

COUNTY OF EL DORADO
Procurement & Contracts
ATTN: Purchasing Agent
330 Fair Lane
Placerville, CA 95667

RFP #17-946-049

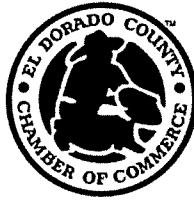
MAIL ROOM DO NOT OPEN

RECEIVED
BOARD OF SUPERVISORS
EL DORADO COUNTY

2017 JUL 11 AM 8:50

RFP #17-946-049
MAIN STREET LEASE





Still Finding Gold In El Dorado County

El Dorado County
Chief Administrative Office
330 Fair Lane
Placerville, Ca 95667

To: Review Committee

RE: RFP #17-946-049 MAIN STREET LEASE

The El Dorado County Chamber of Commerce a 501-C6 and the Economic Development Corporation of El Dorado County a 501-C3 are housed at 542 Main Street, Placerville, Ca. 95667 and can be contacted at 530-621-5885 or fax at 530-642-1624 or email at chamber@eldoradocounty.org. The contact person for both non-profits is Laurel Brent-Bumb, CEO.

The mission of the El Dorado County Chamber of Commerce is "to advocate and promote a strong, healthy and diverse business community to preserve the quality of life in El Dorado County."

The El Dorado County Chamber is a voluntary organization of business and professional men and women who have joined together for the purpose of promoting the civic and commercial progress of our community. The area's economic well-being is related directly to the caliber of work that is done by the Chamber. The chamber has a major impact on business, income and future growth of the area.

The Chamber also serves as the responsible organization to facilitate the contracts for service with the County for the Visitors Authority and the Film Commission.

The mission statement of the Economic Development Corporation of El Dorado County is "Dedicated to the expansion and strengthening of our local business, to provide a variety of services. We are dedicated to encouraging local enterprises and improving the quality of life within the County."

Our goals:

To retain and expand El Dorado County's base of primary employment generating businesses – with emphasis on non-seasonal and non-cyclical industries;

To promote and encourage within the cities and the county of El Dorado, the development of industrial and commercial enterprise;

To generally assist in the maintenance of a favorable business climate within the borders of El Dorado County;

To assist and supplement the activities of the various local Chambers of Commerce and other organizations involved in promotional work, through cooperation and coordination.

EL DORADO COUNTY CHAMBER OF COMMERCE

542 Main Street, Placerville, California 95667
(530) 621-5885 (800) 457-6279 Fax (530) 642-1624

17-0489 4E 3 of 138



Still Finding Gold In El Dorado County

The organization also serves, by MOU, as the advisory board to the County of El Dorado's WIOA program.

We have lived at 542 Main Street for 45 years and believe this location for the chamber, the economic development corporation, the visitor's authority, the visitor's center and the film commission remains the optimal location to best serve our community, businesses and visitors.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Laurel Brent-Bumb".

Laurel Brent-Bumb A.C.E.
Chief Executive Officer

Internal Revenue Service

Date: June 22, 2005

EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN ST
PLACERVILLE CA 95667-5610 429

RECEIVED

JUN 27 2005

EDC CHAMBER
OF COMMERCE

Dear Sir or Madam:

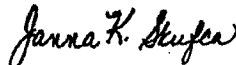
This is in response to your request of June 22, 2005 regarding your organization's tax-exempt status.

In November 1971 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(6) of the Internal Revenue Code.

Because your organization is not an organization described in section 170(c) of the Code, donors may not deduct contributions made to your organization. You should advise your contributors to that effect.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms Jackson 31-07417
CSR-Customer Srv. Representative

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

94-1328508

Internal Revenue Service

Date: December 1, 2005

THE ECONOMIC DEVELOPMENT
CORPORATION OF EL DORADO COUNTY
542 MAIN ST
PLACERVILLE CA 95667-5610 429

RECEIVED
DEC 1 2005
Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201
EDC CHAMBER
OF COMMERCE

Person to Contact:
Paul Perry 31-07423
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
68-0200652

Dear Sir or Madam:

This is in response to your request of December 1, 2005, regarding your organization's tax-exempt status.

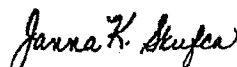
In October 1990 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

El Dorado County Chamber of Commerce
Profit & Loss Prev Year Comparison
 January through December 2016

	Jan - Dec 16	Jan - Dec 15	\$ Change	% Change
Ordinary Income/Expense				
Income				
Advertising Income	17,725.00	24,050.00	-6,325.00	-26.3%
Contract Income	434,084.17	440,651.10	-6,566.93	-1.5%
Donations/Sponsorships	78,389.00	88,239.52	-9,850.52	-11.2%
Group Meal Income	11,859.93	16,494.70	-4,634.77	-28.1%
Membership Dues	110,179.96	93,713.65	16,466.31	17.6%
PAC Contributions				
Registration/Entry Fee Income	30,505.00	23,682.00	6,823.00	28.8%
Rent Support In Kind	31,500.00	31,500.00		
Sales	10,111.95	25,879.42	-15,767.47	-60.9%
Space Rental Income	100.00	100.00		
Uncategorized Income		462.03	-462.03	-100.0%
Total Income	724,455.01	744,772.42	-20,317.41	-2.7%
Cost of Goods Sold				
*Cost of Goods Sold	16.03	76.13	-60.10	-78.9%
Cost of Goods Sold	4,605.25	25,418.04	-20,812.79	-81.9%
Total COGS	4,621.28	25,494.17	-20,872.89	-81.9%
Gross Profit	719,833.73	719,278.25	555.48	0.1%
Expense				
Accounting/Audit	753.82	1,475.00	-721.18	-48.9%
Advertising/Promotion	85,560.18	71,100.95	14,459.23	20.3%
Awards	3,710.25	2,252.65	1,457.60	64.7%
Bad Debts	1,570.00	205.00	1,365.00	665.9%
Bank Charges	3,479.88	3,035.99	443.89	14.6%
Benefits	33,102.50	36,075.24	-2,972.74	-8.2%
Building Maintenance	1,086.05	1,626.61	-540.56	-33.2%
Cash Short/(Over)	-3.57	-0.39	-3.18	-815.4%
Depreciation	2,008.00	2,573.00	-565.00	-22.0%
Donations	705.00	12,981.55	-12,276.55	-94.6%
Education/Training		1,802.93	-1,802.93	-100.0%
Equipment Rental & Repair	7,105.37	6,105.13	1,000.24	16.4%
Group Meal Charges	26,506.90	15,559.01	10,947.89	70.4%
Insurance	8,857.16	8,501.00	356.16	4.2%
Interest Expense		14.81	-14.81	-100.0%
Licenses/Permits	1,273.00	930.00	343.00	36.9%
Materials/Subscriptions	7,193.86	5,375.39	1,818.47	33.8%
Miscellaneous Expense	245.00	301.29	-56.29	-18.7%
Office Supplies	6,181.33	6,971.21	-789.88	-11.3%
Parking	4.00	3.00	1.00	33.3%
Payroll	321,926.82	317,336.67	4,590.15	1.5%
Payroll Taxes	26,622.60	25,378.03	1,244.57	4.9%
Postage/Shipping	5,029.70	4,194.99	834.71	19.9%
Printing	24,294.47	24,437.59	-143.12	-0.6%
Professional Memberships	4,170.67	4,725.00	-554.33	-11.7%
Purchased Services	32,583.99	85,339.26	-52,755.27	-61.8%
Rent	31,551.00	31,501.00	50.00	0.2%
Small Equipment Purchases	1,396.55	886.79	509.76	57.5%
Space Rental	4,484.00	5,760.00	-1,276.00	-22.2%
Taxes Miscellaneous	127.91	206.66	-78.75	-38.1%
Telephone	5,239.68	5,542.10	-302.42	-5.5%
Travel	64,660.52	24,122.32	40,538.20	168.1%
Utilities	6,448.45	5,311.89	1,136.56	21.4%
Total Expense	717,875.09	711,631.67	6,243.42	0.9%
Net Ordinary Income	1,958.64	7,646.58	-5,687.94	-74.4%
Other Income/Expense				

El Dorado County Chamber of Commerce
Balance Sheet Prev Year Comparison
As of December 31, 2016

	Dec 31, 16	Dec 31, 15	\$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
A Checking Union Bank	92,534.41		92,534.41	100.0%
Cash-UBOC Savings	1,934.17	1,934.17		
Cash - Ed Council Savings	2,446.21	2,446.21		
Cash in Bank - UBOC - Closed		59,168.51	-59,168.51	-100.0%
Cash in Bank Umpqua Credit Card	11,589.19	11,731.76	-142.57	-1.2%
Cash on Hand Cash Register	50.00	50.00		
Cash on Hand Cash Box	250.00	250.00		
WFB - Checking - Closed		20,393.14	-20,393.14	-100.0%
WFB - Money Market - Closed		19,105.53	-19,105.53	-100.0%
Total Checking/Savings	108,803.98	115,079.32	-6,275.34	-5.5%
Accounts Receivable				
*Accounts Receivable	6,302.84	21,244.68	-14,941.84	-70.3%
Total Accounts Receivable	6,302.84	21,244.68	-14,941.84	-70.3%
Other Current Assets				
County Receivables	92,917.24	89,772.00	3,145.24	3.5%
Inventory	7,378.52	6,356.65	1,021.87	16.1%
Prepaid Expenses	6,157.15	7,411.66	-1,254.51	-16.9%
Undeposited Funds	11,183.60	3,485.11	7,698.49	220.9%
Total Other Current Assets	117,636.51	107,025.42	10,611.09	9.9%
Total Current Assets	232,743.33	243,349.42	-10,606.09	-4.4%
Fixed Assets				
Equipment	9,719.00	10,682.00	-963.00	-9.0%
Equipment Acc. Depr.	-15,386.00	-14,341.00	-1,045.00	-7.3%
Furniture & Fixtures	6,486.90	6,486.90		
Total Fixed Assets	819.90	2,827.90	-2,008.00	-71.0%
TOTAL ASSETS	<u>233,563.23</u>	<u>246,177.32</u>	<u>-12,614.09</u>	<u>-5.1%</u>
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
*Accounts Payable	10,705.83	12,806.16	-2,100.33	-16.4%
Total Accounts Payable	10,705.83	12,806.16	-2,100.33	-16.4%
Other Current Liabilities				
Accrued Employee Benefits	12,301.16	9,306.30	2,994.86	32.2%
Accrued Payroll	6,012.22	5,956.83	55.39	0.9%
Deferred Revenue	16,117.46	2,004.30	14,113.16	704.1%
Funds Awaiting Disbursement	19,177.41	51,297.81	-32,120.40	-62.6%
Payroll Liabilities	3,642.44	5,051.68	-1,409.24	-27.9%
Sales Tax Payable	373.00	287.00	86.00	30.0%
Total Other Current Liabilities	57,623.69	73,903.92	-16,280.23	-22.0%
Total Current Liabilities	68,329.52	86,710.08	-18,380.56	-21.2%
Total Liabilities	68,329.52	86,710.08	-18,380.56	-21.2%
Equity				
NET unrestricted assets	154,150.30	137,245.05	16,905.25	12.3%
Restricted Funds	2,446.21	2,446.21		
Net Income	8,637.20	19,775.98	-11,138.78	-56.3%

El Dorado County Chamber of Commerce
Statement of Cash Flows
 January through December 2016

