

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16 R Check if applicable C Name of organization D Employer identification number Address change Poway Chamber of Commerce Name change 95-2124091 Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Final return/terminated 14005-B Midland Road 858-748-0016 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending Poway CA 92064 Number > X Cash Check ► X if the organization is not Accounting Method Accrual Other (specify) ▶ G Website: www.poway.com required to attach Schedule B 501(c)(3) X 501(c) ((Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) --6) **4** (insert no) 4947(a)(1) or Form of organization X Corporation Trust Association Other 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 186,621 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 184,553 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 68 Investment income 4 4 Gross amount from sale of assets other than inventory 5a 5a b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 2,000 Other revenue (describe in Schedule O) 8 186,621 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 MAY 1 5 2017 Benefits paid to or for members 11 109,137 Salanes, other compensation, and employee benefits 6 2017 12 12 7,410 13 Professional fees and other payments to independent contractors 13 35,955 14 Occupancy, rent, utilities, and maintenance 14 869 15 Printing, publications, postage, and shipping 15 47,554 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 200,925 -14,304 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 77,074 end-of-year figure reported on prior year's return) 19 Ret 20 Other changes in net assets or fund balances (explain in Schedule O) 20 62,770 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

Form 990-EZ (2015) Poway Chamber of Com	nerce	95-21	24091		Page 2
Part II Balance Sheets (see the instructions for Part	•				
Check if the organization used Schedule O to	respond to any o				X
		(A) Be	ginning of year	├	(B) End of year
22 Cash, savings, and investments			76,993	22	62,708
23 Land and buildings			5 204	23	
24 Other assets (describe in Schedule O)		 	5,294	24	630
25 Total assets			82,287 5,213	25	63,338
26 Total liabilities (describe in Schedule O)			77,074	26	62,770
27 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accom		o the instructions for E		27	02,770
Check if the organization used Schedule O to	•		· —	1	Expenses
What is the organization's primary exempt purpose?	respond to any t	question in this rait in		(Re	quired for section
See Schedule O					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea	ch of its three large	est program services.		ı	anizations, optional for
as measured by expenses In a clear and concise manner, describe	•			_	ers)
persons benefited, and other relevant information for each program to					,,,,
28 To improve business conditions and provide ber	nefits and serv	vices to the			
business community in Poway, CA.					
•					
(Grants \$) If this amount includes t	oreign grants, chec	k here	▶☐	28a	
29					
(Grants \$) If this amount includes t	foreign grants, chec	k here	<u> </u>	29a	
30					
				1	
				1	
(Grants \$) If this amount includes f	foreign grants, chec	k here	<u> </u>	30a	
31 Other program services (describe in Schedule O)			. \Box		
(Grants \$) If this amount includes t	foreign grants, chec	k here	——▶↓	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Er	mployees (list each	one even if not company	rated see the	32	one for Part IVI
Check if the organization used Schedule O to respo	nd to any question	in this Part IV	saled — see the f		ons for Part IV)
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath ben contributions to e	nefits, employee	(e) Estimated amount of
(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred compe	and	other compensation
Dolores Canizales	-	(ii not paid; onto: 0)	doicings comps	11000011	
President & CEO	40.00	60,000	ĺ	O	0
Cathy Peterson					
Chariman	10.00	l	ļ	0	0
Jack Cohen					
Chair - Elect	6.00	o		0	00
Debi Klingner					
CFO	6.00	0		0	00
Linda Goycochea	l				
Past Chair	6.00	0		0	0
	 				
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DAA					Form 990-EZ (2015)

