 40
Form 990-EZ, Part I, Line 8, Other Revenue	DIVISIBLE SURPLUS 17
Form 990-EZ, Part I, Line 8, Other Revenue	SHIRTS 347
Form 990-EZ, Part I, Line 8, Other Revenue	NEWSLETTER 6,300
Form 990-EZ, Part I, Line 8, Other Revenue	INSURANCE CLAIM NET INCOME 31
Form 990-EZ, Part I, Line 16, Other Expenses	Unrelated business income taxes 410
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 3,103
Form 990-EZ, Part I, Line 16, Other Expenses	AUTO 1,440
Form 990-EZ, Part I, Line 16, Other Expenses	AWARDS/PLAQUES 292
Form 990-EZ, Part I, Line 16, Other Expenses	COMPUTER SERVICE/REPAIRS 1,089
Form 990-EZ, Part I, Line 16, Other Expenses	CONFERENCES EVENTS 1,120
Form 990-EZ, Part I, Line 16, Other Expenses	CONSTANT CONTACT 480
Form 990-EZ, Part I, Line 16, Other Expenses	COPIER SERVICE 3,278
Form 990-EZ, Part I, Line 16, Other Expenses	DUES SUBSCRIPTIONS 30
Form 990-EZ, Part I, Line 16, Other Expenses	GIFTS 312
Form 990-EZ, Part I, Line 16, Other Expenses	INSURANCE 3,450
Form 990-EZ, Part I, Line 16, Other Expenses	JANITORIAL 450
Form 990-EZ, Part I, Line 16, Other Expenses	MEALS/CATERING 697

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	MEMBERSHIPS 1,792
Form 990-EZ, Part I, Line 16, Other Expenses	MERCHANT FEES 1,351
Form 990-EZ, Part I, Line 16, Other Expenses	OFFICE EXPENSE 3,714
Form 990-EZ, Part I, Line 16, Other Expenses	PROGRAM EXPENSES 27,448
Form 990-EZ, Part I, Line 16, Other Expenses	PROPERTY TAXES 2,164
Form 990-EZ, Part I, Line 16, Other Expenses	SECURITY 202
Form 990-EZ, Part I, Line 16, Other Expenses	SHIRTS - CHAMBER 733
Form 990-EZ, Part I, Line 16, Other Expenses	TELEPHONE 4,340
Form 990-EZ, Part I, Line 16, Other Expenses	WEBSITE 1,944
Form 990-EZ, Part I, Line 16, Other Expenses	WORKMANS COMP 2,181
Form 990-EZ, Part I, Line 16, Other Expenses	EVENT BASKETS 474
Form 990-EZ, Part I, Line 16, Other Expenses	TAXES 10
Form 990-EZ, Part I, Line 16, Other Expenses	GRANT WRITING 120
Form 990-EZ, Part I, Line 20, Net Assets	990-T INCOME 4,049
Form 990-EZ, Part II, Line 26, Liabilities	PAYROLL LIABILITIES Beginning of year 0, End of year 1,473
Form 990-EZ, Part V, Line 35b	ADVERTISING AND RENTAL INCOME