	Jan - Dec 16
OPERATING ACTIVITIES	
Net Income	8,637.20
Adjustments to reconcile Net Income to net cash provided by operations:	
*Accounts Receivable	14,941.84
County Receivables:Film Contract	-1,191.49
County Receivables:Tourism Contract	-1,953.75
Inventory	-1,021.87
Prepaid Expenses	1,822.50
Prepaid Expenses:Advertising	-1,048.50
Prepaid Expenses:Permits	260.00
Prepaid Expenses:Prepaid Insurance	303.84
Prepaid Expenses:Professional Dues	-83.33
*Accounts Payable	-2,100.33
Accrued Employee Benefits	2,994.86
Accrued Payroll	55.39
Deferred Revenue	14,113.16
Funds Awaiting Disbursement	-76.50
Funds Awaiting Disbursement:Coloma Lotus Chamber	-39,638.67
Funds Awaiting Disbursement:Divide Chamber Chapter	-2,063.62
Funds Awaiting Disbursement:Divide Gold Rush Days	6,787.66
Funds Awaiting Disbursement:SFAC	2,870.73
Payroll Liabilities	0.41
Payroll Liabilities:Federal Withholding	-330.00
Payroll Liabilities:FICA	-290.50
Payroll Liabilities:FUTA	-678.17
Payroll Liabilities:SDI	-17.11
Payroll Liabilities:State Withholding	-101.87
Payroll Liabilities:SUI	8.00
Sales Tax Payable	86.00
Net cash provided by Operating Activities	2,285.88
INVESTING ACTIVITIES	
Equipment	963.00
Equipment Acc. Depr.	1,045.00
Net cash provided by Investing Activities	2,008.00
FINANCING ACTIVITIES	
NET unrestricted assets	-2,870.73
Net cash provided by Financing Activities	-2,870.73
Net cash increase for period	1,423.15
Cash at beginning of period	118,564.43
Cash at end of period	119,987.58

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, **2013, and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN STREET
PLACERVILLE, CA 95667

D Employer Identification Number
94-1328508

E Telephone number
530.621.5885

G Gross receipts \$ 650,914.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: ▶ ELDORADOCOUNTY.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1968 **M** State of legal domicile: CA

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>SEE BELOW</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	10
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	-12,500.
Revenue	8	Contributions and grants (Part VIII, line 1h)	78,216.
	9	Program service revenue (Part VIII, line 2g)	478,359.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-349.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,273.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	561,848.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	316,853.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	241,617.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	558,470.
	19	Revenue less expenses. Subtract line 18 from line 12	3,378.
	20	Total assets (Part X, line 16)	135,307.
	21	Total liabilities (Part X, line 26)	55,495.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,812.

Part II Signature Block

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: Laurel Brent Bumb Date: 8/14/14
 Type or print name and title: **LAUREL BRENT-BUMB EXECUTIVE DIREC**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
TERRIE Y. PROD'HON	TERRIE Y. PROD'HON			P00059040
Firm's name	Firm's address		Firm's EIN	Phone no.
TERRIE Y. PROD'HON, CPA	601 MAIN ST. PLACERVILLE, CA 95667		68-0439189	(530) 622-1731

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales	b	Less returns and allowances	c	Balance..	●	1 c		
2	Cost of goods sold and/or operations (Schedule A, line 7)							●	2
3	Gross profit. Subtract line 2 from line 1c							●	3
4 a	Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)							●	4 a
	b Net gain (loss) from Part II, Schedule D-1							●	4 b
	c Capital loss deduction for trusts							●	4 c
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule							●	5
6	Rental income (Schedule C)							●	6
7	Unrelated debt-financed income (Schedule D)							●	7
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)							●	8
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)							●	9
10	Exploited exempt activity income (Schedule G)							●	10
11	Advertising income (Schedule H, Part III, Column A)							●	11
12	Other income. Attach schedule							●	12
13	Total unrelated trade or business income. Add line 3 through line 12							●	13

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I							●	14	
15	Salaries and wages							●	15	
16	Repairs							●	16	
17	Bad debts							●	17	
18	Interest. Attach schedule							●	18	
19	Taxes. Attach schedule							●	19	
20	Contributions. See instructions and attach schedule							●	20	
21 a	Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)					●	21 a			
	b Less: depreciation claimed on Schedule A. See instructions					●	21 b			
22	Depletion. Attach schedule							●	22	
23 a	Contributions to deferred compensation plans							●	23 a	
	b Employee benefit programs. See instructions							●	23 b	
24	Other deductions. Attach schedule							●	24	
25	Total deductions. Add line 14 through line 24							●	25	
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13							●	26	
27	Excess advertising costs (Schedule H, Part III, Column B)							●	27	12,500.
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26							●	28	-12,500.
29	Specific deduction. See instructions							●	29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28							●	30	-12,500.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	<i>Laurel Bendurek</i>	Title	EXECUTIVE DIREC	Date	8-15-14	Telephone	530.621.5885		
Preparer's signature	<i>Terrie Y. Prod'hon</i>	Date	8/15/14	Check if self-employed	<input checked="" type="checkbox"/>	PTIN	P00059040		
Firm's name (or yours, if self-employed) and address	TERRIE Y. PROD'HON, CPA 601 MAIN ST. PLACERVILLE, CA 95667						FEIN	68-0439189	
						Telephone	(530) 622-1731		
May the FTB discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____
 (2) Additional 3% tax (not more than \$100,000)..... \$ _____
 c Income tax on the amount on line 34..... **35 c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)..... **36**

37 Proxy tax. See instructions..... **37**

38 Alternative minimum tax..... **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies..... **39** 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... **40 a**

b Other credits (see instructions)..... **40 b**

c General business credit. Attach Form 3800 (see instructions)..... **40 c**

d Credit for prior year minimum tax (attach Form 8801 or 8827)..... **40 d**

e Total credits. Add lines 40a through 40d..... **40 e** 0.

41 Subtract line 40e from line 39..... **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule)..... **42**

43 Total tax. Add lines 41 and 42..... **43** 0.

44 a Payments: A 2012 overpayment credited to 2013..... **44 a**

b 2013 estimated tax payments..... **44 b**

c Tax deposited with Form 8868..... **44 c**

d Foreign organizations: Tax paid or withheld at source (see instructions)..... **44 d**

e Backup withholding (see instructions)..... **44 e**

f Credit for small employer health insurance premiums (Attach Form 8941)..... **44 f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total... **44 g**

45 Total payments. Add lines 44a through 44g..... **45** 0.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed..... **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... **48**

49 Enter the amount of line 48 you want: **Credited to 2014 estimated tax** **Refunded** **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach schedule)	4 a				
b Other costs (att. sch.).....	4 b				
5 Total. Add lines 1 through 4b.....	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Laurel Bona* Signature of officer **8-15-14** Date **EXECUTIVE DIREC** Title May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only Print/Type preparer's name **TERRIE Y. PROD'HON** Preparer's signature *TERRIE Y. PROD'HON* Date **8/15/14** Check if self-employed PTIN **P00059040**
 Firm's name **TERRIE Y. PROD'HON, CPA** Firm's EIN **68-0439189**
 Firm's address **601 MAIN ST. PLACERVILLE, CA 95667** Phone no. **(530) 622-1731**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Name and title of officer

LAUREL BRENT-BUMB

EXECUTIVE DIREC

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

- 1 a Form 990 check here. . . . ▶ **b Total revenue, if any (Form 990, Part VIII, column (A), line 12)** 1 b 598,387.
- 2 a Form 990-EZ check here. . . . ▶ **b Total revenue, if any (Form 990-EZ, line 9)** 2 b _____
- 3 a Form 1120-POL check here. . . . ▶ **b Total tax (Form 1120-POL, line 22)** 3 b _____
- 4 a Form 990-PF check here. . . . ▶ **b Tax based on investment income (Form 990-PF, Part VI, line 5)** 4 b _____
- 5 a Form 8868 check here. . . . ▶ **b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)** 5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TERRIE Y. PROD'HON, CPA to enter my PIN 02230 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature *Laurel Brent Bumb* Date ▶ 8 14 14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68110166472
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ TERRIE Y. PROD'HON Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Terrie Y. Prod'hon

www.prodhon-cpa.com

California and Nevada

CERTIFIED PUBLIC ACCOUNTANT
August 15, 2014

EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN STREET
PLACERVILLE, CA 95667

FEDERAL ID: 94-1328508

Dear Client:

Your Federal Return of Organization Exempt from Income Tax was acknowledged as accepted by the Internal Revenue Service on August 14, 2014. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Enclosed is your 2013 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2014 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Your 2013 California Exempt Organization Annual Information Return was acknowledged as accepted by the State of California on August 14, 2014. There is a balance due of \$10 payable by December 15, 2014. Mail your California payment voucher, Form 3586, on or before December 15, 2014 to:

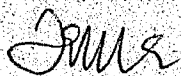
Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Enclosed is your 2013 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before May 15, 2014 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

Please be sure to call us if you have any questions.

Sincerely,



TERRIE Y. PROD'HON

**IRS e-file Signature Authorization
for an Exempt Organization**

Form **8879-EO**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____

2013

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Name and title of officer

LAUREL BRENT-BUMB

EXECUTIVE DIREC

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here.	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1 b	<u>598,387.</u>
2 a Form 990-EZ check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a Form 1120-POL check here.	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	_____
4 a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a Form 8868 check here.	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TERRIE Y. PROD'HON, CPA to enter my PIN 02230 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature *Laurel Brent Bumb* Date ▶ 8/14/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68110166472
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Terrie Y. Prod'hon* Date 8/14/14

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

Date Accepted

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR **2013** **California e-file Return Authorization for Exempt Organizations** FORM **8453-EO**

Exempt Organization name **EL DORADO COUNTY CHAMBER OF COMMERCE** Identifying number **94-1328508**

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	650,914.
2	Total gross income (Form 199, line 8)	2	642,540.
3	Total expenses and disbursements (Form 199, Line 9)	3	600,150.

Part II Settle Your Account Electronically for Taxable Year 2013

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____ 7 Type of account: Checking Savings

6 Account number _____

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.

Sign Here *Laurel Burt Burt* | 8/14/14 | **EXECUTIVE DIREC**

Signature of Officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature *Terrie Y. Prod'hon* | Date *8/14/14* | Check if also paid preparer | Check if self-employed | ERO's PTIN **P00059040**

Firm's name (or yours if self-employed) and address **TERRIE Y. PROD'HON, CPA** | FEIN **68-0439189**

601 MAIN ST. | **PLACERVILLE CA** | ZIP Code **95667**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature _____ | Date _____ | Check if self-employed | Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ | FEIN _____

_____ | ZIP Code _____

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 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending _____

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	EL DORADO COUNTY CHAMBER OF COMMERCE 542 MAIN STREET PLACERVILLE, CA 95667	94-1328508
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		530.621.5885
<input type="checkbox"/> Terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		650,914.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	SAME AS C ABOVE	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No,' attach a list. (see instructions)
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	ELDORADOCOUNTY.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1968	M State of legal domicile: CA

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>SEE BELOW</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	10
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	-12,500.
	Revenue		
		Current Year	
8		Contributions and grants (Part VIII, line 1h)	78,216.
9		Program service revenue (Part VIII, line 2g)	478,359.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-349.
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,273.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	561,848.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	316,853.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	241,617.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	558,470.
	19	Revenue less expenses. Subtract line 18 from line 12	3,378.
Net Assets or Fund Balances			Beginning of Current Year
			End of Year
	20	Total assets (Part X, line 16)	135,307.
21	Total liabilities (Part X, line 26)	55,495.	
22	Net assets or fund balances. Subtract line 21 from line 20	79,812.	

