Form **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)

201**8**

OMB No 1545-1150

Denartment of the Treasury Internal Revenue Service

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

Open to Public

Inspection Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2018 calendar year, or tax year beginning 7/1/2017 and ending 6/30/2018 D Employer identification number C Name of organization Check if applicable Address change IMPERIAL BEACH CHAMBER OF COMMERCE Name change Number and street (or PO box, if mail is not delivered to street address) Room/suite 95-2153611 F Telephone number Initial return 970 SEACOAST DRIVE ZIP code Final return/terminated City or town State (619) 424-3340 Amended return CA 91932 Imperial Beach Foreign postal code Foreign country name Foreign province/state/county F Group Exemption Application pending Number ▶ Cash X Accrual H Check ► X I if the organization is Other (specify) Accounting Method not required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF) X 501(c) (6) ◀ (insert no) 4947(a)(1) or Tax-exempt status (check only one) -501(c)(3) X Corporation Other Trust Association Form of organization 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 38,326 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I X Check if the organization used Schedule O to respond to any question in this Part I 17,121 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 500 2 3 16,855 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <u>.</u>. 6 Gaming and fundraising events 1 Gross income from gaming (attach Schedule G if greater than 6a b Gross income from fundraising events (not including 17,121 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 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 0 line 6c) Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 3,850 8 8 Other revenue (describe in Schedule O) 38,326 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 10 1,500 10 11 84 11 Benefits paid to or for members SSO Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors 12 12 13 8,898 13 14 10,040 14 Occupancy, rent, utilities, and maintenance 2,378 15 15 Printing, publications, postage, and shipping 16 18.869 16 Other expenses (describe in Schedule O) 17 41,769 17 Total expenses. Add lines 10 through 16 -3,443 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with # 1 19 19 29,496 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 26,053 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

| F | orm. | 990 | E 7 | (201 | R١ |
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| г | orm | 990- | | [20] | 81 |

IMPERIAL BEACH CHAMBER OF COMMERCE

95-2153611

Page 2

| | Balance Sheets. (see the instructions for | | | | | | |
|-----------------------|--|---|---|---|--|--|--|
| | Check if the organization used Schedule O to re | espond to any question in | this Part II | | | | |
| | | | A) Beginning of year | (B) End of year | | | |
| 22 | 22 Cash, savings, and investments | | | | 22 | 26,053 | |
| 23 | Land and buildings | | | 23 | | | |
| 24 | Other assets (describe in Schedule O) | | | 24 | | | |
| 25 | · · · · · · · · · · · · · · · · · · · | | | | 25 | 26,053 | |
| 26 | 26 Total liabilities (describe in Schedule O) . | | | | 26 | | |
| 27 | Net assets or fund balances (line 27 of column (B | s) must agree with line 2 |) | 29,496 | 27 | 26,053 | |
| Pa | rt III Statement of Program Service Accomplish | hments (see the instructi | ons for Part III) | | | | |
| | Check if the organization used Schedule O to | o respond to any questio | n in this Part III | X | | Expenses | |
| Wha | at is the organization's primary exempt purpose? | See schedule O | | | | quired for section | |
| | cribe the organization's program service accomplishing | | largest program ser | vices | | (c)(3) and 501(c)(4) inizations, optional | |
| | neasured by expenses In a clear and concise manne | | | | for o | others) | |
| | sons benefited, and other relevant information for each | | | | | | |
| | To improve business and City interests for the comm | | | | | | |
| | held meetings open to the public to improve local iss | | | | 1 | | |
| | event/activities, provide information for people willing | | | | | | |
| | *************************************** | includes foreign grants, | check here | ▶ □ | 28a | 12,419 | |
| 29 | <u> </u> | | | | | 12,710 | |
| 23 | | | | | | | |
| | | | | | 1 | | |
| | (Grants \$) If this amount | includes foreign grants, | check here | ~ | 29a | | |
| 20 | (Grants 4) It this amount | includes loreign grants, | OHOOK HOTO | | 254 | | |
| 30 | | | | •••••• | | | |
| | | · | | •••• | | | |
| | (Constant) If the amount | unaludas foreign grants | chook horo | . ▶ | 00- | | |
| | • | includes foreign grants, | - TIELE | · | 30a | | |
| 31 | Other program services (describe in Schedule O) | | | . \Box | ١., | | |
| | | includes foreign grants, | check here | | 31a | | |
| | Total program service expenses. (add lines 28a th | | | <u>P</u> _ | 32 | 12,419 | |
| Pa | rt IV List of Officers, Directors, Trustees, and Ko | - | | sated—see the inst | ruction | ns for Part IV) | |
| | Check if the organization used Schedule O to | respond to any question | | | | | |
| | (b) Average (c) Reportable (d) Health benefits | | | | | | |
| | | (b) Average | 1 '' ' | | | (e) Estimated amount of | |
| | (a) Name and title | (b) Average hours per week | compensation (Forms W-2/1099-MIS | contributions to | - 1 | (e) Estimated amount of other compensation | |
| | (a) Name and title | | compensation | contributions to employee benefit plant | ans, | | |
| Vale | (a) Name and title | hours per week | compensation (Forms W-2/1099-MIS | contributions to employee benefit plant | ans, | | |
| | | hours per week | compensation (Forms W-2/1099-MIS) (If not paid, enter -0- | contributions to employee benefit plant | ans, | | |
| Pres | rie Acevez sident | hours per week devoted to position | compensation (Forms W-2/1099-MIS) (If not paid, enter -0- | contributions to employee benefit pland deferred compensation | ans, | | |
| Pres Olivi | irie Acevez sident ia Pickering | hours per week devoted to position | compensation (Forms W-2/1099-MISI (If not paid, enter -0- | contributions to employee benefit pland deferred compensation | ans, | | |
| Pres Olivi Vice | erie Acevez sident ia Pickering e Presidnet | hours per week devoted to position | compensation (Forms W-2/1099-MISI (If not paid, enter -0- | contributions to employee benefit pland deferred compen | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compen | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet | hours per week devoted to position | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 Hr/WK 40 0 | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |
| Olivi Vice Kare | erie Acevez sident ia Pickering e Presidnet en Odermat | hours per week devoted to position Hr/WK 20 0 Hr/WK 20 0 Hr/WK 20 0 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK | compensation (Forms W-2/1099-MIS) (if not paid, enter -0- | contributions to employee benefit pland deferred compens | ans, | | |

