**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 DOR ADO 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 <a href="mailto:chamber@eldoradocounty.org">chamber@eldoradocounty.org</a>. 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.



#### 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,

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 2 7 2005

EDC CHAMBER OF COMMERCE 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

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. Skufen

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

#### Internal Revenue Service

Date: December 1, 2005

THE ECONOMIC DEVELOPMENT CORPORATION OF EL DORADO COUNTY 542 MAIN ST

PLACERVILLE

CA 95667-5610 429

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

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. Skufen

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

3:55 PM 06/26/17 Accrual Basis

### 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	47 705 00	04.050.00	0.005.00	00.004
Advertising Income Contract Income	17,725.00 434,084.17	24,050.00 440,651.10	-6,325.00 -6,566.93	-26.3% -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	1 272 00	14.81	-14.81	-100.0%
Licenses/Permits Materials/Subscriptions	1,273.00 7,193.86	930.00 5,375.39	343.00	36.9%
Miscellaneous Expense	7,195.86 245.00	301.29	1,818.47 -56.29	33.8% -18.7%
Office Supplies	6,181.33	6,971.21	-789.88	-10.7 % -11.3%
Parking	4.00	3.00	1.00	33.3%
Payroli	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/Evnence				

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

Cash-UBOÖ Savings         1,934.17         1,934.17         2,446.21         2,446.21         2,446.21         Cash in Bank UBOC - Closed         59,168.51         -59,168.51         -100.00           Cash in Bank UBOC - Closed         11,889.19         11,731.76         -142.57         -1.2           Cash on Hand Cash Register         50.00         250.00         250.00         250.00           WFB - Checking - Closed         20,393.14         -20,393.14         -10.00           WFB - Money Market - Closed         19,105.53         -19,105.53         -10.00           Total Checking/Savings         108,803.98         115,079.32         -6,275.34         -5.5           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         20,917.24         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         -1,264.51         16.9           Total Other Current Assets         232,743.33         243,349.42         10,610.09         -9.3		Dec 31, 16	Dec 31, 15	\$ Change	% Change
Checking/Savings   A Checking Union Bank   92,534.41   1,934.17	ASSETS				
A Checking Union Bank					
Cash-UBOC Savings         1,934.17         1,934.17         2,446.21         2,446.21         2,446.21         Cash in Bank UBOC - Closed         59,168.51         -59,168.51         -100.00           Cash in Bank UBOC - Closed         59,088.51         -59,168.51         -102.57         -1.2           Cash on Hand Cash Register         50.00         50.00         250.00         250.00           WFB - Checking - Closed         250.00         20,393.14         -20,393.14         -10.00           WFB - Money Market - Closed         18,803.98         115,079.32         -6,275.34         -5.5           Accounts Receivable         302.84         21,244.68         -14,941.84         -70.3           Accounts Receivable         6,302.84         21,244.68         -14,941.84         -70.3           Other Current Assets         0         39,772.00         3,145.24         3.5           Inventory         7,378.52         6,356.55         1,021.87         16.1           Prepaid Expenses         6,157.15         7,411.66         -1,254.51         16.9           Undeposited Funds         11,163.60         3,485.11         7,688.49         220.9           Total Current Assets         232,743.33         243,349.42         -10,606.09         -4.4 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Cash - Ed Council Savings         2,446.21         2,446.21         5,9168.51         5,9168.51         -100.0           Cash in Bank Umpqua Credit Card         11,588.19         11,731.76         -142.57         -1.2           Cash on Hand Cash Box         250.00         250.00         250.00           WFB - Checking - Closed         250,393.14         -20,393.14         -100.0           WFB - Money Market - Closed         108,803.98         115,079.32         -5,275.34         -5.5           Accounts Receivable         6,302.84         21,244.68         -14,941.84         -70.3           Total Checking-Savings         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           Total Accounts Receivable         6,302.84         21,244.68         -14,941.84         -70.3           Other Current Assets         29,917.24         89,772.00         3,145.24         3.5           Inventory         7,378.62         6,366.65         1,021.87         16.1           Prepaid Expenses         6,157.15         7,411.66         -1,254.51         16.9           Total Other Current Assets         117,636.51         107,025.42         10,611.09<		• • • • • • • • • • • • • • • • • • • •	4 004 47	92,534.41	100.0%