Part II Signature Block

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
	LAUREL BRENT-BUMB <small>Type or print name and title.</small>	EXECUTIVE DIREC

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	TERRIE Y. PROD'HON	TERRIE Y. PROD'HON			P00059040
	Firm's name ▶	TERRIE Y. PROD'HON, CPA		Firm's EIN ▶	68-0439189
	Firm's address ▶	601 MAIN ST. PLACERVILLE, CA 95667		Phone no.	(530) 622-1731

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE BELOW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE MISSION OF THE CHAMBER IS TO ADVOCATE PROMOTE A STRONG, HEALTHY AND DIVERSE BUSINESS COMMUNITY TO PRESERVE THE QUALITY OF LIFE IN EL DORADO COUNTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE CHAMBER ALSO PROVIDES A CENTRALIZED AGENCY FOR VISITORS AND BUSINESSES THAT ARE INTERESTED IN VISITING OR LOCATING IN THE COUNTY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE FILM COMMISSION WORKS TO ATTRACT VARIOUS MEDIA TO PRODUCE PROJECTS IN EL DORADO COUNTY. IN 2013 THE ESTIMATED ECONOMIC IMPACT FOR THE COUNTY WAS \$1,761,000.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 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.....		X
4 Section 501(c)(3) organizations. 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.....		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O. 3 b X	X	
4 a	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)? 4 a		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? 9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders. 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? 13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19	
1 b	Enter the number of voting members included in line 1a, above, who are independent.	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8 a	X
b	Each committee with authority to act on behalf of the governing body?	8 b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a	X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	15 a	X
b	Other officers of key employees of the organization.	15 b	X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ ELLEN VAUGHN 542 MAIN STREET PLACERVILLE CA 95667 530.621.5885

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK BONE DIRECTOR	0 0	X					0.	0.	0.	
(2) KEN CALHOON DIRECTOR	0 0	X					0.	0.	0.	
(3) VICKI BARBER, ED.D. DIRECTOR	0 0	X					0.	0.	0.	
(4) RICHARD ESPOSITO VICE PRESIDENT	0 0	X					0.	0.	0.	
(5) KEVIN BROWN DIRECTOR	0 0	X					0.	0.	0.	
(6) SUSAN FARRIS-VANDELIND DIRECTOR	0 0	X					0.	0.	0.	
(7) SUSIE DAVIES DIRECTOR	0 0	X					0.	0.	0.	
(8) MIKE KOBUS DIRECTOR	0 0	X					0.	0.	0.	
(9) LEONARD GRADO DIRECTOR	0 0	X					0.	0.	0.	
(10) GREGG MCKENZIE DIRECTOR	0 0	X					0.	0.	0.	
(11) DOLLY WAGNER DIRECTOR	0 0	X					0.	0.	0.	
(12) HOWARD PENN DIRECTOR	0 0	X					0.	0.	0.	
(13) DUANE WALLACE DIRECTOR	0 0	X					0.	0.	0.	
(14) BARBARA WINN DIRECTOR	0 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) BILL RANDALL PAST PRES	0 0			X			0.	0.	0.
(16) SHELLY WINZELER DIRECTOR	0 0			X			0.	0.	0.
(17) BRIAN JENSEN PAST PRESIDENT	0 0			X			0.	0.	0.
(18) MARK LUSTER PRESIDENT	0 0			X			0.	0.	0.
(19) LAUREL BRENT-BUMB EXECUTIVE DIR.	40 0			X			72,144.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							72,144.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							72,144.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 91,345.				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f		91,345.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a FEES & CONTRACTS GOV AGENCIES		345,706.	345,706.		
	b MEMBERSHIP DUES & ASSESSMENTS		108,359.	108,359.		
	c GROUP MEAL		17,570.	17,570.		
	d ENTRY FEE		11,480.	11,480.		
	e ADMIN FEE		10,000.	10,000.		
	f All other program service revenue	WKS	2,211.	2,211.		
g Total. Add lines 2a-2f		495,326.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		349.		
		c Gain or (loss)		-349.		
	d Net gain or (loss)		-349.	-349.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	37,368.			
	b Less: direct expenses	b	44,153.			
c Net income or (loss) from fundraising events		-6,785.		-6,785.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	4,680.				
b Less: cost of goods sold	b	8,025.				
c Net income or (loss) from sales of inventory		-3,345.		-3,345.		
Miscellaneous Revenue		Business Code				
11 a ADVERTISING	519100	22,195.	22,195.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		22,195.				
12 Total revenue. See instructions		598,387.	517,172.	0.	-10,130.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,144.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	214,515.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,031.			
10 Payroll taxes	26,354.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	765.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	34,695.			
13 Office expenses	6,536.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	23,366.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,276.			
23 Insurance	6,652.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENT	31,950.			
b PURCHASED SERVICES	27,075.			
c PRINTING AND PUBLICATIONS	19,681.			
d GROUP MEAL CHARGES	17,808.			
e All other expenses	34,149.			
25 Total functional expenses. Add lines 1 through 24e	555,997.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash -- non-interest-bearing	32,698.	1	45,098.	
	2	Savings and temporary cash investments	3,531.	2	3,531.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	68,129.	4	108,875.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	18,594.	8	20,791.	
	9	Prepaid expenses and deferred charges	8,268.	9	5,419.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,519.		
	b	Less: accumulated depreciation	10b	18,581.	10c	3,938.
	11	Investments -- publicly traded securities		11		
	12	Investments -- other securities. See Part IV, line 11		12		
	13	Investments -- program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	135,307.	16	187,652.		
LIABILITIES	17	Accounts payable and accrued expenses	46,743.	17	61,647.	
	18	Grants payable		18		
	19	Deferred revenue	8,750.	19	3,803.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2.	25		
	26	Total liabilities. Add lines 17 through 25	55,495.	26	65,450.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	78,407.	27	119,756.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets	1,405.	29	2,446.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	79,812.	33	122,202.	
34	Total liabilities and net assets/fund balances	135,307.	34	187,652.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	598,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	555,997.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,812.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,202.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2013)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization EL DORADO COUNTY CHAMBER OF COMMERCE	Employer identification number 94-1328508
---	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(6) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
or 990-PF.

Name of organization EL DORADO COUNTY CHAMBER OF COMMERCE	Employer identification number 94-1328508
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY ----- 4525 SERRANO PARKWAY ----- EL DORADO HILLS, CA 95762 -----	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PG&E ----- 4636 MISSOURI FLAT ROAD ----- PLACERVILLE, CA 95667 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MOUNTAIN DEMOCRAT ----- 2889 RAY LAWYER DRIVE ----- PLACERVILLE, CA 95667 -----	\$ 5,155.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	EL DORADO DISPOSAL ----- PO BOX 1270 ----- DIAMOND SPRINGS, CA 95619 -----	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	ADVERTISING ----- ----- -----	\$ 5,155.	

BAA

Name of organization EL DORADO COUNTY CHAMBER OF COMMERCE	Employer identification number 94-1328508
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,197.	14,385.	1,812.
e Other		6,322.	4,196.	2,126.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,938.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ... ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)..... ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)..... ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **EL DORADO COUNTY CHAMBER OF COMMERCE** Employer identification number: **94-1328508**

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
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Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	GOLF TOURNAMEN (event type)	HANGTOWN HOLD (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	18,493.	13,621.	5,254.	37,368.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	18,493.	13,621.	5,254.	37,368.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	17,933.	13,148.	13,072.	44,153.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				44,153.
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,785.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

**Open to Public
Inspection**

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

RETURN WILL BE GIVEN TO THE EXECUTIVE DIRECTOR TO REVIEW AND PASS ON TO THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013

For calendar year 2013 or other tax year beginning _____, 2013, and ending _____,
▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	EL DORADO COUNTY CHAMBER OF COMMERCE 542 MAIN STREET PLACERVILLE, CA 95667	<input type="checkbox"/> Check box if name changed and see instructions.	D Employer identification number (Employees' trust, see instructions.) 94-1328508
B Exempt under section <input checked="" type="checkbox"/> 501(C)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			E Unrelated business activity codes (See instructions.)	

C Book value of all assets at end of year 187,652.	F Group exemption number (See instructions.) ▶
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ ELLEN VAUGHN Telephone number ▶ 530.621.5885

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Form 8949 and Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	22,195.	34,695.	-12,500.
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	22,195.	34,695.	-12,500.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules.)		
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		-12,500.
31	Net operating loss deduction (limited to the amount on line 30)		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		-12,500.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		-12,500.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34.....		35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		36	
37 Proxy tax. See instructions.....		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....		39	0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)....	40 a		
b Other credits (see instructions).....	40 b		
c General business credit. Attach Form 3800 (see instructions).....	40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40 d		
e Total credits. Add lines 40a through 40d.....	40 e		0.
41 Subtract line 40e from line 39.....	41		0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	42		
43 Total tax. Add lines 41 and 42.....	43		0.
44 a Payments: A 2012 overpayment credited to 2013.....	44 a		
b 2013 estimated tax payments.....	44 b		
c Tax deposited with Form 8868.....	44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44 d		
e Backup withholding (see instructions).....	44 e		
f Credit for small employer health insurance premiums (Attach Form 8941).....	44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total...▶	44 g		
45 Total payments. Add lines 44a through 44g.....	45		0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....▶	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....▶	48		
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax ▶ Refunded ▶	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6		
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7		
3 Cost of labor.....	3					
4 a Additional section 263A costs (attach schedule)	4 a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		Yes	No
b Other costs (att. sch.).....	4 b					X
5 Total. Add lines 1 through 4b.....	5					

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **EXECUTIVE DIREC**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **TERRIE Y. PROD'HON** Preparer's signature: **TERRIE Y. PROD'HON** Date: _____ Check if self-employed PTIN: **P00059040**

Firm's name: **TERRIE Y. PROD'HON, CPA** Firm's EIN: **68-0439189**

Firm's address: **601 MAIN ST. PLACERVILLE, CA 95667** Phone no.: **(530) 622-1731**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1) VARIOUS PUBLICATIONS DURING YEAR						
(2)	22,195.	34,695.	-12,500.			
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, column (A).		Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals , Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14.			

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 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending

B Check if applicable:		C			D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	EL DORADO COUNTY CHAMBER OF COMMERCE 542 MAIN STREET PLACERVILLE, CA 95667			94-1328508	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated				E Telephone number	
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending				530.621.5885	
					G Gross receipts \$ 656,684.	
					H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		H(c) Group exemption number ▶				
I Tax-exempt status		501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.)	4947(a)(1) or	527		
J Website: ▶ ELDORADOCOUNTY.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968		M State of legal domicile: CA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE BELOW</u>			

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3 20		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19		
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 9		
6 Total number of volunteers (estimate if necessary)	6 0		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b -32,978.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	91,345.	74,485.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	495,326.	537,052.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-349.	3,991.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	598,387.	615,528.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	352,044.	357,277.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,953.	240,017.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	555,997.	597,294.	
19 Revenue less expenses. Subtract line 18 from line 12	42,390.	18,234.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	187,652.	233,172.
	22 Net assets or fund balances. Subtract line 21 from line 20	65,450.	92,736.
		122,202.	140,436.