33 Del the coganization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Wee any significant changes made to the organization of powering documents? If "Yes," attach a conformed copy of the sumended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see restrictions). 35 "Doff the rioganization have unleaded bosiness gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 36 If "Yes," lot the supplementation that is membered to the such as the supplementation in Schedule O. 48 If "Yes," lot the supplementation that is membered to the such as the supplementation in Schedule O. 49 If "Yes," lot the supplementation that is supplementation for the such as described in the instructions. 50 If the organization invitering a liquidation, dissolution, fermaticity, or sgnification for explaint in Schedule O. 51 If "Yes," complete Schedule I, Port I and entire the could be organization for the supplementation in a proof year full for supplementation for the supplementation in a proof year full for supplementation for the supplementation in a proof year full for supplementation for the supplementation for supplementation for supplementation for supple	Did the organization engage in any agrificant activity not previously reported to the IRS2 If "visi." provide a delaied described carboy in Schedule O 14 Visit was a second and selection of each activity in Schedule O 14 Visit was a selection of each activity in Schedule O 14 Visit was a selection of each activity in Schedule O 14 Visit was a selection of each activity in Schedule O 14 Visit was selected to the IRS2 If "visit." and manned documents if they reflect a changes by the organization's name Otherwise, explain the change on Schedule O (see instructions) and the programmation have writered business gross income of \$1,000 or more during the year from business—activities (such as those reported on lines 2, 6s, and 7a, among others)? 33a Tot If the organization have writered business gross income of \$1,000 or more during the year from business—activities (such as those reported on lines 2, 6s, and 7a, among others)? b) If "visit is originated business gross income of \$1,000 or more during the year from business—activities (such as those reported on lines 2, 6s, and 7a, among others)? b) If "visit is originated business gross income of \$1,000 or more during the year from business—activities (such as those reported on lines 2, 6s, and 7a, among others)? b) If "visit is originated business gross income of \$1,000 or generation subject to section 633x9 notice, 135x 13x 13x 13x 13x 13x 13x 13x 13x 13x 13	Form	90-EX (2015) Poway Chamber of Commerce 95-2124091		Р	age 3
33 Dut the coganization engage in any significant solitivity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organizations name. Otherwise, explain the description of the companization have venified they reflect a change to the organizations have evenified the burners of \$1,000 or more during the year from business" activities (such as those reported on lines 2, 6a, and 7a, among others?) 35 If "Yes," to less \$1a, has the organization fleet a ferm 990.17 for the year? If No." provide an explanation in Schedule O. 45 If "Yes," to less \$1a, has the organization fleet a ferm 990.17 for the year? If "Yes," complete solitable, C. p. 181 36 Dut the organization underpo a lequidation, dissolution, termination, or significant disposition of not the region of the organization of polical expenditurius, direct or advised, as discribed in the instructions 37 If "Entir amount of polical expenditurius, direct or advised, as discribed in the instructions 38 July 18 If "Yes," complete applicable parts of Schedule N. 39 Of the organization forth of from, or make any learn to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outsidering at the end of the lax year covered by this return? 39 If "Yes, Complete Schedule L. Part I and enter the total amount mixed to the school officer, and capital confiderations of the organization organization during the year under section \$10(0,7) organizations Enter amount of 1st amposed on the organization of any expection \$980 30 Section \$50(0,7) organizations fictive any officer, director, trustee, or key employee or were any section \$980 31 Section \$50(0,7) organizations fictive any organization engage in any section \$980 32 Section \$50(0,7) organization organization organization organization organizat	33 De the coganization engage in any significant activity not previously reported to the IRSO If "Yes," provide a detailed description of each activity in Schedule O (see instructions) and the provided of	Pa				
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change on Schedule O (see instructions) 33	change on Schedule O (see restructions) 3	-	· · · · · · · · · · · · · · · · · · ·			
35a → 10 the "organization have unrelated business gross income of \$1,000 or more during the year from business" activities (such as those reported on lines 2, 6a, and 7a, among level (here)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O c Was the organization asection 501(c)(4), 501(c)(5), 051(c)(6) organization subject to section 603(de) notice, reporting, and proxy tax requirements during the year? If "Yes," complete applicable parties of Schedule N. Part III and organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spheroidal period of Schedule N. Part III and enter the total amount involved 37a Enter amount of policial expenditures, direct or indirect, as described in the instructions b Did the organization borrow from, or make any loans to, any officer, director, fusition, or key employee or were any such loans made in a prior year and still obtainating at the end of the tax year covered by this return? 37b 37c	335 Diff the roganization have unrelated business gross income of \$1,000 or more dump the year from business*		· · · · · · · · · · · · · · · · · · ·	34		x
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c/X) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 5 Section 501(c/X) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Did the organization during the year under section 4911 ▶ 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Did the organization engage in any section 4955 ▶ 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Did the organization engage in any section 4955 ▶ 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 5 Section 501(c/X), 501(c/X), and 501(c/X) organizations Enter amount of tax on line 40 reimbursed by the organization 40 Section 501(c/X), 501(c/X), and 501(c/X) organizations Enter amount of tax on line 40 reimbursed by the organization 40 Section 501(c/X), 501(c/X), and 501(c/X) organizations Enter amount of tax on line 40 reimbursed by the organization organization a party to a prohibited tax sheller transaction? If Yes, "complete Form 888-T 41 List the states with which a copy of this return is filed ▶ CA Telephone no ▶ 858-74.8-0.01 1405-8 Midland Road Located at ▶ "revery 1405-8 Midland Road Located at ▶ "revery 1406-8 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 141 Yes, "enter the name of the foreign country ▶ See the instructions for	b If "Yes," complete Schedule L, Part II and enter the total amount involved a linitation fees and capital contributions included on line 9 9 Section 501(c)(7) organizations. Enter all initation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 8 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	Jua		38a		x
Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶	39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ►	ь		- JOE _		
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Form	990-EZ	(2015)	Pow	ay	Chan	ber	of	Com	nerce		<u>95-21</u>	24091				Р	age 4
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47		-	ation enga complete S	-		•	es or h	ave a⁻se	ction 501(h) elec	on in effe	ct during the tax			~	47	Yes	No
48	is the	organızat	on a scho	ool as	describe	ed in se	ction 1	70(b)(1)(A)(ii)? If "Yes," c	omplete S	chedule E				48	l	
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50	Compl	ete this t	able for th	ne org	janizatior	n's five h	nghest	compen	sated employees	(other that	in officers, directo	ors, trustees	and key				
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional Information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2015