Cash in Bank U-BDCC - Closed Cash in Bank U-BDCC - Closed Cash on Hand Cash Register Cash on Hand Cash Register Cash on Hand Cash Box Cash on Hand Cash Register Cash on Hand Cash Box Cash on Hand Cash Register Cash on Hand Cash Box WFB - Checking - Closed WFB - Money Market - Closed Fig. 105,003,003,003,003,003,003,003,003,003,0	•	•			
Cash in Bank Umpqua Credit Card Cash on Hand Cash Register Cash on Hand Cash Register Cash on Hand Cash Box WFB - Checking - Closed WFB - Money Market - Money Market - Mo		2,440.21	•	E0 169 E1	100.00/
Cash on Hand Cash Register         50.00         50.00           Cash on Hand Cash Blox         250.00         250.00           WFB - Checking - Closed         250.00         20,393.14         -20,393.14         -100.05           WFB - Money Market - Closed         19,105.53         -100.00         -19,105.53         -100.00           Total Checking/Savings         106,803.99         115,079.32         -6,275.34         -5.5           Accounts Receivable         6,302.84         21,244.68         -14,941.84         -70.3           Total Accounts Receivable         6,302.84         21,224.68         -14,941.84         -70.3           Other Current Assets         29,917.24         89,772.00         3,145.24         3.5           Inventory         7,378.52         6,356.55         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 Current Assets         117,693.51         107,025.42         10,611.09         9.9           Total Current Assets         217,433         243,349.42         -10,606.09         -4.4           Fixed Assets         819,90		11 590 10		•	
Cash on Hand Cash Box WFB - Checking - Closed WFB - Money Market - Closed         250.00 20,393.14 19,105.53         -10,105.53 -19,105.53         -100.00 -100.00           Total Checking/Savings         106,803.98         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           Cher Current Assets County Receivables         92,917.24         89,772.00         3,145.24         3.5           Inventory Prepaid Expenses         6,157.15         7,411.66         -1,254.51         -16.9           Undeposited Funds         11,163.60         3,485.11         7,698.49         220.9           Total Other 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. Furniture & Fixtures         6,486.90         -14,341.00         -1,045.00         -7.3*           TOTAL ASSETS         233,683.23         246,177.32         -12,614.09         -5.1*           LIBILITIES & EQUITY Liabilities         10,705.83         12,806.16         -2,100.33		•		-142.57	-1.2%
WFB - Checking - Closed         20,383.14 (19,105.53) (19,105.53) (100.00)         19,105.53 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.53) (100.00)         100.00 (19,105.54) (100.00) </td <td>•</td> <td></td> <td></td> <td>*</td> <td></td>	•			*	
WFB - Money Market - Closed         19,105.53         -19,105.53         -100.05           Total Checking/Savings         108,803.98         115,079.32         -6,275.34         -5.5           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           County Receivables         92,917.24         89,772.00         3,145.24         3.5           Inventory         7,378.52         6,366.65         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         819,90         10,682.00         -963.00         -90.0           Equipment Acc. Depr.         -15,386.00         -14,341.00         -1,045.00 </td <td></td> <td>250.00</td> <td></td> <td>20 202 44</td> <td>100.00/</td>		250.00		20 202 44	100.00/
Total Checking/Savings					
Accounts Receivable	•	100 003 00			
**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. Depr15,386.00 -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 233,563.23 246,177.32 -12,614.09 -5.1*  IABILITIES & EQUITY Liabilities Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.4*  Other Current Liabilities Accrued Payroll 6,012.22 5,966.83 55.39 0.9  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99  Sales Tax Payable 373.00 287.00 86.00 30.09  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Restricted Funds 2,446.21 2,446.21		100,000.90	115,079.32	-0,275.34	-5.5%
Other Current Assets         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         9,719.00         10,682.00         -963.00         -9.0           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         -2,008.00         -71.0           Total Fixed Assets         819.90         2,827.90         -2,008.00         -71.0           TOTAL ASSETS         233,563.23         246,177.32         -12,614.09         -5.1           IABILITIES & EQUITY         Liabilities         10,705.83         12,806.16         -2,100.33         -16.45		6,302.84	21,244.68	-14,941.84	-70.3%
