

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 01-01-2017, and ending 12-31-2017

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

C Name of organization
YUCAIPA VALLEY CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
35139 YUCAIPA BLVD

City or town, state or province, country, and ZIP or foreign postal code
YUCAIPA, CA 92399

D Employer identification number
95-2549564

E Telephone number
(909) 790-1841

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.YUCAIPACAHMBER.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. ▶ \$ 150,996

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	1	74,348
	2 Program service revenue including government fees and contracts	2	76,648
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	150,996	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	90,884
	13 Professional fees and other payments to independent contractors	13	480
	14 Occupancy, rent, utilities, and maintenance	14	13,536
	15 Printing, publications, postage, and shipping	15	2,632
	16 Other expenses (describe in Schedule O)	16	68,062
17 Total expenses. Add lines 10 through 16 ▶	17	175,594	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-24,598
	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)	19	20,593
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-1,692
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-5,697

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	36,817	22 11,557
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,657	24 3,331
25 Total assets	40,474	25 14,888
26 Total liabilities (describe in Schedule O).	19,881	26 20,585
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,593	27 -5,697

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?
 THE YUCAIPA VALLEY CHAMBER OF COMMERCE IS DEDICATED TO PROMOTING A VIBRANT BUSINESS ENVIRONMENT BY COOPERATIVE INTERACTION AMONG BUSINESS, GOVERNMENT, AND COMMUNITY

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
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	

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
ELLEN BENEFIEL INTERIM CEO	000 00	0		
JOHN HPPKINS CHAIR	000 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 columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here Signature of officer Date 2018-11-12
JOHN HPPKINS CHAIR
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JOHN S HOPKINS EA Preparer's signature Date 2018-11-12 Check [X] if self-employed PTIN P01072102
Firm's name PROSPECT FINANCIAL SOLUTIONS LLC Firm's EIN 47-2267516
Firm's address 31629 OUTER HIGHWAY 10 STE E REDLANDS, CA 92373 Phone no (909) 797-3140

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

Additional Data

Software ID:

Software Version:

EIN: 95-2549564

Name: YUCAIPA VALLEY 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.)	
<p>28 DEVELOP AND MAINTAIN A GOOD BUSINESS ATMOSPHERE WITHIN THE COMMUNITY AND SPONDOR COMMUNITY EVENTS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
YUCAIPA VALLEY 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

95-2549564

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 674 PROMOTION 757 OFFICE SUPPLIES 2,138 CELL PHONE 288 WEBSITE 4,924 INSURANCE 3,577 AUTOMOBILE EXPENSE 115 BANK FEES 10 BOARD OF DIRECTORS 318 CREDIT CARD FEE S 1,725 DUES AND SUBSCRIPTIONS 1,368 EVENT EXPENSE 43,871 MEALS AND ENTERTAINMENT 782 MEMBERSHIP EXPENSE 1,548 OUTSIDE SERVICES 3,116 PROFESSIONAL DEVELOPMENT 407 REPAIRS AND MAINTENANCE 215 CITY MAP 108 GIFTS 190 RETIREMENT CONTRIBUTION 1,545 TAX 60 NON-INVESTMENT DEPRECIATION 326 TOTAL 68,062

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	OTHER DECREASES -1,692

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	28,007 28,007 LESS ACCUMULATED DEPRECIATION 24,350 24,676 TOTAL 3,657 3,331

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 19,881 20,585

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE YUCAIPA VALLEY CHAMBER OF COMMERCE IS DEDICATED TO PROMOTING A VIBRANT BUSINESS ENVIRO NMENT BY COOPERATIVE INTERACTION AMONG BUSINESS, GOVERNMENT, AND COMMUNITY