

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Department of the Treasury Internal Revenue Service

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning, 2006, and ending, 20

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

C Name of organization: PACIFICA CHAMBER OF COMMERCE. Address: 225 ROCKAWAY BEACH AVE, SUITE 1, PACIFICA CA 94044

D Employer identification number: 94-1608148. E Telephone number: (650) 355-4122. F Acctg. method: Cash

G Website: N/A

J Organization type: 501(c)(6)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

H & I are not applicable to sec 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 309,684

M Check if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

SCANNED JUL 25 2007

RECEIVED JUN 25 2007 OGDEN, UT

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) #2	25a	83,413	77,731	5,682	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	40,890	32,712	8,178	
27	Pension plan contributions not included on lines 25a, b, and c	27	2,000	1,600	400	
28	Employee benefits not included on lines 25a - 27	28	5,184	4,147	1,037	
29	Payroll taxes	29	11,282	9,026	2,256	
30	Professional fundraising fees	30				
31	Accounting fees	31	2,028	1,622	406	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34	956	765	191	
35	Postage and shipping	35	1,100	880	220	
36	Occupancy	36	15,258	12,206	3,052	
37	Equipment rental and maintenance	37	1,752	1,402	350	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	240	240		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	404		404	
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #3	43a	122,731	113,850	8,881	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	287,238	256,181	31,057	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) aggregate amount of these joint costs \$ _____, (ii) amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
A S S E T S	45	Cash -- non-interest-bearing	100,660	45	113,078
	46	Savings and temporary cash investments	39,113	46	41,213
	47a	Accounts receivable	2,405		
	b	Less: allowance for doubtful accounts		47c	2,405
	47b		-1,942		
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	48b				
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	51b				
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments -- publicly-traded securities		54a	
	b	Investments -- other securities (attach schedule)		54b	
	54b				
	55a	Investments -- land, buildings, and equipment basis			
b	Less: accumulated depreciation (attach schedule)		55c		
55b					
56	Investments -- other (attach schedule)		56		
57a	Land, buildings, and equipment, basis #6	12,103			
b	Less: accumulated depreciation (attach schedule)				
57b		2,956	57c	9,147	
58	Other assets, including program-related investments (describe ► SEE ATTACHMENT #7)	3,102	58	3,102	
59	Total assets (must equal line 74) Add lines 45 through 58	149,398	59	168,945	
L I A B I L I T I E S	60	Accounts payable and accrued expenses	9,386	60	9,551
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	64b				
65	Other liabilities (describe ►)		65		
66	Total liabilities. Add lines 60 through 65	9,386	66	9,551	
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds	63,770	70	63,770
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds	76,242	72	95,624
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	140,012	73	159,394	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	149,398	74	168,945	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	N/A
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	N/A
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	40,456
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed	N/A	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	5
91a	The books are in care of <u>SEE ATTACHMENT #8</u> Telephone no <u></u> Located at <u></u> ZIP + 4 <u></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 <u></u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year. 92

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Excl code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments (40,456), 102 Gross profit or (loss) from sales of inventory (-1,425), 103 Other revenue a SEE ATTACHMENT #9 (172,734), 104 Subtotal (39,156), 105 Total (211,972).

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership int; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

Please Sign Here

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: *Donald Eagleston* Date: *6/7/07*

DONALD EAGLESTON EXECUTIVE VICE PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Jolene Lukus* Date: *6-3-07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **PENINSULA TAX & BOOKKEEPING SVC**
450 DONDEE WAY STE 10
PACIFICA CA 94044

EIN: _____ Phone no: **650-355-1460**

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 10

Keep for Your Records

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization: PACIFICA CHAMBER OF COMMERCE
 Employer Identification Number: 94-1608148

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
VISITOR CENTER MERCHANDISE	1,639	3,064	-1,425
Total	1,639	3,064	-1,425

COMPENSATION OF CURRENT OFFICERS

ATTACHMENT 2: PAGE 1 - 990 PAGE 2, PART II, LINE 25A

OPEN TO PUBLIC
INSPECTION

For Calendar year 2006, or tax year period beginning

and ending

Name of Organization

PACIFICA CHAMBER OF COMMERCE

Employer Identification Number

94 - 1608148

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
DONALD EAGLESTON	77,731			5,682	
Total	77,731			5,682	
	Mgmt & General	Fundraising			
	Expense Account	Compensation	Employee Benefit Plan	Expense Account	
Total					

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization: PACIFICA CHAMBER OF COMMERCE
 Employer Identification Number: 94-1608148