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   1.6.9     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   -2,008.00   -71.0     Total Fixed Assets   819.90   2,827.90   -2,008.00   -71.0     TOTAL ASSETS   233,563.23   246,177.32   -12,614.09   -5,1     Liabilities   Current Liabilities   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 Employee Benefits   12,301.16   9,306.30   2,994.86   32.2     Accrued Employee Benefits   12,301.16   9,306.30   2,994.86   32.2     Accrued Employee Benefits   12,301.16   9,306.30   14,113.16   704.18     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   30.00     Total Current Liabilities   68,329.52   86,710.08   -18,380.56   -21.29     Total Current Liabilities   68,329.52   86,710.08   -18,380.56   -21.29     Total Current Liabilities   68,329.52   86,710.08   -18,380.56   -21.29     Retricted Funds   2,446.21   2,446.21   -2,446.	Total Accounts Receivable	6,302.84	21,244.68	-14,941.84	-70.3%
Inventory	Other Current Assets				
Prepaid Expenses	County Receivables	92,917.24	89,772.00	3,145.24	3.5%
Prepaid Expenses	Inventory	7,378.52	6,356.65	1,021.87	16.1%
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. Depr15,386.00 -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 233,563.23 246,177.32 -12,614.09 -5.1  LIABILITIES & EQUITY  Liabilities  Current Liabilities  Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Other Current Liabilities  Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.29  Accrued Employee Benefits 10,012.22 5,956.83 55.39 0.9  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99  Sales Tax Payable 373.00 267.00 86.00 30.09  Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.09  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Founds Avaiting Disbursement 154,150.30 137,245.05 16,905.25 12.39  Restricted Funds 2,446.21 2,446.21	Prepaid Expenses	6,157.15	7,411.66	-1,254.51	-16.9%
Total Current Assets 232,743,33 243,349,42 -10,606,09 4.4.4  Fixed Assets Equipment 9,719.00 10,682.00 -963.00 -9.00  Equipment Acc. Depr15,386.00 -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 233,563.23 246,177.32 -12,614.09 -5.11  LIABILITIES & EQUITY  Liabilities  Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.45  Other Current Liabilities  Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.25  Accrued Payroll 6,012.22 5,956.83 55.39 0.99  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99  Sales Tax Payable 373.00 287.00 86.00 30.00  Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.00  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity  NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39  Restricted Funds 2,446.21 2,446.21	Undeposited Funds	11,183.60	3,485.11	7,698.49	220.9%
Fixed Assets Equipment 9,719.00 10,682.00 -963.00 -9.00  Equipment Acc. Depr15,386.00 -14,341.00 -1,045.00 -7.31 Furniture & Fixtures 6,486.90 6,486.90  Total Fixed Assets 819.90 2,827.90 -2,008.00 -71.01  TOTAL ASSETS 233,563.23 246,177.32 -12,614.09 -5.11  LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.45  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.45  Other Current Liabilities Accrued Payroll 6,012.22 5,956.83 55.39 0.99 Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19 Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.60  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99 Sales Tax Payable 373.00 287.00 86.00 30.09 Total Other Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39 Restricted Funds 2,446.21 2,446.21	<b>Total Other Current Assets</b>	117,636.51	107,025.42	10,611.09	9.9%
Equipment         9,719.00         10,682.00         -963.00         -9.00           Equipment Acc. Depr. Furniture & Fixtures         -15,386.00         -14,341.00         -1,045.00         -7.3°           Total Fixed Assets         819.90         2,827.90         -2,008.00         -71.0°           TOTAL ASSETS         233,563.23         246,177.32         -12,614.09         -5.1°           LIABILITIES & EQUITY         Liabilities         Current Liabilities         -2,100.33         -16.4°           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         10,705.83         12,806.16         -2,100.33         -16.4°           Accrued Employage Benefits         12,301.16         9,306.30         2,994.86         32.2°           Accrued Payroll         6,012.22         5,956.83         55.99         0.9°           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.6°           Payroll Liabilities         3,642.44         5,051.68	Total Current Assets	232,743.33	243,349.42	-10,606.09	-4.4%