Part II Signature Block

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			
	LAUREL BRENT-BUMB Type or print name and title.		EXECUTIVE DIREC			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
	TERRIE Y. PROD'HON	TERRIE Y. PROD'HON			P00059040	
	Firm's name ▶	TERRIE Y. PROD'HON, CPA			Firm's EIN ▶	68-0439189
	Firm's address ▶	601 MAIN ST. PLACERVILLE, CA 95667			Phone no.	(530) 622-1731

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE BELOW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE MISSION OF THE CHAMBER IS TO ADVOCATE PROMOTE A STRONG, HEALTHY AND DIVERSE BUSINESS COMMUNITY TO PRESERVE THE QUALITY OF LIFE IN EL DORADO COUNTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE CHAMBER ALSO PROVIDES A CENTRALIZED AGENCY FOR VISITORS AND BUSINESSES THAT ARE INTERESTED IN VISITING OR LOCATING IN THE COUNTY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE FILM COMMISSION WORKS TO ATTRACT VARIOUS MEDIA TO PRODUCE PROJECTS IN EL DORADO COUNTY. IN 2014 THE ESTIMATED ECONOMIC IMPACT FOR THE COUNTY WAS \$2,336,000.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 a	20		
b	Enter the number of voting members included in line 1a, above, who are independent.		
1 b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official		X
15 b	Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
ELLEN VAUGHN 542 MAIN STREET PLACERVILLE CA 95667 530.621.5885

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK BONE DIRECTOR	0 0	X					0.	0.	0.	
(2) KEN CALHOON DIRECTOR	0 0	X					0.	0.	0.	
(3) GORDON HELM DIRECTOR	0 0	X					0.	0.	0.	
(4) KEVIN BROWN DIRECTOR	0 0	X					0.	0.	0.	
(5) SUSIE DAVIES DIRECTOR	0 0	X					0.	0.	0.	
(6) ADAM ANDERSON DIRECTOR	0 0	X					0.	0.	0.	
(7) BRIAN JENSEN DIRECTOR	0 0	X					0.	0.	0.	
(8) LEONARD GRADO DIRECTOR	0 0	X					0.	0.	0.	
(9) GREGG MCKENZIE DIRECTOR	0 0	X					0.	0.	0.	
(10) JEREMY MYERS DIRECTOR	0 0	X					0.	0.	0.	
(11) DOLLY WAGNER DIRECTOR	0 0	X					0.	0.	0.	
(12) HOWARD PENN DIRECTOR	0 0	X					0.	0.	0.	
(13) DUANE WALLACE DIRECTOR	0 0	X					0.	0.	0.	
(14) BARBARA WINN DIRECTOR	0 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) CHRISTA CAMPBELL PRESIDENT	0			X			0.	0.	0.
(16) RICHARD ESPOSITO PRESIDENT ELECT	0			X			0.	0.	0.
(17) SUSAN VANDELINDER VICE PRESIDENT	0			X			0.	0.	0.
(18) MIKE KOBUS VICE PRESIDENT	0			X			0.	0.	0.
(19) MARK LUSTER PAST PRESIDENT	0			X			0.	0.	0.
(20) LAUREL BRENT-BUMB EXECUTIVE DIR.	40			X			76,765.	0.	0.
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							76,765.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							76,765.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)					
	1 f All other contributions, gifts, grants, and similar amounts not included above	74,485.				
	1 g Noncash contributions included in lines 1a-1f: \$					
	1 h Total. Add lines 1a-1f	74,485.				
Program Service Revenue	Business Code					
	2 a FEES & CONTRACTS GOV AGENCIES		388,508.	388,508.		
	2 b MEMBERSHIP DUES & ASSESSMENTS		103,395.	103,395.		
	2 c GROUP MEAL		19,890.	19,890.		
	2 d ENTRY FEE		10,890.	10,890.		
	2 e ADMIN FEE		10,000.	10,000.		
	2 f All other program service revenue	WKS	4,369.	4,369.		
2 g Total. Add lines 2a-2f		537,052.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	29,756.			
		b Less: direct expenses	29,091.			
c Net income or (loss) from fundraising events		665.			665.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	4,316.				
	b Less: cost of goods sold	12,065.				
	c Net income or (loss) from sales of inventory	-7,749.			-7,749.	
Miscellaneous Revenue		Business Code				
11 a ADVERTISING	519100	11,075.	11,075.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		11,075.				
12 Total revenue. See instructions		615,528.	548,127.	0.	-7,084.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,765.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	227,895.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,919.			
10 Payroll taxes	24,698.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,770.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	44,053.			
13 Office expenses	4,794.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	16,944.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	240.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,220.			
23 Insurance	6,133.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PURCHASED SERVICES</u>	53,197.			
b <u>RENT</u>	31,500.			
c <u>PRINTING AND PUBLICATIONS</u>	23,911.			
d <u>GROUP MEAL CHARGES</u>	14,396.			
e All other expenses	40,859.			
25 Total functional expenses. Add lines 1 through 24e.	597,294.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	45,098.	1	85,943.
	2 Savings and temporary cash investments.....	3,531.	2	22,280.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	108,875.	4	91,554.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	20,791.	8	19,369.
	9 Prepaid expenses and deferred charges.....	5,419.	9	7,254.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 19,327.		
	b Less: accumulated depreciation.....	10b 12,556.	10c 3,938.	6,771.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	1.
16 Total assets. Add lines 1 through 15 (must equal line 34).....		16 187,652.	233,172.	
Liabilities	17 Accounts payable and accrued expenses.....	61,647.	17	79,885.
	18 Grants payable.....		18	
	19 Deferred revenue.....	3,803.	19	12,851.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	
	26 Total liabilities. Add lines 17 through 25.....		26 65,450.	92,736.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	119,756.	27	137,990.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....	2,446.	29	2,446.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances	122,202.	33	140,436.	
34 Total liabilities and net assets/fund balances	187,652.	34	233,172.	

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Form 990 (2014)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	615,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	597,294.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,234.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,202.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	140,436.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2014)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) or 990-PF.

Name of organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY 4525 SERRANO PARKWAY EL DORADO HILLS, CA 95762	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	MOUNTAIN DEMOCRAT 2889 RAY LAWYER DRIVE PLACERVILLE, CA 95667	\$ 7,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	EL DORADO DISPOSAL PO BOX 1270 DIAMOND SPRINGS, CA 95619	\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	SIERRA PACIFIC INDUSTRIES 3950 CARSON RD. CAMINO, CA 95709	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization
EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number
94-1328508

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to its financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,005.	7,863.	5,142.
e Other		6,322.	4,693.	1,629.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,771.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A
 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A
 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number 94-1328508

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in column (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMEN (event type)	HANGTOWN HOLD (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts.....	14,470.	11,948.	26,418.
	2	Less: Contributions.....			
	3	Gross income (line 1 minus line 2).....	14,470.	11,948.	26,418.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	13,557.	9,386.	22,943.
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			22,943.
	11	Net income summary. Subtract line 10 from line 3, column (d).....			3,475.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		REVENUE	1	Gross revenue.....	
DIRECT EXPENSES	2	Cash prizes.....			
	3	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d).....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d).....			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2014

**Open to Public
Inspection**

Employer identification number

EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

RETURN WILL BE GIVEN TO THE EXECUTIVE DIRECTOR TO REVIEW AND PASS ON TO THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2014

For calendar year 2014 or other tax year beginning _____, 2014, and ending _____,

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section

501(C)(6) 220(e)

408(e) 530(a)

408A 529(a)

Check box if name changed and see instructions.

Print or Type EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN STREET
PLACERVILLE, CA 95667

D Employer identification number (Employees' trust, see instructions.)
94-1328508

E Unrelated business activity codes (See instructions.)

C Book value of all assets at end of year
233,172.

F Group exemption number (See instructions.) ▶

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ ELLEN VAUGHN Telephone number ▶ 530.621.5885

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	11,075.	44,053.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	11,075.	44,053.
				-32,978.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-32,978.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-32,978.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-32,978.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34.....		35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		36	
37 Proxy tax. See instructions.....		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....		39	0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	40 a		
b Other credits (see instructions).....	40 b		
c General business credit. Attach Form 3800 (see instructions).....	40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40 d		
e Total credits. Add lines 40a through 40d.....	40 e		0.
41 Subtract line 40e from line 39.....	41		0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	42		
43 Total tax. Add lines 41 and 42.....	43		0.
44 a Payments: A 2013 overpayment credited to 2014.....	44 a		
b 2014 estimated tax payments.....	44 b		
c Tax deposited with Form 8868.....	44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44 d		
e Backup withholding (see instructions).....	44 e		
f Credit for small employer health insurance premiums (Attach Form 8941).....	44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... 44 g	44 g		
45 Total payments. Add lines 44a through 44g.....	45		0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48		
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach schedule).....	4 a				
b Other costs (attach sch).....	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5				X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____ Title: EXECUTIVE DIREC

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: TERRIE Y. PROD'HON Preparer's signature: TERRIE Y. PROD'HON Date: _____ Check if self-employed PTIN: P00059040

Firm's name: TERRIE Y. PROD'HON, CPA Firm's EIN: 68-0439189

Firm's address: 601 MAIN ST. PLACERVILLE, CA 95667 Phone no.: (530) 622-1731

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1) VARIOUS PUBLICATIONS DURING YEAR						
(2)	11,075.	44,053.	-32,978.			
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A). 11,075.	Enter here and on page 1, Part I, line 11, column (B). 44,053.				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14.			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization: EL DORADO COUNTY CHAMBER OF COMMERCE
 Employer identification number: 94-1328508

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY 4525 SERRANO PARKWAY EL DORADO HILLS, CA 95762	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	MOUNTAIN DEMOCRAT 2889 RAY LAWYER DRIVE PLACERVILLE, CA 95667	\$ 7,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	EL DORADO DISPOSAL PO BOX 1270 DIAMOND SPRINGS, CA 95619	\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	SIERRA PACIFIC INDUSTRIES 3950 CARSON RD. CAMINO, CA 95709	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Name of organization: **EL DORADO COUNTY CHAMBER OF COMMERCE** Employer identification number: **94-1328508**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning, 2015, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C EL DORADO COUNTY CHAMBER OF COMMERCE, 542 MAIN STREET, PLACERVILLE, CA 95667. D Employer identification number 94-1328508. E Telephone number 530.621.5885. G Gross receipts \$ 756,902. F Name and address of principal officer: SAME AS C ABOVE. I Tax-exempt status 501(c)(3) [X] 501(c) (6) (insert no.) 4947(a)(1) or 527. J Website: ELDORADOCOUNTY.ORG. K Form of organization: [X] Corporation. L Year of formation: 1968. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE BELOW. 2-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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 LAUREL BRENT-BUMB, EXECUTIVE DIREC. Date.

Paid Preparer Use Only: Preparer's name TERRIE Y. PROD'HON, Preparer's signature TERRIE Y. PROD'HON, Date, Check self-employed [X] if PTIN P00059040, Firm's name TERRIE Y. PROD'HON, CPA, Firm's address 601 MAIN ST. PLACERVILLE, CA 95667, Firm's EIN 68-0439189, Phone no. (530) 622-1731.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

SEE BELOW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE MISSION OF THE CHAMBER IS TO ADVOCATE PROMOTE A STRONG, HEALTHY AND DIVERSE BUSINESS COMMUNITY TO PRESERVE THE QUALITY OF LIFE IN EL DORADO COUNTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE CHAMBER ALSO PROVIDES A CENTRALIZED AGENCY FOR VISITORS AND BUSINESSES THAT ARE INTERESTED IN VISITING OR LOCATING IN THE COUNTY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE FILM COMMISSION WORKS TO ATTRACT VARIOUS MEDIA TO PRODUCE PROJECTS IN EL DORADO COUNTY. IN 2014 THE ESTIMATED ECONOMIC IMPACT FOR THE COUNTY WAS \$2,336,000.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 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.....		X
4 Section 501(c)(3) organizations. 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.....		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes', complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes', complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes', complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes', answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes', complete Schedule L, Part I.</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes', complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes', complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes', complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes', complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes', complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes', complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes', complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes', complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes', complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes', complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes', complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes', complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes', complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes', complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes', complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 a	19		
b	Enter the number of voting members included in line 1a, above, who are independent.		
1 b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.		X
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
ELLEN VAUGHN 542 MAIN STREET PLACERVILLE CA 95667 530.621.5885

