

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public Inspection

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.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

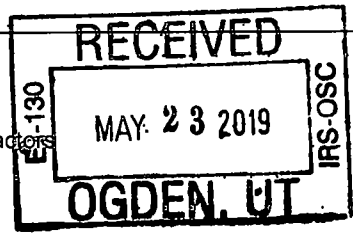
Header section A-F: For the 2018 calendar year, or tax year beginning 7/1/2017, and ending 6/30/2018. Includes organization name (IMPERIAL BEACH CHAMBER OF COMMERCE), EIN (95-2153611), and address (970 SEACOAST DRIVE, Imperial Beach, CA 91932).

Sections G-K: Accounting Method (Accrual), Website, Tax-exempt status (501(c)(6)), and Form of organization (Corporation).

Section L: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total gross receipts: \$38,326.

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 [X]

Main table with columns for Revenue, Expenses, and Net Assets. Rows 1-21 detailing contributions, program revenue, expenses, and net assets. Total revenue: 38,326; Total expenses: 41,769; Net assets at end of year: 26,053.



SCANNED AUG 27 2019 Revenue

Handwritten marks: G7 3

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	29,496	26,053
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	29,496	26,053
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,496	26,053

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

What is the organization's primary exempt purpose? See schedule O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, 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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,419
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	12,419

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
Valerie Acevez President	Hr/WK 20 00	0		
Olivia Pickering Vice Presidnet	Hr/WK 20 00	0		
Karen Odermat Treasurer	Hr/WK 20 00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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		X
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.		X
35 a	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)?		X
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		
35b			
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		X
35c			
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		X
36			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
37b			
38 a	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?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
38b			
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39a			
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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			
41	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
42 a	The organization's books are in care of <input type="text" value="Bilbray Tax Service"/> Telephone no <input type="text" value="619-424-3340"/> Located at <input type="text" value="970 Seacoast Drive, Ste 7"/> City <input type="text" value="Imperial Beach"/> ST <input type="text" value="CA"/> ZIP + 4 <input type="text" value="91932"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			
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 <input type="text" value="43"/>		
43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
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		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
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			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
b	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		X
45b			

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

	Yes	No
46		X

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

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

	Yes	No
47		

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

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
Name None				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			

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"

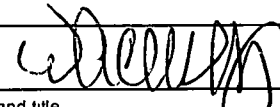
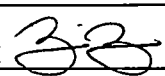
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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 5/15/2019			
	Valerie Acevez Type or print name and title	President			
Paid Preparer Use Only	Print/Type preparer's name BRIANA P BALESKIE 	Preparer's signature BRIANA P BALESKIE	Date 5/15/2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN P02094709
	Firm's name BRIANA BALESKIE, CPA	Firm's EIN 82-3600739		Phone no 619-424-3340	
	Firm's address 970 SEACOAST DR, #7, IMPERIAL BEACH, CA 91932				

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

Yes No

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.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
IMPERIAL BEACH CHAMBER OF COMMERCE

Employer identification number
95-2153611

Form 990-EZ, Part I, Line 8, Other Revenue Restitution Income 3,850

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,836

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 2,359

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 716

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Fees 528

Form 990-EZ, Part I, Line 16, Other Expenses Business License and Permits 154

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,161

Form 990-EZ, Part I, Line 16, Other Expenses Moving Expenses 1,069

Form 990-EZ, Part I, Line 16, Other Expenses Storage 1,200

Form 990-EZ, Part I, Line 16, Other Expenses Filing Fees 25

Form 990-EZ, Part I, Line 16, Other Expenses Website 716

Form 990-EZ, Part I, Line 16, Other Expenses Event Expenses 9,000

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 105

Form 990-EZ, Part III, Line 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 in the community Cleaning and landscaping of commercial buildings

Form 990-EZ, Part III, Section Organization's Primary Exempt Purpost, Line 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 in the community

Cleaning and landscaping of commercial buildings

Name of the organization

IMPERIAL BEACH CHAMBER OF COMMERCE

Employer identification number

95-2153611

Area with horizontal dashed lines for supplemental information.