Open to Public

Poway Chamber of Commerce

Employer identification number 95-2124091

Form 990-EZ, Part I, Line 8 - Other		
Description	Amo	ount
Directory Publishing	\$	2,000
Total	\$	2,000
Form 990-EZ, Part I, Line 16 - Other	er Expens	ses
Description	Amo	ount
Expenses		
Advertising	\$	65
Office	\$	2,903
Payroll Service Fees	\$	1,143
Merchant / Credit Card	\$	2,573
Website / ISP	\$	3,707
Travel	\$	240
Employee Reimbursement	\$	302
Training / Education	\$	519
Seminars	\$	493
Insurance / Bonding	\$	2,707
Workers Compensation	\$	1,067
Bank Charges	\$	190
Promotions	\$	310
Equipment Leasing	\$	2,905

(Golf/Mixer/etc)

Taxes / Licensing

Events

146

28,284

47,554

Total \$

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Poway Chamber of Commerce

Employer Identification number 95-2124091

Form 990-EZ, Part II, Line 24 - Other Assets

Description		_Begc	f Year	Enc	d_of_Year_
Accounts Receivable		\$	70	\$	-155
Security Deposits		\$	2,730	\$	2,730
Undeposited Funds		\$	2,380	\$	-1,945
Misc (2014-2015)		\$	114	\$	0
	Total	\$	5,294	\$	630

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg.	of Year	End	of Year
Rollover Sponsor Account	\$	600	\$	200
Sales Tax Payable	\$	7	\$	2
Map Suspense Account	\$	0	\$	129
Accrued Expenses	\$	4,606	\$	237

Form 990-EZ, Part III - Primary Exempt Purpose

To improve business conditions and provide benefits and services to the business community in Poway, CA.