| Form's | 990-EZ (2018) IMPERIAL BEACH CHAMBER OF COMMERCE | 95-21536 | 311 | Page 3 |
|--------|---|--|--|---|
| Par | | | | r age O |
| | instructions for Part V) Check if the organization used Schedule O to respond to any question i | | rt V | |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | 163 | 110 |
| • | detailed description of each activity in Schedule O | 33 | l | × |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | - 55 | | ^ - |
| • . | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O See instructions | 34 | | X |
| 35 a | • | | \vdash | ^ |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 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 | | ^- |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 005 | <u> </u> | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | × |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 100 | | ^` |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | x |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | "), (| |
| b | Did the organization file Form 1120-POL for this year? | 37b | ************************************** | X |
| 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? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 1800 | ing in | THE STATE OF |
| 39 | Section 501(c)(7) organizations Enter | 112 1 15 TE | | 1 114 |
| а | Initiation fees and capital contributions included on line 9 | | | 10.15 |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | # 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | 1 | |
| | 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 | in Marcia at | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed | 112012 | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | 4 3 |
| | 4955, and 4958 | - 1955 | | |
| а | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line | 13.04 | | |
| _ | 40c reimbursed by the organization | - 355 | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | 4462 | in constituted to |
| 44 | transaction? If "Yes," complete Form 8886-T | 40e | | <u> </u> |
| 41 | List the states with which a copy of this return is filed CA | | | |
| 42 a | The organization's books are in care of ▶ Bilbray Tax Service Telephone no ▶ | 619-42 | 24-334 | 10 |
| | Located at ▶ 970 Seacoast Drive, Ste 7 City Imperial Beach ST CA ZIP + 4 ▶ 9 | 1932 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | · · · · · · | X |
| | If "Yes," enter the name of the foreign country | 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 3.44 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | 多 海 | | F. William |
| | Financial Accounts (FBAR) | 4 | | M. Harri |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | <u> </u> |
| | If "Yes," enter the name of the foreign country | | | |
| 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 | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | SALVE . | | 5 141.17 141.17 |
| | completed instead of Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 11 (Table | | |
| | completed instead of Form 990-EZ | 44b | | X |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | Х |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | Mar: | | |
| | explanation in Schedule O | 44d | | <u></u> |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | "越来 | 影響 |
| | 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 | | X |
| | | c Q(| ふん ピブ | (2010) |