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK BONE DIRECTOR	0 0	X					0.	0.	0.	
(2) SOL NISBET DIRECTOR	0 0	X					0.	0.	0.	
(3) GORDON HELM VICE PRESIDENT	0 0	X					0.	0.	0.	
(4) KEVIN BROWN DIRECTOR	0 0	X					0.	0.	0.	
(5) SUSIE DAVIES DIRECTOR	0 0	X					0.	0.	0.	
(6) ADAM ANDERSON DIRECTOR	0 0	X					0.	0.	0.	
(7) BRIAN JENSEN DIRECTOR	0 0	X					0.	0.	0.	
(8) LEONARD GRADO DIRECTOR	0 0	X					0.	0.	0.	
(9) ED MANANSALA DIRECTOR	0 0	X					0.	0.	0.	
(10) ALICE PEREZ DIRECTOR	0 0	X					0.	0.	0.	
(11) BRANDON SANDERS DIRECTOR	0 0	X					0.	0.	0.	
(12) DOLLY WAGER DIRECTOR	0 0	X					0.	0.	0.	
(13) DUANE WALLACE DIRECTOR	0 0	X					0.	0.	0.	
(14) CHRISTA CAMPBELL PAST PRESIDENT	0 0			X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) RICHARD ESPOSITO PRESIDENT	0			X			0.	0.	0.
(16) SUSAN VANDELINDER PRESIDENT ELECT	0			X			0.	0.	0.
(17) MIKE KOBUS VICE PRESIDENT	0			X			0.	0.	0.
(18) MARK LUSTER DIRECTOR	0			X			0.	0.	0.
(19) LAUREL BRENT-BUMB EXECUTIVE DIR.	40 0			X			78,174.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							78,174.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							78,174.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	116,950.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		116,950.				
Program Service Revenue	Business Code						
	2 a FEES & CONTRACTS GOV AGENCIES		440,651.	440,651.			
	b MEMBERSHIP DUES & ASSESSMENTS		93,714.	93,714.			
	c TICKET SALES		16,668.	16,668.			
	d GROUP MEAL		16,495.	16,495.			
	e ENTRY FEE		9,440.	9,440.			
	f All other program service revenue	WKS	68.	68.			
	g Total. Add lines 2a-2f		577,036.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	32.				
		d Net gain or (loss)		-32.	-32.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b	32,585.			
		c Net income or (loss) from fundraising events		25,200.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b	6,281.				
c Net income or (loss) from sales of inventory			24,639.				
Miscellaneous Revenue							
Business Code							
11 a ADVERTISING		519100	24,050.	24,050.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			24,050.				
12 Total revenue. See instructions			707,031.	601,054.	0.	-10,973.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,174.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7 Other salaries and wages	234,891.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,075.			
10 Payroll taxes	25,042.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,475.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	65,071.			
13 Office expenses	6,870.			
14 Information technology				
15 Royalties				
16 Occupancy	31,501.			
17 Travel	24,026.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,589.			
23 Insurance	8,201.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	82,151.			
b PRINTING AND PUBLICATIONS	23,881.			
c GROUP MEAL CHARGES	15,467.			
d GRANTS/DONATIONS	12,667.			
e All other expenses	38,320.			
25 Total functional expenses. Add lines 1 through 24e.	686,416.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash — non-interest-bearing.....	85,943.	1	95,079.	
	2	Savings and temporary cash investments.....	22,280.	2	23,486.	
	3	Pledges and grants receivable, net.....		3		
	4	Accounts receivable, net.....	91,554.	4	111,017.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6		
	7	Notes and loans receivable, net.....		7		
	8	Inventories for sale or use.....	19,369.	8	6,292.	
	9	Prepaid expenses and deferred charges.....	7,254.	9	7,412.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	19,937.			
		b Less: accumulated depreciation.....	14,899.	6,771.	10c	5,038.
	11	Investments — publicly traded securities.....		11		
	12	Investments — other securities. See Part IV, line 11.....		12		
	13	Investments — program-related. See Part IV, line 11.....		13		
	14	Intangible assets.....		14		
	15	Other assets. See Part IV, line 11.....		1.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34).....	233,172.	16	248,324.		
Liabilities	17	Accounts payable and accrued expenses.....	79,885.	17	85,265.	
	18	Grants payable.....		18		
	19	Deferred revenue.....	12,851.	19	2,004.	
	20	Tax-exempt bond liabilities.....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23	Secured mortgages and notes payable to unrelated third parties.....		23		
	24	Unsecured notes and loans payable to unrelated third parties.....		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	4.	
	26	Total liabilities. Add lines 17 through 25.....	92,736.	26	87,273.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets.....	137,990.	27	158,605.	
	28	Temporarily restricted net assets.....		28		
	29	Permanently restricted net assets.....	2,446.	29	2,446.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds.....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund.....		31		
	32	Retained earnings, endowment, accumulated income, or other funds.....		32		
33	Total net assets or fund balances.	140,436.	33	161,051.		
34	Total liabilities and net assets/fund balances.	233,172.	34	248,324.		

BAA

Form 990 (2015)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	707,031.
2	Total expenses (must equal Part IX, column (A), line 25)	2	686,416.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,615.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,436.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	161,051.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2015)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization EL DORADO COUNTY CHAMBER OF COMMERCE	Employer identification number 94-1328508
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY 4525 SERRANO PARKWAY EL DORADO HILLS, CA 95762	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PACIFIC GAS AND ELECTRIC COMPANY PO BOX 997300 SACRAMENTO, CA 95899-7300	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WASTE CONNECTIONS PO BOX 1270 DIAMOND SPRINGS, CA 95619	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MOTHER LODE REHABILITATION ENT 399 PLACERVILLE DR PLACERVILLE, CA 95667	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RED HAWK CASINO 1 RED HAWK PARKWAY PLACERVILLE, CA 95667	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELLS FARGO BANK 4355 TOWN CENTER BLVD STE 110 EL DORADO HILLS, CA 95762	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----
	----- ----- ----- -----	\$ ----- ----- ----- -----	----- ----- ----- -----

Name of organization
EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number
94-1328508

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number
94-1328508

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____
- (ii) Assets included in Form 990, Part X. ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____
- b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,615.	9,885.	3,730.
e Other		6,322.	5,014.	1,308.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,038.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ... ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ... ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROUNDING	4.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ... ▶	4.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	GOLF TOURNAMEN (event type)	HANGTOWN HOLD (event type)	1 (total number)	(add column (a) through column (c))
REVENUE				
1 Gross receipts.....	17,676.	9,450.	5,459.	32,585.
2 Less: Contributions.....				
3 Gross income (line 1 minus line 2).....	17,676.	9,450.	5,459.	32,585.
DIRECT EXPENSES				
4 Cash prizes.....				
5 Noncash prizes.....				
6 Rent/facility costs.....				
7 Food and beverages.....				
8 Entertainment.....				
9 Other direct expenses.....	11,731.	6,883.	6,586.	25,200.
10 Direct expense summary. Add lines 4 through 9 in column (d).....				25,200.
11 Net income summary. Subtract line 10 from line 3, column (d).....				7,385.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	REVENUE			
1 Gross revenue.....				
EXPENSES				
2 Cash prizes.....				
3 Noncash prizes.....				
4 Rent/facility costs.....				
5 Other direct expenses.....				
6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d).....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public
Inspection

Name of the organization

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer identification number

94-1328508

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

RETURN WILL BE GIVEN TO THE EXECUTIVE DIRECTOR TO REVIEW AND PASS ON TO THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2015

For calendar year 2015 or other tax year beginning _____, 2015, and ending _____,

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	EL DORADO COUNTY CHAMBER OF COMMERCE 542 MAIN STREET PLACERVILLE, CA 95667	<input type="checkbox"/> Check box if name changed and see instructions.
B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)			D Employer identification number (Employees' trust, see instructions.) 94-1328508

C Book value of all assets at end of year 248,324.	F Group exemption number (See instructions.) ▶
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **ELLEN VAUGHN** Telephone number ▶ **530.621.5885**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 0.	24,050.	-24,050.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-24,050.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-24,050.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-24,050.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34..... ▶		35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶		36	
37 Proxy tax. See instructions..... ▶		37	
38 Alternative minimum tax ▶		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....		39	0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....		40 a	
b Other credits (see instructions).....		40 b	
c General business credit. Attach Form 3800 (see instructions).....		40 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....		40 d	
e Total credits. Add lines 40a through 40d.....		40 e	0.
41 Subtract line 40e from line 39		41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....		42	
43 Total tax. Add lines 41 and 42.....		43	0.
44 a Payments: A 2014 overpayment credited to 2015		44 a	
b 2015 estimated tax payments		44 b	
c Tax deposited with Form 8868		44 c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....		44 d	
e Backup withholding (see instructions).....		44 e	
f Credit for small employer health insurance premiums (Attach Form 8941).....		44 f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... ▶		44 g	
45 Total payments. Add lines 44a through 44g.....		45	0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed..... ▶		47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... ▶		48	
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ Refunded ▶		49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach schedule).....	4 a				
b Other costs (attach sch).....	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title **EXECUTIVE DIREC** May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **TERRIE Y. PROD'HON** Preparer's signature: **TERRIE Y. PROD'HON** Date: _____ Check if self-employed PTIN: **P00059040**
 Firm's name: **TERRIE Y. PROD'HON, CPA** Firm's EIN: **68-0439189**
 Firm's address: **601 MAIN ST. PLACERVILLE, CA 95667** Phone no.: **(530) 622-1731**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total . Enter here and on page 1, Part II, line 14			



Still Finding Gold In El Dorado County

El Dorado County
Chief Administrative Office
330 Fair Lane
Placerville, Ca 95667

To: Review Committee

RE: RFP #17-946-049 MAIN STREET LEASE – PROPOSED USE

The building located at 542 Main Street proposed use is as follows;

Home to the El Dorado County Chamber that, is a voluntary organization of business and professional men and women who have joined together for the purpose of promoting the civic and commercial progress of our community. The area's economic well-being is related directly to the caliber of work that is done by the Chamber. The chamber has a major impact on business, income and future growth of the area. A public benefit.

Home to the El Dorado County Visitors Authority that, will build the El Dorado County tourism industry as a leading economic engine that increases tax revenues and job creation in a responsible manner. And develop and implement county-wide tourism programs that position El Dorado County as a year-round travel destination that provides a quality visitor experience that takes into consideration the interests and needs of current and potential visitors, tourism related businesses, Agri-tourism, history, recreation, county-wide tourism promotion agencies and local governments in order to work in harmony with the environment and the values of the community.

Home to the El Dorado County Film Commission that, is a major generator of jobs and revenue and it is important to understand how this industry - and especially location filming - affects the community. This is an industry of small businesses, not just large studios. Each location shoot means jobs for camera operators, sound and lighting technicians, electricians, caterers, plumbers, carpenters, animal trainers, truck drivers, makeup artists, graphic artists, photographers, hairdressers, set designers, and production assistants. These location dollars are spent on hardware, props, film, photo developing, plants, paint, lumber, cleaners, furniture, portable toilets, generators, clothing, entertainment, food and gasoline.

As you can see, location filming means jobs and revenues, not just within the film industry, but also in a wide variety of other businesses. Location filming has a widespread economic impact that benefits our neighbors, customers, clients, patients businesses and friends.

EL DORADO COUNTY CHAMBER OF COMMERCE

542 Main Street, Placerville, California 95667
(530) 621-5885 (800) 457-6279 Fax (530) 642-1624



Still Finding Gold In El Dorado County

Home to the Downtown (central) Visitors Center that, welcomes thousands of visitors each year, providing countywide information and direction to encourage an exceptional experience and longer stay in the county.

Home to the Economic Development Corporation of El Dorado County that, is dedicated to the expansion and strengthening of our local business, to provide a variety of services like free one on one business counseling free business workshops and training. We are dedicated to encouraging local enterprises and improving the quality of life within the County."

