

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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

C Name of organization: ALPINE CHAMBER OF COMMERCE
Number and street (or P O box, if mail is not delivered to street address): 1620 ALPINE BLVD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ALPINE, CA 91901

D Employer identification number: 95-2313268
E Telephone number: (619) 445-2722
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
I Website: <http://www.alpinechamber.com/>
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. **\$ 57,422**

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 0
2	Program service revenue including government fees and contracts 35,591
3	Membership dues and assessments 21,291
4	Investment income 0
5a	Gross amount from sale of assets other than inventory 25
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 25
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 0
6b	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
6c	Less direct expenses from gaming and fundraising events 0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0
8	Other revenue (describe in Schedule O) 515
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 57,422
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 66,597
13	Professional fees and other payments to independent contractors 5,512
14	Occupancy, rent, utilities, and maintenance 19,046
15	Printing, publications, postage, and shipping 1,791
16	Other expenses (describe in Schedule O) 29,452
17	Total expenses. Add lines 10 through 16 122,398
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -64,976
Net Assets	
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) 151,350
20	Other changes in net assets or fund balances (explain in Schedule O) -3,964
21	Net assets or fund balances at end of year. Combine lines 18 through 20 82,410

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	76,193	22 82,410
23 Land and buildings		23
24 Other assets (describe in Schedule O)	75,200	24
25 Total assets	151,393	25 82,410
26 Total liabilities (describe in Schedule O).	43	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,350	27 82,410

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?
 PROMOTE FACILITATE COMMERCIAL, INDUSTRIAL & TOURISM DEVELOPMENT IN ALPINE AND THE SURROUNDING COMMUNITIES

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
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) <input type="checkbox"/>	32	35,591

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
JEFF MORRIS PRESIDENT & CEO	50 00	20,608		
JANET RYAN MORSE EA DIRECTOR OF FINANCE	0 00	0		
JOSEPH PERRICONE CHAIRPERSON	0 00	0		
BOB RING VICE CHAIRPERSON	0 00	0		
DARRYL BUSH DIRECTOR	0 00	0		
ROSE SIGNORE DIRECTOR	0 00	0		
COLLEEN MCDADE DIRECTOR OF PROCEEDINGS	0 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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ON LINE BOOKKEEPING & TAX SERVICE INC Telephone no (619) 445-5523 Located at 2065 ARNOLD WAY STE 103 ALPINE, CA ZIP + 4 91901

Table with 3 columns: Question ID, Question Text, Yes, No. Row 42b: 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...

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) 42c At any time during the calendar year, did the organization maintain an office outside the U S ?

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 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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 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

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

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.

***** Signature of officer	2018-11-30 Date
CHRIS WILEY 2018-2019 BOD PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROGER GARAYEA	Preparer's signature	Date 2019-02-25	Check <input type="checkbox"/> if self-employed	PTIN P00096559
	Firm's name ▶ ON LINE BOOKKEEPING & TAX SERVICE INC			Firm's EIN ▶	
	Firm's address ▶ 2065 ARNOLD WAY STE 103 ALPINE, CA 919013850			Phone no (619) 445-5523	

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

Additional Data

Software ID:

Software Version:

EIN: 95-2313268

Name: ALPINE CHAMBER OF COMMERCE

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

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 PROMOTE BUSINESS DEVELOPMENT & TOURISM (Grants \$)	28a	35,591
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ALPINE CHAMBER OF COMMERCE**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

2017**Open to Public
Inspection**

Employer identification number

95-2313268

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	MISCELLANEOUS 65

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	SECURITY DEPOSIT REFUND-2157 ALPINE BL 450

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ADVERTISING 4289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	BANK SC 27

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	CHARITABLE CONTRIBUTIONS 335

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	COMMISSIONS 292

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	COMPUTER EXPENSES 3519

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES & SUBSCRIPTIONS 1308

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	EQUIPMENT RENT 75

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MERCHANT ACCOUNT CHARGES 1565

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 4711

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PROGRAM DIRECT EXPENSES 13321

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TAXES & LICENSES 10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	COUNTY GRANT - DEFERRED REVENUE 75000 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	2157 ALPINE BL RESERVE 200 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	CREDIT CARDS 43