| Form 9 | 90-EZ (2018) IMPERIAL BEACH CHAN | MBER OF COMME | RCE | | | ! | 95-21536 | 6 11 . | Page 4 |
|--|--|--|------------|---|-------------------|-----------------------|-------------|--|---------------|
| | | | | | | | | 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 | | × | |
| Part | VI Section 501(c)(3) Organizations On All section 501(c)(3) organizations m 50 and 51 Check if the organization used Scheol | nust answer que | | | • | ete the tables | s for line | s | |
| | | - ' - | | | | | | 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 sect | | | | dule E | | 48 | | |
| | Did the organization make any transfers to an ex | | ole relate | ed organization? | | • | 49a | | |
| 50 | If "Yes," was the related organization a section 5 Complete this table for the organization's five high | | d amples | rees (other than o | fficers direct | ore truetooe | 49b | | |
| 30 | employees) who each received more than \$100, | | | | | | | | |
| | (a) Name and title of each employee | (b) Average hours per wee devoted to posit | k | (c) Reportable compensation (Forms W-2/1099-MIS | (d) He contributi | (d) Health benefits, | | (e) Estimated amount of other compensation | |
| Name Title | None | Hr/WK | 00 | | | | | | |
| Name Title | | Hr/WK | 00 | | | | | | |
| Name | | 1.0,741 | | | | | | | |
| Title | | Hr/WK | 00 | | | | | | |
| Name | | | 00 | | | | | | |
| Title | | Hr/WK | 00 | | | | | | |
| Name Title | | Hr/WK | 00 | | | | | | |
| 51 | f Total number of other employees paid over \$100,000 | | | | | | | | |
| | (a) Name and business address of each independent contractor | | | (b) Type of service (c) (c) | | | Compensa | tion | |
| Name | None Str | • | | | | | | | |
| City | ST | ZIP | | | | | | | |
| Name City | Str ST | ZIP | | | | | | | |
| Name | Str | | | | | | | | |
| City | ST | ZIP | | | | | | | |
| Name | Str | | | | | | | | |
| City | ST Str | ZIP | | | | | | | |
| Name City | ST | ZIP | | | | | | | |
| | Total number of other independent contractors e | | \$100,00 | . 00 | | | | | |
| | Did the organization complete Schedule A? Note completed Schedule A | e: All section 501(d | c)(3) orga | anizations must at | tach a | | • [Ye | s X | No |
| | penalties of perjury, I declare that I have examined this return, in trect, and complete. Declaration of preparer (other than officer) | | | | | nowledge and bel | ef, it is | | |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | 5/ | 15/2019 | | |
| Sign Here | Signature of officer Valerie Acevez Date President | | | | | | | | |
| | Type or print name and title | | | · | Data | 1 | DTIM | | |
| Paid | IRRIANA PRAI ESKIE | Preparer's sign BRIANA P | | 1 | Date 5/15/2019 | Check X self-employed | P0209 | | |
| Prep | Only Firm's name DRIANA DALESKIE, C | | | | F | irm's EIN ▶ 82- | | | |
| Use Only Firm's address ► 970 SEACOAST DR , #7, IMPERIAL BEACH, CA 91932 May the IRS discuss this return with the preparer shown above? See instructions Firm's address ► 970 SEACOAST DR , #7, IMPERIAL BEACH, CA 91932 Phone no 619-424-33 | | | | | | | No | | |
| May th | te IRS discuss this return with the preparer show | m above / See inst | TUCTIONS | | | . 9 | ▶ X 1'E | ອ | INO |

SCHEDULE O (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.

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

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 |
| enviromental, State and Federal laws, improve business function, safety issues, encouraged |
| business owners to participate in volunteer activities to benefit themselves in the community |

| Schedule O (Form 990 or 990-EZ) (2018) | Page 4 | <u>2</u> |
|--|--------------------------------|------------|
| Name of the organization | Employer identification number | _ |
| | | |
| IMPERIAL BEACH CHAMBER OF COMMERCE | 95-2153611 | _ |
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Schedule O (Form 990 or 990-EZ) (2018)