The organization also serves, by MOU, as the advisory board to the County of El Dorado's WIOA program. All a public benefit.

We believe the programs described above, the chamber, the economic development corporation, the visitor's authority, the visitor's center and the film commission all provide a clear public benefit to our businesses, tourists and community.

Respectfully Submitted,

Laurel Brent-Bumb A.C.E.
Chief Executive Officer

EL DORADO COUNTY CHAMBER OF COMMERCE

542 Main Street, Placerville, California 95667
(530) 621-5885 (800) 457-6279 Fax (530) 642-1624 17-0489 4E 109 of 138



Still Finding Gold In El Dorado County

El Dorado County
Chief Administrative Office
330 Fair Lane
Placerville, Ca 95667

To: County of El Dorado Review Committee

RE: RFP #17-946-049 MAIN STREET LEASE – **Minimum Rent and Lease Term**

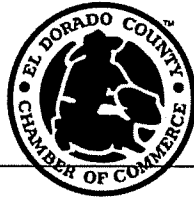
1. **Address:** 542 Main Street, Placerville, CA. 95667 AKA: Existing Chamber of Commerce Building.
2. **Landlord:** County of El Dorado
3. **Tenant:** El Dorado County Chamber of Commerce
4. **Premises:** Approximately 3,200 rentable square feet of contiguous space, and the land.
5. **Use:** Chamber of Commerce Office.
6. **Occupancy:** Tenant desires occupancy September 1, 2017. If Landlord has a preference for occupancy dates, please detail any concessions or incentives Landlord is willing to provide to achieve its preferred occupancy date.
7. **Lease Commencement:** The Lease Commencement date shall be September 1, 2017.
8. **Lease Term:** 5 years
9. **Base Rental Rate:** Five Thousand Dollars and Zero Cents Annual Gross Rent, (\$5,000.00 Annual Gross Rent) Tenant shall pay for its utilities. Landlord shall be responsible for real estate taxes (if any) and capital costs associated with maintaining the Premises and building systems.

The Base Rental Rate shall escalate at two percent (2.0%) on each anniversary of the Lease Commencement Date.
10. **Operating Expenses** Tenant shall be responsible for all operating expenses.
11. **Tenant Improvement Allowance / Landlord Work:** N/A

EL DORADO COUNTY CHAMBER OF COMMERCE

542 Main Street, Placerville, California 95667
(530) 621-5885 (800) 457-6279 Fax (530) 642-1624

17-0489 4E 110 of 138



Still Finding Gold In El Dorado County

12. **Renewal Option:** Two (2) options of five (5) years each to renew the lease inclusive of all concessions and tenant improvement allowances.
13. **Assignment & Subletting:** Tenant shall have the right to assign the Lease or sublease the Premises to non-related third parties.
14. **Repair and Maintenance:** Subject to Tenant establishing a baseline assessment of the existing major base building systems, Tenant shall notify Landlord of any existing deficiencies. Landlord shall be responsible for the repair and maintenance of the Premises and the Base Building mechanical and electrical systems. The Landlord may however credit rent back to tenant if tenant performs the repairs and maintenance on behalf of the Landlord.
15. **Brokerage:** There are no brokerage fees associated with this lease transaction.

This document is merely an expression of the basic terms that might be incorporated into a binding lease agreement between Landlord and Tenant for the Premises. This document is not a lease, offer, contract, option or commitment and creates no legal rights or obligations of any nature whatsoever on either Landlord or Tenant.

For further information or questions, please contact Laurel Brent-Bumb at 530 621 5885 or chamber@eldoradocounty.org

EL DORADO COUNTY CHAMBER OF COMMERCE

542 Main Street, Placerville, California 95667

(530) 621-5885 (800) 457-6279 Fax (530) 642-1624

17-0489 4E 111 of 138

81 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any
17 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
IC insurance company of The Hartford Insurance Group shown below.
SBA

INSURER: SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: A

Policy Number: 57 SBA IC1781 DX



SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: EL DORADO COUNTY CHAMBER OF
(No., Street, Town, State, Zip Code) SEE FORM SS 12 35
542 MAIN STREET
PLACERVILLE CA 95667

Policy Period: From 01/23/17 To 01/23/18 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: VAUGHT WRIGHT & BOND INC/PHS
Code: 122004

Previous Policy Number: 57 SBA IC1781

Named Insured is: ASSOCIATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$1,806
IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR
POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

Countersigned by *Susan L. Castaneda*
Authorized Representative

11/09/16
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA IC1781

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

542 MAIN STREET
PLACERVILLE CA 95667

Description of Business:
Association - Business Non Profit

Deductible: \$ 1,000 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST \$ 82,300

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA IC1781

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

**SUPER STRETCH FOR BUSINESS SERVICES
FORM: SS 40 05
THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.**

LIMITED FUNGI, BACTERIA OR VIRUS COVERAGE: FORM SS 40 93 THIS IS THE MAXIMUM AMOUNT OF INSURANCE FOR THIS COVERAGE, SUBJECT TO ALL PROPERTY LIMITS FOUND ELSEWHERE ON THIS DECLARATION. INCLUDING BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FOR:	\$ 50,000
	30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA IC1781

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE

**BUSINESS INCOME AND EXTRA EXPENSE
COVERAGES** 12 MONTHS ACTUAL LOSS SUSTAINED
**COVERAGES INCLUDES THE FOLLOWING
COVERAGES EXTENSIONS:**

ACTION OF CIVIL AUTHORITY: 30 DAYS
EXTENDED BUSINESS INCOME: 30 CONSECUTIVE DAYS

**EQUIPMENT BREAKDOWN COVERAGE
COVERAGES FOR DIRECT PHYSICAL LOSS
DUE TO:
MECHANICAL BREAKDOWN,
ARTIFICIALLY GENERATED CURRENT
AND STEAM EXPLOSION**

**THIS ADDITIONAL COVERAGE INCLUDES
THE FOLLOWING EXTENSIONS**

HAZARDOUS SUBSTANCES \$ 50,000
EXPEDITING EXPENSES \$ 50,000

**MECHANICAL BREAKDOWN COVERAGE ONLY
APPLIES WHEN BUILDING OR BUSINESS
PERSONAL PROPERTY IS SELECTED ON
THE POLICY**

IDENTITY RECOVERY COVERAGE \$ 15,000
FORM SS 41 12

HIRED CAR PHYSICAL DAMAGE COVERAGE
FORM SS 04 84
LIMIT PER ACCIDENT \$ 50,000
DEDUCTIBLE: \$1,000

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA IC1781

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$2,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$1,000,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$4,000,000
GENERAL AGGREGATE	\$4,000,000

DESCRIPTION OF SPECIAL EVENT:
POKER TOURNAMENT
JANUARY

COWBOYS & CORNBREAD
JULY

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA IC1781

**BUSINESS LIABILITY OPTIONAL COVERAGES
(Continued)**

LIMITS OF INSURANCE

**BUSINESS LIABILITY OPTIONAL
COVERAGES**

HIRED/NON-OWNED AUTO LIABILITY

\$2,000,000

**UMBRELLA LIABILITY - SEE
SCHEDULE ATTACHED**

66 (Policy Provisions: WC 00 00 00 C)

81

GD **INFORMATION PAGE**

WEC **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 13161

Company Code: A



POLICY NUMBER: 57 WEC GD8166
Previous Policy Number: 57 WEC GD8166

Suffix	
LARS	RENEWAL
	03

HOUSING CODE: DX

1. **Named Insured and Mailing Address:** EL DORADO COUNTY CHAMBER OF COMMERCE
(No., Street, Town, State, Zip Code)

FEIN Number: 941328508 542 MAIN ST
PLACERVILLE, CA 95667

State Identification Number(s):
UIN:

The Named Insured is: NON-PROFIT ORGANIZATION
Business of Named Insured: ASSOCIATION - BUSINESS NON PRO
Other workplaces not shown above: AS STATED AND ELSEWHERE IN CALIFORNIA

2. **Policy Period:** From 04/01/17 To 04/01/18
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: VAUGHT WRIGHT & BOND INC/PHS

Producer's Code: 122004
PO BOX 33015
SAN ANTONIO, TX 78265

Issuing Office: THE HARTFORD
3600 WISEMAN BLVD.
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$2,936
Deposit Premium: \$2,936
Policy Minimum Premium: \$600 CA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL **Installment Term:**
The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Sueann C. Castaneda* 02/12/17
Authorized Representative Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: CA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$1,000,000	each accident
Bodily injury by Disease	\$1,000,000	policy limit
Bodily injury by Disease	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, US TERRITORIES, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 99 00 05 WC 00 04 22B WC 04 03 06 WC 04 04 22 WC 99 03 02B
SEE ENDT

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
---	--	---------------------------------------	--------------------------------

(SEE ATTACHED SCHEDULES)

WAIVER OF SUBROGATION (0930)			250
CA TERRITORIAL DIFFERENTIAL PREMIUM T108 (0.910)			-243
CA SMALL POLICY CREDIT 6.00 PERCENT (9701)			-163
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			2,549
EXPENSE CONSTANT (0900)			200
TOTAL ESTIMATED STATE SURCHARGE			89
TERRORISM (9740)	327,600	.030	98
TOTAL ESTIMATED ANNUAL PREMIUM			2,936

Total Estimated Annual Premium:	\$2,936
Deposit Premium:	\$2,936
Policy Minimum Premium:	\$600 CA (INCLUDES INCREASED LIMIT MIN. PREM.)

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS:
SIC: 8611
UIN:
NO. OF EMP: 0



SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

Company Code: A

Policy Number: 57 WEC GD8166 **Schedule Number:** 01-04-01

Effective Date: 04/01/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN ST.
PLACERVILLE CA 95667

NAICS:

FEIN: 941328508 **UIN:** **SIC:** 8611 **NO. OF EMPL:** 000007

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8742 SALESPERSONS - OUTSIDE	242,400	.87	2,109
8810 CLERICAL OFFICE EMPLOYEES-N O C	85,200	.70	596

Countersigned by _____
Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.

Process Date: 02/12/17

Policy Expiration Date: 04/01/18



SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

Company Code: A

Policy Number: 57 WEC GD8166 **Schedule Number:** 01-04-02

Effective Date: 04/01/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN ST (WOS)
PLACERVILLE CA 95667

NAICS:

FEIN: 941328508

UIN:

SIC:

NO. OF EMPL: 0

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8742 SALESPERSONS - OUTSIDE	IF ANY	.87	
8810 CLERICAL OFFICE EMPLOYEES-N O C	IF ANY	.70	
WAIVER OF SUBROGATION (0930) 5.00 PERCENT OF PREMIUM			250

Countersigned by _____
Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.
Process Date: 02/12/17

Policy Expiration Date: 04/01/18



SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

Company Code: A

Policy Number: 57 WEC GD8166 **Schedule Number:** 01-04-02

Effective Date: 04/01/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

EL DORADO COUNTY CHAMBER OF COMMERCE
542 MAIN ST (WOS)
PLACERVILLE CA 95667

NAICS:

FEIN: 941328508

UIN:

SIC:

NO. OF EMPL: 0

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
TOTAL CLASS PREMIUM			2,705
WAIVER OF SUBROGATION (0930) INCL MIN PREM			250
CA TERRITORIAL DIFFERENTIAL PREMIUM T108	0.910		-243
CA SMALL POLICY CREDIT 6.00 PERCENT (9701)			-163
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			2,549
EXPENSE CONSTANT (0900)			200
CA SURCHARGE	2.000 PERCENT		57
USER FUNDING ASSESSMENT	0.3128 PERCENT		9
FRAUD ASSESSMENT	0.1675 PERCENT		5
CA UNINSD EMPL BENEFIT TRUST FUND	0.0721 PERCENT		2
CA SUBSEQ INJ BENEFITS TRUST FUND	0.1335 PERCENT		4
CA OCCUP SAFETY AND HEALTH FUND	0.2305 PERCENT		7
CA LABOR ENFORCE AND COMPL FUND	0.1918 PERCENT		5
TERRORISM (9740)	327,600	.030	98
TOTAL ESTIMATED ANNUAL PREMIUM			2,936

Countersigned by _____ Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.

