

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
 Imperial Beach Chamber of Commerce

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 506

City or town, state or province, country, and ZIP or foreign postal code
 Imperial Beach, CA 91932

D Employer identification number
 95-2153611

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ N/A

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

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

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 90,610

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																	42,703													
	2 Program service revenue including government fees and contracts																	26,652													
	3 Membership dues and assessments																	21,255													
	4 Investment income																														
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses							0																							
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							0																							
c Less direct expenses from gaming and fundraising events							0																								
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7a Gross sales of inventory, less returns and allowances																															
b Less cost of goods sold							0																								
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														90,610	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																												28,492		
	13 Professional fees and other payments to independent contractors																												2,847		
	14 Occupancy, rent, utilities, and maintenance																												6,911		
	15 Printing, publications, postage, and shipping																												474		
	16 Other expenses (describe in Schedule O)																												46,052		
17 Total expenses. Add lines 10 through 16																													84,776		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																												5,834		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												36,229		
	20 Other changes in net assets or fund balances (explain in Schedule O)																														
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																													42,063	

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,229	22 42,063
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	36,229	25 42,063
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,229	27 42,063

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 improve business and City interests for the common good of all residents, held meetings open to the public addressing local business issues Provide information for perople willing to invest or relocate to Imperial Beach Educate business owners on environmental, State and Federal laws, improve business function, safety issues, encourage business owners to participate and volunteer in activities to benefit the City
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ► **28a**

29
(Grants \$) If this amount includes foreign grants, check here . . . ► **29a**

30
(Grants \$) If this amount includes foreign grants, check here . . . ► **30a**

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here . . . ► **31a**

32 Total program service expenses (add lines 28a through 31a) ► **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Karen Wagner Odermatt President	0	0		
Mike Simms Vice President	0	0		
Erika Lowery Secretary	0	0		
Marcia Bachman Treasurer	0	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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did 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 others)?		No
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		No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>IB Chamber of Commerce</u> Telephone no ▶ <u>(619) 424-3151</u> Located at ▶ <u>154 Palm Avenue Imperial Beach, CA</u> ZIP + 4 ▶ <u>91932</u>		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

	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	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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	2016-11-16 Date
	Marcia Bachman, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Angie Verlodt Martino	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00848641
	Firm's name <input type="checkbox"/> BLACK DOG ACCOUNTING			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 911 CONNECTICUT ST IMPERIAL BEACH, CA 91932			Phone no (619) 410-3527	

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

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 95-2153611

Name: Imperial Beach Chamber of Commerce

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

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.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

28

To improve business and City interests for the common good of all residents, held meetings open to the public to improve local issues Provide holiday event/activities, provide information for people willing to invest or relocate to Imperial Beach Educate business owners on environmental, State and Federal laws, improve business function, safety issues, encouraged business owners to participate in volunteer activities to benefit themselves and the community Cleaning and landscaping of commercial buildings (Grants \$)

If this amount includes foreign grants, check here . . .

28a

**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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Imperial Beach Chamber of Commerce**Employer identification number**

95-2153611

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$900
Other Expenses 1002	Office Expenses \$2415

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$1869
Other Expenses 1012	Insurance \$6207

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	BBQ Blues \$4771
Other Expenses 2	Xmas Comes to IB \$3787

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Membership Breakfast \$3332
Other Expenses 4	Other Event Expense \$3280

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Membership Expense \$3164
Other Expenses 6	Equipment Rental \$3084

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Fireworks \$2500
Other Expenses 8	Taste of IB \$2432

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Sun & Sea Festival \$2261
Other Expenses 10	Payroll Service \$1639

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Installation Dinner \$1479
Other Expenses 12	Paint the Box \$1055

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Bank Charges \$969
Other Expenses 14	Telephone \$837

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	Licenses \$71
Form 990-EZ Part III-Organization's Primary Exempt Purpose	To improve business and City interests for the common good of all residents, held meetings open to the public to improve local issues Provide holiday event/activities, provide information for people willing to invest or relocate to Imperial Beach Educate business owners on environmental, State and Federal laws, improve business function, safety issues, encouraged business owners to participate in volunteer activities to benefit themselves and the community Cleaning and landscaping of commercial buildings

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III	To improve business and City interests for the common good of all residents, held meetings open to the public to improve local issues. Provide holiday event/activities, provide information for people willing to invest or relocate to Imperial Beach. Educate business owners on environmental, State and Federal laws, improve business function, safety issues, encouraged business owners to participate in volunteer activities to benefit themselves and the community. Cleaning and landscaping of commercial buildings.