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
AUTO EXPENSE	434	347	87	
BANK SERVICE CHARGES	69	55	14	
OFFICE EXPENSE	3,670	2,936	734	
MERCHANT FEES	1,202	1,202		
DUES & SUBSCRIPTIONS	720	576	144	
PROFESSIONAL ASSISTANT	699	559	140	
PROMOTION - CITY OF PACIFIC	34,907	34,907		
DONATIONS	43		43	
PARTNERSHIP FOR CITIES	75	75		
MISC / OTHER EXPENSE	692	91	601	
MEMBERSHIP / BOARD EXPENSE	1,757		1,757	
FOG FEST PARADE ENTRY	35	35		
DIRECTORY EXPENSES	34,936	34,936		
NEWSLETTER EXPENSES	321	321		
VISITOR CENTER EXPENSES	12,875	12,875		
BID ADVERTISING	21,032	21,032		
BID POSTAGE	385	385		
STATE TAXES	3,518	3,518		
FEDERAL TAXES	5,361		5,361	
Total	122,731	113,850	8,881	

PRIMARY EXEMPT PURPOSE

ATTACHMENT 4: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending
Name of Organization PACIFICA CHAMBER OF COMMERCE	Employer Identification Number 94-1608148	

Primary Purpose

TO ADVANCE THE INTERESTS OF CITIZENS AND BUSINESSES OF THE CITY OF
PACIFICA.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization PACIFICA CHAMBER OF COMMERCE Employer Identification Number 94-1608148

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 46,259 Exempt Purpose Achievements

OPERATE AND STAFF PACIFICA VISITORS CENTER. 18,000 VISITORS SERVED ANNUALLY.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 2 - 990 PAGE 3, PART III

OPEN TO PUBLIC
INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization	Employer Identification Number
PACIFICA CHAMBER OF COMMERCE	94-1608148

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	138,218
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Exempt Purpose Achievements

PROVIDE ANNUAL BUSINESS AND RESIDENTIAL DIRECTORY TO ALL RESIDENTS OF PACIFICA, FREE OF CHARGE. 40,000 RESIDENTS SERVED ANNUALLY.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 3 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization PACIFICA CHAMBER OF COMMERCE Employer Identification Number 94-1608148

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 9,322

Exempt Purpose Achievements

HOST CHAMBER OF COMMERCE EVENTS, CHAMBER OF COMMERCE WEBSITE, CHAMBER OF COMMERCE NEWSLETTER. 450 CHAMBER MEMBERS SERVED.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 4 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization PACIFICA CHAMBER OF COMMERCE Employer Identification Number 94-1608148

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 62,382

Exempt Purpose Achievements

PROVIDE PROMOTION FOR PACIFICA BUSINESSES THROUGH THE BUSINESS IMPROVEMENT DEVELOPMENT PROGRAM.

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 6: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC
INSPECTION

For Calendar year 2006, or tax year period beginning

and ending

Name of Organization	Employer Identification Number	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
PACIFICA CHAMBER OF COMMERCE	94-1608148			
COMPUTER EQUIP		217	869	
EQUIPMENT		296	466	
LEASEHOLD IMPVMTS		493	18	
OFFICE EQUIP 1998		478	7,794	
OFFICE EQUIPMENT		1,472		
Total		2,956	12,103	9,147

SCHEDULE OF OTHER ASSETS

ATTACHMENT 7: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

NOT OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization: PACIFICA CHAMBER OF COMMERCE
 Employer Identification Number: 94-1608148

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
PREPAID INSURANCE	497	497	
PREPAID RENT & OTHER	2,605	2,605	
Totals	3,102	3,102	

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning , and ending

Name of Organization PACIFICA CHAMBER OF COMMERCE Employer Identification Number 94-1608148

Part VI - Line 91a

Individual Name or Business Name DONALD EAGLESTON

Street Address 225 ROCKAWAY BEACH AVE, PACIFICA

U S Address:

Zip code 94044 City PACIFICA State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (650) 355-4122

SCHEDULE OF OTHER REVENUE

ATTACHMENT 9: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning , and ending

Name of Organization: PACIFICA CHAMBER OF COMMERCE
 Employer Identification Number: 94-1608148

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl code	(d) Amount	
A	DIRECTORY ADVERTISING		171,571			
B	WEBSITE ADVERTISING		1,163			
C	NEWSLETTER ADVERTISING					125
D	MISCELLANEOUS				82	
Totals			172,734		82	125

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return PACIFICA CHAMBER OF COMMERCE	Business or activity to which this form relates FOR FORM 990	Identifying number 94-1608148
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000
6 (a) Description of property (b) Cost (busn use only) (c) Elected cost		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	108,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	187
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B -- Assets Placed In Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,086	05	HY	200DB	217
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2006 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	404
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization PACIFICA CHAMBER OF COMMERCE	Employer identification number 94-1608148
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 225 ROCKAWAY BEACH AVE, SUITE 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PACIFICA CA 94044	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ SEE ATTACHMENT #4

Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box.

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until AUGUST 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2006)