Process Date: 02/12/17

Policy Expiration Date: 04/01/18



City of Placerville

City Manager's Office
3101 Center Street
Placerville, California 95667

May 30, 2017

RE: Letter of Support – El Dorado County Chamber of Commerce

To Whom It May Concern:

I am writing this letter in support of the El Dorado County Chamber's application to continue to use the building located at 542 Main Street in Placerville. The building also serves as an information portal for visitors to Placerville and El Dorado County. The El Dorado County Chamber of Commerce office has been located on Main Street in Placerville for many years. Placerville is the County seat and a hub of tourism in the County, which make it an appropriate location for the Chamber's headquarters.

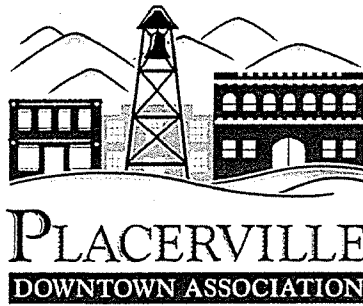
Recently we learned the Chamber may need to move to a new location. I am writing in support of keeping the Chamber in their existing location, not only for the reasons listed above, but also because the current location helps promote business and tourism in Placerville and the entire County. It does not appear to be in the best interest of the County to move their services to a new location.

I realize this is not an easy decision, however I hope having the Chamber located in the County seat, in the center of tourism, provides benefits that may not be realized if the Chamber has to move. Please fully consider the impact of their move.

I look forward to your decision. If you have any questions of me please let me know.

Sincerely,

M. Cleve Morris
City Manager



P.O. Box 2156 ❖ Placerville, CA 95667 ❖ (530) 672-3436 ❖ www.placerville-downtown.org

June 2, 2017

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, CA 95667

Subject: Allow EDC Chamber of Commerce to Remain at 542 Main Street

The Placerville Downtown Association has been following the matter of the County (Landlord) and EDC Chamber of Commerce (Tenant) since the May 9, 2017 BOS meeting. It seems to be fairly apparent from the discussion as represented, that there are mixed feelings among the Board of Supervisors members as whether the Chamber should be allowed to continue occupying the County building at 542 Main Street. It is our understanding that the Chamber wants to continue its tenancy and this is our letter of support on their behalf.

Every year thousands of visitors come to the Chamber with questions about Placerville and the many resources within our county. The Chamber directs a large portion of these visitors, not only to the businesses on Main Street, but to every corner of our county. This is a critical in that it is centrally located. It is the best and highest use of this facility which provides the greatest opportunity to affect the most number of visitors (location, location, location).

We acknowledge that you have every right to manage this public resource as you see fit and understand your fiduciary responsibility to the tax payers. It would be a disservice to all the businesses of Placerville, the county and the county itself to change the current arrangement. As the President of the Placerville Downtown Association I strongly urge you to consider every option at your disposal and allow the Chamber to continue their valuable service under a similar or same contract. Whether it is the Visitors Authority, the Film Commission or Chamber Members the Chamber of Commerce has a positive and meaningful impact to the counties bottom line.

Thank you for your attention on this important consideration.

Sincerely,

A handwritten signature in cursive script that reads "Dennis Thomas".

Dennis Thomas, President
Placerville Downtown Association



June 13, 2017

El Dorado County Board of Supervisors

330 Fair Lane

Placerville, Ca 95667

RE: Letter of Support – El Dorado County Chamber of Commerce

The Folsom Chamber of Commerce has been following the matter of the County of El Dorado and the EDC Chamber regarding the lease of the building at 542 Main Street, Placerville, Ca.

The Folsom Chamber has enjoyed a collaboration and partnership with the EDC Chamber for many years. We have participated in the annual Study Mission for the past 12 years in an effort to benefit both of our community's and the region. We are aware of the many services and benefits the EDC Chamber provides to both their membership and the community.

Our Chambers share many commonalities. The Folsom Chamber has a visitor's bureau, an economic development arm and when we decided to form a film commission the EDC Chamber and their film commissioner were our advisory team. We also share a very similar leasing situation as the Folsom Chamber is housed in a Folsom City building and it is leased to the Chamber for \$1.00 (one) dollar per year as the city of Folsom recognizes the public benefits provided by the Chamber and our programs.

We strongly urge you to allow the EDC Chamber to continue their valuable service at 542 Main Street under a similar or same contract.

Thank you for your consideration.

Sincerely,

Joe Gagliardi, CEO/President

June 14, 2017

Supervisor John Hidahl
Supervisor Shiva Frentzen
Supervisor Brian Veerkamp
Supervisor Michael Ranalli
Supervisor Sue Novasel

El Dorado County Board of Supervisors
330 Fair Lane, Building A
Placerville, California 95667

RE: El Dorado Chamber of Commerce building.

Honorable Members of the Board of Supervisors,

The El Dorado County Chamber of Commerce office is a staple in the Placerville community. I distinctly remember stepping in there for the first time. My initial thought was, they couldn't have picked a better building. It fits perfectly with the history of our area. This building is part of the heart of the Chamber, whose mission is to promote our local businesses, tourism and preserve the valuable history of our area.

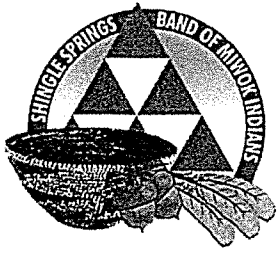
They have occupied this building for 45 years. We urge you to keep this tradition going. Their services provide not only information for our local businesses, but also to anyone visiting the area and exploring all we have to offer. The historic building fits the landscape beautifully, it's as if a person was stepping back in time when they come to visit. It is what you would expect to see in a community with rich history like ours.

We at the Divide Chamber of Commerce strongly urge you to preserve this perfect location and to recognize and support the El Dorado County Chamber of Commerce in the effort to continue to occupy the building.

Respectfully,

Sol I. Nisbet

Sol I. Nisbet
President – Divide Chamber of Commerce
P.O. Box 592
Georgetown, CA 95634
5304015605



**SHINGLE SPRINGS BAND
OF MIWOK INDIANS**

Shingle Springs Rancheria
(Verona Tract), California
5168 Honpie Road
Placerville, CA 95667
Phone: 530-676-8010
shinglespringsrancheria.com

June 23, 2017

Board of Supervisors
El Dorado County
330 Fair Lane
Placerville, CA 95667

Dear Supervisors,

The Shingle Springs Band of Miwok Indians urges your support in awarding the El Dorado County Chamber of Commerce the lease agreement for \$1 per year at 542 Main Street in Placerville.

The county enjoys many economic benefits from the chamber's strategic location. The Visitors Center welcomes thousands of visitors per year. The chamber building also houses the Visitors Authority, the Film Commission and the Economic Development Corporation that has an existing MOU with the county WIOA as the advisory board. Additionally, the chamber building houses the Business Resource Center which is available free to all El Dorado County residents and provides one-on-one professional business counseling, business workshops and a lending library.

The Tribe has an excellent relationship with the El Dorado County Chamber of Commerce and appreciates the valuable work it does in our community. We wholeheartedly support your awarding this lease.

Sincerely,

Ernest Vargas
Tribal Administrator



El Dorado County
Board of Supervisors
2850 Fair Lane Ct.
Placerville, CA 95667

Dear El Dorado Board of Supervisors:

The El Dorado Winery Association was recently made aware of the following newly issued Bids/RFPs/RFOs:
17-946-049 - Lease of County Property located at 542 Main Street, Placerville

This property is currently occupied by the EDC Chamber of Commerce (EDCCC), a tenant in good standing for many years. We understand that the EDCCC would like to continue its tenancy at 542 Main St. In support of the EDCCC, The El Dorado Winery Association urges you and the other BOS members to please consider the EDCCC as the top candidate for this lease. EDCCC has been a faithful supporter of EDWA and many other businesses here in El Dorado County. Thousands of visitors to El Dorado County depend on EDCCC for information on local tourist attractions, events, business, and as a general resource. Our winery members directly benefit from the promotional efforts of EDCCC.

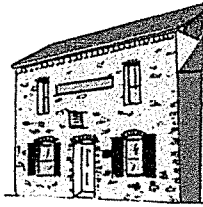
Having EDCCC on Main St. not only has a direct benefit to the businesses on Main St., but to all of our wineries in the surrounding community. Our wineries, spread throughout El Dorado County count on EDCCC to promote tourism and direct people to our locations in the region. We feel strongly that shopping and other business, to include traffic to our wineries, will decrease if the Chamber is not in such a central location, easily accessible by visitors.

Please support your local business community here in EDC and keep our local economy strong by retaining the EDCCC offices at 542 Main St. in Placerville.

Regards,

Carey Skinner
President, El Dorado Winery Association

EL DORADO COUNTY
HISTORICAL
SOCIETY



Fountain & Tallman Museum
524 Main Street
Placerville, CA 95667
(530) 626-0773
www.eldoradocountyhistoricalsociety.org
eldoradocountyhistoricalsociety@gmail.com

May 28, 2017

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, CA 95667

Respective Supervisors (Districts 1, 2, 3, 4, & 5):

We support the El Dorado County Chamber of Commerce maintaining its occupancy of 542 Main Street. Recently, it came to the attention of the EDC Historical Society that the County property at 542 Main Street is under administrative review for possible change in tenant occupancy or status of the County's property. I have reviewed the video recording of May 9, 2017 BOS Agenda, Item #39 in behalf of the Society and feel the Society is knowledgeable about the content of this matter.

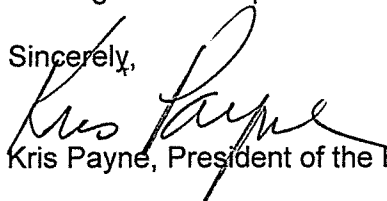
The El Dorado County Historical Society has a long standing relationship with the El Dorado County Chamber of Commerce, the current tenant at subject property. By coincidence, the addresses of the EDC Historical Society's Fountain & Tallman Museum (F&TM) at 524 Main Street and the County's property at 542 Main Street by address gets periodically mixed up by digit transposition. The Fountain & Tallman Museum is west within a few lots of the Chamber of Commerce and on the same side of the street. So within our favor, the digit transposition generally benefits us by improving our visitor exposure.

The El Dorado County Historical Society was founded by a Chamber of Commerce historical committee in 1938. (See attached Wednesday, February, 10, 2016 Mountain Democrat article entitled "El Dorado County Historical Society Retrospective".) The Chamber of Commerce is therefore part of the legacy of our organizational existence.

Finally the most important consideration, we have a direct relationship with the Chamber of Commerce by membership and by informal agreement to operate as a Chamber of Commerce associate, providing Saturday and Sunday tourism information at the F&TM. The Chamber of Commerce is not open on Saturdays and Sundays (operational hours are Monday-Friday, 9:00AM-5:00PM.) A directional poster is posted on the Chamber door directing, on Saturdays and Sundays, the Chamber visitors to the F&TM for visitor information. This Saturday and Sunday relationship works for the Society because of the close physical proximity of the two facilities and because it results in increased visitor numbers for F&TM. Our donation box funding is a primary revenue source for our budget. With increase visitors comes increase donations.

We as the Historical Society want to maintain our current relationship with the El Dorado County Chamber of Commerce with the least amount of change (inconvenience or disruption.) We look to the BOS to recognize the importance of the Chamber at 542 Main Street to maintain our existing relationship and for our future.

