

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 black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For 2008 calendar year, or tax year beginning JANUARY 01, 2008, and ending DECEMBER 31, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: PACIFICA CHAMBER OF COMMERCE. D Employer identification number: 94-1608148. E Telephone number: (650) 355-4122. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual Other (specify)
H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

I Website: N/A
J Organization type (check only one) -- [X] 501(c)(6) (insert no) 4947(a)(1) or 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 278,773

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

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Total revenue: 277,524. Total expenses: 289,271. Net assets at end of year: 152,115.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows and 3 columns: Description, (A) Beginning of year, (B) End of year. Total assets: 152,115. Total liabilities: 0. Net assets or fund balances: 152,115.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)

SCANNED OCT 26 2009

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? SEE ATTACHMENT #6		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE ATTACHMENT #7 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39,515
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	153,270
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,019
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	54,564
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	255,368

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV.)				
(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	(e) Expense account and other allowances
SEE ATTACHMENT #8				

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	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 unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
b	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
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	X
41	List the states with which a copy of this return is filed	NONE	
42a	The books are in care of	SEE ATTACHMENT #9	
	Located at	Telephone no	
		ZIP + 4	
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)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	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	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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 ▶ *Donald F. Eggleston* Signature of officer Date 10/9/09

▶ DONALD EAGLESTON EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Jolene Lukus* Date 10-6-09 Check if self-employed Preparer's Identifying No. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PENINSULA TAX & BOOKKEEPING SVC EIN ▶
450 DONDEE WAY STE 10 Phone no. ▶
PACIFICA, CA 94044- 650-355-1460

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

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

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7

Keep for Your Records

KEEP FOR

YOUR RECORDS For calendar year 2008 or tax period beginning 01-01-2008 , and ending 12-31-2008.

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 MDSE - POSTCARDS, ETC.	1,822	1,249	573
Total	1,822	1,249	573

SCHEDULE OF OTHER REVENUE

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
Name of Organization		Employer Identification Number	
PACIFICA CHAMBER OF COMMERCE		94-1608148	

Description of Other Revenue	Amount
TAX REFUND	543
CITY OF PACIFICA REIMBURSED EXPENSES	563
Total	1,106

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
Name of Organization		Employer Identification Number	
PACIFICA CHAMBER OF COMMERCE		94-1608148	

Description of Other Expenses	Amount
BUSINESS IMPROVEMENT DISTRICT EXPESES:	
ADVERTISING/POSTAGE/OFFICE	31,233
CHAMPION PROJECTS	45
MEMBERSHIP AND BOARD EXPENSES	12,518
NEWSLETTER	184
LIABILITY INSURANCE	3,321
WEBSITE DOMAIN NAME	1,806
WORKERS COMP	990
OFFICE EXPENSES	12,080
OTHER / MISC	-3,738
TRAVEL & CONFERENCES	888
VISITOR CENTER DIRECT EXPENSES	1,017
FEDERAL INCOME TAXES	8,563
STATE INCOME TAXES	4,025
DEPRECIATION	304
Total	73,236

SCHEDULE OF OTHER ASSETS

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC

INSPECTION

For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

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)
A/R UNDEPOSITED FUNDS PREPAIDS	136	-5,084 979	
Totals	136	-4,105	

SCHEDULE OF OTHER LIABILITIES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

OPEN TO PUBLIC

INSPECTION

For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

Name of Organization

PACIFICA CHAMBER OF COMMERCE

Employer Identification Number

94-1608148

Description of Liability	Beginning of Year	End of Year
LIABILITIES	8,097	
Totals	8,097	

PRIMARY EXEMPT PURPOSE

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	01-01	, and ending	12-31-2008.
Name of Organization PACIFICA CHAMBER OF COMMERCE				Employer Identification Number 94-1608148

Primary Purpose

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

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

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 39,515
Exempt Purpose Achievements

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

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 7: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

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 153,270

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 7: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
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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	8,019
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Exempt Purpose Achievements

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

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 7: PAGE 4 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
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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	54,564
Exempt Purpose Achievements			

PROVIDE PROMOTION OF CITY OF PACIFICA THROUGH THE BUSINESS IMPROVEMENT DEVELOPMENT PROGRAM.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 8: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

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

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
MILDRED OWEN C/O 225 ROCKAWAY BEACH AVE #1 PACIFICA, CA 94044	PRESIDENT 2.00	0	0	0
NEIL SOFIA C/O 225 ROCKAWAY BEACH AVE #1 PACIFICA, CA 94044	PAST PRESIDENT 1.00	0	0	0
DON EAGLESTON C/O 225 ROCKAWAY BEACH AVE #1 PACIFICA, CA 94044	CHIEF EXEC OFFICER 40.00	95,855	7,944	0
JULIE LANCELLE C/O 225 ROCKAWAY BEACH AVE #1 PACIFICA, CA 94044	CITY COUNCIL LIAISON 2.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 9 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 01-01, and ending 12-31-2008.

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

Part V - Line 42a

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

Fax Number

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ 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	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions).	3	800,000
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	250,000

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 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
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 2009. 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 depreciation allowance for qualified 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 2008	17	304
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 2008 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
19a 3-year property						
b 5-year property						
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	
i Nonresidential real property			27 5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a 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	304
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.