Sincerely,


Kris Payne, President of the EDGHS



El Dorado County Farm Trails Association

El Dorado County
Board of Supervisors
330 Fair Lane
Placerville, California 95667

May 25, 2017

RE: Lease of County Property located at 542 Main Street, Placerville

Dear Supervisor Ranalli,

It has been brought to our attention that the property currently leased and occupied by the El Dorado County Chamber of Commerce (EDCCC) has come up for renewal. It is our understanding that the EDCCC has been a tenant in good standing and that it is possible for you to consider alternate potential tenants.

We urge you to continue the lease with the EDCCC. We as an organization have many interactions with the chamber and can attest to the importance of this organization. The EDCCC is an integral part of our community. Not only are the people involved upstanding citizens, they are people who care about our local businesses, issues and care for our community as a whole. While their interest is geared towards business, they also tackle issues like our living environment and the communication between business, government and out of town visitors.

Often the first stop in our county by tourist is the Chamber of commerce. The location is optimum for the dispersing of information about our local tourist attractions and local businesses.

The county will continue to bene/it from the Chamber's location as will main street. This location makes the county chamber a staple in this county, not just by its actions which are substantial, but also because its location provides an essential need of being part of the community not an out of the way place that is in no way central to our community.

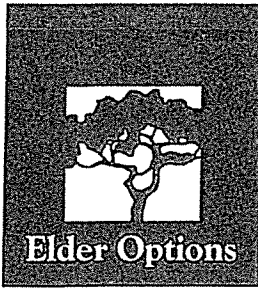
We appreciate your consideration in support of extending the lease to the El Dorado County Chamber of Commerce.

Sincerely,

A handwritten signature in black ink, appearing to read "R. van der Vijver".

Robert van der Vijver, President
El Dorado County Farm Trails Association
P.O. BOX 20, Placerville, CA 95667

CC: Supervisor Hidahl
Supervisor Frentzen
Supervisor Veerkamp
Supervisor Novasel



CARE MANAGED
HOME CARE
June 6, 2017

El Dorado County Board of Supervisors
2850 Fair Lane Court
Placerville, Ca. 95667

Dear Chairman Frentzen:

It has recently come to my attention that the El Dorado County Chamber of Commerce's lease on the County owned building at 542 Main Street, is up for renewal. The Chamber desires to remain within their current location, as they have been there for an extended period of time.

I strongly suggest that the Board give preferential treatment to the Chamber if the desire to evaluate potential tenants exists. This Chamber is an integral part of our community and is situated at an ideal location. Most community members and business owners know exactly where the Chamber is. It is also very easily located for those who desire to tour our community and are looking for additional information. Moving the Chamber to a less desirable location, could have a detrimental impact.

As a previous leadership El Dorado graduate, I can personally attest to the work that the Chamber does for this county. This includes the tourism industry, business support and promotions, as well as attracting new businesses to the area. The Chamber needs to have a front and center presence within the county to continue the work they do.

I would kindly request that you initiate another lease for continued tenancy for the El Dorado County Chamber of Commerce to remain at 542 Main Street.

Sincerely,

Elizabeth Heape-Caldwell, BS, MBA, CMC
V.P. of Operations & Business Development
Certified Aging Life Care Manager

"Your team members are compassionate, caring professionals who take a personal interest in the well-being of the person under their care."-Family, El Dorado County

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Folsom/El Dorado Hills • (916) 391-8083

www.elderoptionsca.com

Laurel Brent-Bumb

From: Christa Campbell <rainboworch@gmail.com>
Sent: Tuesday, May 30, 2017 7:25 AM
To: bosone@edc.gov.us; bostwo@edc.gov.us; The BOSTHREE; bosfour@edc.gov.us; bosfive@edc.gov.us; Laurel Brent-Bumb; jim.mitrisin@edc.gov.us
Subject: Bids/RFPs/RFQs: 17-946-049 Lease of 542 Main St.

Dear Supervisors,

We are writing to address the following: **Bids/RFPs/RFQs: 17-946-049-Lease of County Property located at 542 Main St., Placerville.**

This property is currently occupied by long term tenant in good standing El Dorado County Chamber of Commerce.

As the EDC Chamber has expressed interest in continuing its tenancy at 542 Main St., we urge you to consider the Chamber as the primary candidate for this lease.

In supporting businesses and tourism, the Chamber has a proven record in promoting economic development in El Dorado County. In granting the lease option to EDC Chamber, El Dorado County acknowledges the value of this organization to the County. Occupancy of this property in downtown historic Placerville, the County Seat, highlights the importance of the EDC Chamber to business, citizens, tourists, and the economic well being of El Dorado County.

Respectfully Submitted,

Tom Heflin
Christa Campbell
Rainbow Orchards
Camino, CA

May 29, 2017

Supervisor John Hidahl
Supervisor Shiva Frentzen
Supervisor Brian Veerkamp
Supervisor Michael Ranalli
Supervisor Sue Novasel

El Dorado County Board of Supervisors
330 Fair Lane, Building A
Placerville, California 95667

Re: EDC Chamber of Commerce building decision

Honorable Members of the Board of Supervisors,

Why is there a question about the El Dorado County Chamber of Commerce remaining in the building they have occupied for decades? The rationale totally escapes me.

The office is recognized for the previously mentioned fact that literally a generation of visitors have found the information they've wanted at that spot. Granted, the building is not a modern structure, but Placerville and our county pride ourselves in having an important place in California history. Visitors to El Dorado County expect to see and visit historic buildings.

The main draw for Placerville visitors is the historic parts of the town. They can find Walmarts, Targets and any number of cookie cutter national chains where they live. Look at the other businesses in the area. They all retain a historic flavor. It is entirely appropriate for the Chamber to occupy a building on the *main street* of town; and maybe that's why it's called just that.

The EDC Chamber of Commerce promotes this county. They have many hundreds of members who recognize the importance of participating and supporting it. The Chamber advocates for its members and also provides information to those who want to visit and those who believe this could be a place to bring new businesses. These multipurpose and important economic roles are what have made the Chamber an integral and critical part of the county.

Please recognize the ill-conceived question that whether or not the Chamber can stay in this building is both a waste of time and detrimental to the continuing success of its goals and actions. There certainly must be more important issues to ponder.

Maryann Argyres
4220 North Canyon Road
Camino CA 95709



ANN S. WOFFORD

1900 Hidden Valley Lane

Camino, CA 95709

(530) 626-6858

ann@wavwines.com

El Dorado County
Board of Supervisors
2850 Fair Lane Ct.
Placerville, CA 95667

Thank you for the opportunity to address the Board regarding the renewal of the lease at 542 Main Street in Placerville. The El Dorado County Chamber is the gateway of information for any and all questions regarding El Dorado County, whether the questions pertain to tourism, economic opportunity or lifestyle options.

It is my understanding that the Chamber wishes to renew their lease under the current terms of agreement. The Chamber's purpose is to support El Dorado County, from South Lake Tahoe to El Dorado Hills, and north of Cool to the south of Fairplay, and currently occupies a centrally located spot, adjacent to many vibrant tourism areas, and directly off Highway 50. As a non-profit accomplishing much with a miniscule budget, and a proven track record of championing the many and diverse aspects of El Dorado County, the Chamber is not only an ideal tenant, but is THE ideal tenant for 542 Main Street. The Chamber has been excellent stewards of the historic building, has utilized the space efficiently, and has created a curb-side presence that is highly visible.

Please renew the lease and keep the El Dorado County Chamber of Commerce exactly where it belongs- 542 Main Street, Placerville.

Thank you for your time-

Ann Wafford



May 23, 2017

El Dorado County
Board of Supervisors
2850 Fair Lane Court
Placerville, CA 95667

Dear Chairman Frentzen:

It has recently come to my attention that the lease on the County-owned building at 542 Main Street in Placerville has come up for renewal. The current tenant, the El Dorado County Chamber of Commerce, desires to stay in the building.

I strongly urge the Board to give the Chamber of Commerce preferential treatment when considering potential tenants for this building. Over the years I have constantly heard numerous Boards state the need to support business in El Dorado County and to stop the sales tax drain as well. The Chamber of Commerce is the entity that does just that.

The Chamber promotes the business in the County as well as supporting the tourism industry. The location at 542 Main Street is ideally located in the downtown Placerville core. The Chamber is the first stop, either online or physically, for anyone who wishes to visit El Dorado County. There is no other non-profit tenant that can provide as much benefit to the citizens of El Dorado County than the Chamber.

Support El Dorado County business and retain the Chamber at 542 Main Street.

Sincerely,

A handwritten signature in black ink, appearing to read "Norm Brown", is written over the word "Sincerely,".

Norm Brown, President
N.C. Brown Development, Inc.

Jim Abercrombie

771 Woodridge Rd, Placerville, CA 95667
530.306.0966 jmabercrombie60@yahoo.com

May 23, 2017

El Dorado County Board of Supervisors
Attention: Board Chairwoman Shiva Frentzen
330 Fair Lane
Placerville, CA 95667

Dear Board Chairwoman Shiva Frentzen,

I am writing to support the El Dorado County Chamber of Commerce's continued tenancy at 542 Main Street in Placerville and urge the Board to give the Chamber preferential treatment when considering tenants for this building.

I have been associated with the El Dorado County Chamber of Commerce for many years and was president of this vital organization's board of directors in 1993.

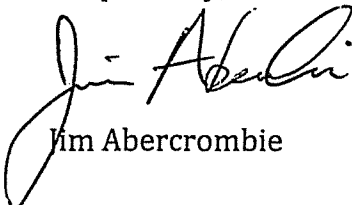
The Chamber helps connect and strengthen businesses in El Dorado County—this is what chambers across the country do, they amplify and support the businesses that anchor and enliven our region.

The location at 542 Main Street—within the historic heart of our county—centrally promotes and supports all businesses, especially El Dorado County's particularly rich tourism offerings.

The benefit of a strong business community is difficult to overstate. Please consider not just the return on investment by maintaining the Chamber's lease, but the value of that continued investment in our robust business community.

The Chamber's work supports the lifeblood of our county. I urge you to consider the county's supportive lease agreement not as loss, rather as an investment in El Dorado County.

Respectfully,



Jim Abercrombie

cc: Laurel Brent-Bumb, Chief Executive Officer, County Chamber of Commerce



Aurum Sierra, Inc.

El Dorado County
Board of Supervisors
2850 Fair Lane Ct.
Placerville, CA 95667

Dear Supervisor Hidahl:

I recently saw the following newly issued Bids/RFPs/RFOs:

17-946-049 - Lease of County Property located at 542 Main Street, Placerville

My understanding is that this is the property currently occupied by the EDC Chamber of Commerce (EDCCC), who has been a tenant in good standing for many years and that the EDCCC would like to continue its tenancy at 542 Main St.

I would urge you and the other BOS members to please consider the EDCCC as the top candidate for this lease since they do so much to assist and promote businesses here in El Dorado County. Without local businesses our economy would likely fail and the County's budget severely impacted. Local businesses are our local economy!

Moreover, the EDCCC office is the go-to informational resource for visitors and out-of-town guests. I'm sure they get literally thousands of people who stop by there each year to get information on local tourist attractions (like my business), events & business. I am also sure that having this information site on Main St. has a direct benefit to the businesses on Main St. By not keeping the Chamber in this location, I think we'd see a Main St. shopping decline and an overall visitor decline if this wasn't centrally located in our County's seat.

Please support the businesses here in EDC by retaining the EDCCC offices at 542 Main St. in Placerville.

Regards,

A handwritten signature in black ink, appearing to be 'Gordon Helm', written over a horizontal line.

Gordon Helm
Aurum Sierra, Inc.