Equipment Acc. Depr.					
Furniture & Fixtures 6,486.90 6,486.90  Total Fixed Assets 819.90 2,827.90 -2,008.00 -71.01  FOTAL ASSETS 233,563.23 246,177.32 -12,614.09 -5.11  LIABILITIES & EQUITY  Liabilities  Current Liabilities  Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.41  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.41  Other Current Liabilities  Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.25  Accrued Payroll 6,012.22 5,956.83 55.39 0.95  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.115  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.63  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.95  Sales Tax Payable 373.00 287.00 86.00 30.05  Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.05  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.25  Total Liabilities 68,329.52 86,710.08 -18,380.56 -21.25  Equity  NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.35  Restricted Funds 15,4150.30 137,245.05 16,905.25 12.35	Equipment	9,719.00	10,682.00	-963.00	-9.0%
Total Fixed Assets 819.90 2,827.90 -2,008.00 -71.01 TOTAL ASSETS 233,563.23 246,177.32 -12,614.09 -5.11  LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.45  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.45  Other Current Liabilities Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.25 Accrued Payroll 6,012.22 5,956.83 55.39 0.99 Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19 Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69 Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99 Sales Tax Payable 373.00 287.00 86.00 30.09 Total Other Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39 Restricted Funds 23,446.21 2,446.21			•	-1,045.00	-7.3%
TOTAL ASSETS 233,563.23 246,177.32 -12,614.09 -5.14  LIABILITIES & EQUITY  Liabilities  Current Liabilities  Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Other Current Liabilities  Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.29  Accrued Payroll 6,012.22 5,956.83 55.39 0.99  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99  Sales Tax Payable 373.00 287.00 86.00 30.09  Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.09  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity  NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39  Restricted Funds 2,446.21 2,446.21				-2 008 00	-71.0%
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable *Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Other Current Liabilities Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.29 Accrued Payroll 6,012.22 5,956.83 55.39 0.99 Deferred Revenue 16,117.46 2,004.30 14,113.16 704.119 Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99 Sales Tax Payable 373.00 287.00 86.00 30.09 Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.09  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39 Restricted Funds					-5.1%
Liabilities         Current Liabilities         Accounts Payable       10,705.83       12,806.16       -2,100.33       -16.49         Total Accounts Payable       10,705.83       12,806.16       -2,100.33       -16.49         Other Current Liabilities       12,301.16       9,306.30       2,994.86       32.29         Accrued Employee Benefits       12,301.16       9,306.30       2,994.86       32.29         Accrued Payroli       6,012.22       5,956.83       55.39       0.99         Deferred Revenue       16,117.46       2,004.30       14,113.16       704.19         Funds Awaiting Disbursement       19,177.41       51,297.81       -32,120.40       -62.69         Payroll Liabilities       3,642.44       5,051.68       -1,409.24       -27.99         Sales Tax Payable       373.00       287.00       86.00       30.09         Total Other Current Liabilities       57,623.69       73,903.92       -16,280.23       -22.09         Total Current Liabilities       68,329.52       86,710.08       -18,380.56       -21.29         Equity       NET unrestricted assets       154,150.30       137,245.05       16,905.25       12.39         Restricted Funds       2,446.21	IABII ITIES & FOUITY				
Accounts Payable         10,705.83         12,806.16         -2,100.33         -16.49           Total Accounts Payable         10,705.83         12,806.16         -2,100.33         -16.49           Other Current Liabilities         12,301.16         9,306.30         2,994.86         32.29           Accrued Employee Benefits         12,301.16         9,306.30         2,994.86         32.29           Accrued Payroll         6,012.22         5,956.83         55.39         0.99           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30					
*Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Total Accounts Payable 10,705.83 12,806.16 -2,100.33 -16.49  Other Current Liabilities  Accrued Employee Benefits 12,301.16 9,306.30 2,994.86 32.29  Accrued Payroll 6,012.22 5,956.83 55.39 0.99  Deferred Revenue 16,117.46 2,004.30 14,113.16 704.19  Funds Awaiting Disbursement 19,177.41 51,297.81 -32,120.40 -62.69  Payroll Liabilities 3,642.44 5,051.68 -1,409.24 -27.99  Sales Tax Payable 373.00 287.00 86.00 30.09  Total Other Current Liabilities 57,623.69 73,903.92 -16,280.23 -22.09  Total Current Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Total Liabilities 68,329.52 86,710.08 -18,380.56 -21.29  Equity  NET unrestricted assets 154,150.30 137,245.05 16,905.25 12.39  Restricted Funds 2,446.21 2,446.21					
Total Accounts Payable         10,705.83         12,806.16         -2,100.33         -16.49           Other Current Liabilities         Accrued Employee Benefits         12,301.16         9,306.30         2,994.86         32.29           Accrued Payroll         6,012.22         5,956.83         55.39         0.99           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21         2,446.21					
Other Current Liabilities         12,301.16         9,306.30         2,994.86         32.29           Accrued Employee Benefits         12,301.16         9,306.30         2,994.86         32.29           Accrued Payroll         6,012.22         5,956.83         55.39         0.99           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	*Accounts Payable	10,705.83	12,806.16	-2,100.33	-16.4%
Accrued Employee Benefits         12,301.16         9,306.30         2,994.86         32.29           Accrued Payroll         6,012.22         5,956.83         55.39         0.99           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	Total Accounts Payable	10,705.83	12,806.16	-2,100.33	-16.4%
Accrued Employee Benefits         12,301.16         9,306.30         2,994.86         32.29           Accrued Payroll         6,012.22         5,956.83         55.39         0.99           Deferred Revenue         16,117.46         2,004.30         14,113.16         704.19           Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21         2,446.21	Other Current Liabilities				
Deferred Revenue Funds Awaiting Disbursement         16,117.46 19,177.41         2,004.30 51,297.81         14,113.16 -32,120.40         704.19 -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21	Accrued Employee Benefits	12,301.16	9,306.30	2,994.86	32.2%
Funds Awaiting Disbursement         19,177.41         51,297.81         -32,120.40         -62.69           Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	Accrued Payroll	6,012.22	5,956.83	55.39	0.9%
Payroll Liabilities         3,642.44         5,051.68         -1,409.24         -27.99           Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	Deferred Revenue	16,117.46	2,004.30	14,113.16	704.1%
Sales Tax Payable         373.00         287.00         86.00         30.09           Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	Funds Awaiting Disbursement	19,177.41	51,297.81	-32,120.40	-62.6%
Total Other Current Liabilities         57,623.69         73,903.92         -16,280.23         -22.09           Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21         2,446.21	Payroll Liabilities .	3,642.44	5,051.68	-1,409.24	-27.9%
Total Current Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21         2,446.21	Sales Tax Payable	373.00	287.00	86.00	30.0%
Total Liabilities         68,329.52         86,710.08         -18,380.56         -21.29           Equity         NET unrestricted assets         154,150.30         137,245.05         16,905.25         12.39           Restricted Funds         2,446.21         2,446.21	<b>Total Other Current Liabilities</b>	57,623.69	73,903.92	-16,280.23	-22.0%
Equity       NET unrestricted assets       154,150.30       137,245.05       16,905.25       12.39         Restricted Funds       2,446.21       2,446.21	Total Current Liabilities	68,329.52	86,710.08	-18,380.56	-21.2%
NET unrestricted assets       154,150.30       137,245.05       16,905.25       12.39         Restricted Funds       2,446.21       2,446.21	Total Liabilities	68,329.52	86,710.08	-18,380.56	-21.2%
Restricted Funds 2,446.21 2,446.21	Equity				
Restricted Funds 2,446.21 2,446.21	NET unrestricted assets	154,150.30	137,245.05	16,905.25	12.3%
Net Income 8,637.20 19,775.98 -11,138.78 -56.39	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 Payroll Liabilities:Federal Withholding	0.41 -330.00
Payroll Liabilities:FICA	-290.50
Payroll Liabilities:FUTA	-290.30 -678.17
Payroll Liabilities:SDI	-070.17
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

## Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

<u>A</u>	For th	e 2013 calend	Jar ye	ar, or tax	year begii	ากเกฐ			2013,	and endin	ıg			•		
В	Check it	applicable:	С									D Employ	er ident	lification Number		
	ПА	dress change	ET.	DORADO	COUNT	У СНАМЕ	RER OF	COMMERCI	E			94-	1328	508		
	$\vdash$	me change			STREET			0011111101	-			E Teleph				
	$\vdash$	-			LE, CA							1				
	L. Init	tial return	1	CLITT	, OI	. 55007						530	.621	. 5885		
	Te	rminated	1													
	Arr	nended return										G Gross	eceipts	\$ 650,914	4.	
	Пав	plication pending	F N	ame and add	ress of princi	pal officer:					H(a) Is this	a group return	for subo	ordinates? Yes X	No	
		,	1	וד אכ ר	ABOVE						H(b) Are al	subordinate: attach a list	include		No	
_	Tayle	warnat atalus					(insart on )	14047/0	V1)	527	If 'No,'	' attach a list	(see in:	structions)		
<u> </u>		exempt status			X 501(c) (		(insert no.)	4947(a	)(1) 01	1 327	4					
<u>J</u>	Web	site: ► EL			NTY.OR	3						exemption n	umber			
K		of organization:		orporation	Trust	Associatio	n Other	<b>-</b>	LY	ear of forma	tion: 196	8 Ms	State of I	legal domicile: CA		
Pa	irt I	Summar	γ													
Name of the last o	1	Briefly descril	be the	organiza	tion's mis	sion or mos	t significar	nt activities:	SE	E BELC	)W	***************************************				
4.									==							
Governance																
ם																
Je.	2	Check this bo		Titthe	organizati	on disconti	nuod its or	erations or	dicno		ro than 25	% of its n				
Ö	3	Number of vo		nambars (	organizan of the anve	erning hody	/Part VI	ina 1a)	dispos	sed of file	10 (1011 20	70 01 113 11	1 3 I		19	
৽৶		Number of inc											4		$\frac{19}{19}$	
es	1	Total number			_	_	-	_					5		$\frac{19}{10}$	
₹		Total number											6			
Activities &	i	Total unrelate		•	•	-	•						7 a		<u>, 0</u>	
⋖		Net unrelated											7 b		<u>0.</u>	
	В	ivet urirelateu	busii	less taxat	Jie income	HOIH FOIH	1 990-1, 1111	e 34					/ D	-12,500	<u>u .</u>	
												rior Year		Current Year		
ø	•	Contributions	_	-								78,2		91,34		
2		Program serv										478,3	59.	495,320	<u>6.</u>	
Revenue	10	Investment in	come	(Part VIII	l, column (	(A), lines 3,	, 4, and 7d	) . <i></i>						-349	9.	
ŭ	11	Other revenue	e (Par	rt VIII, col	umn (A), l	ines 5, 6d,	8c, 9c, 10d	c, and 11e).				5,2	73.	12,06	5.	
	12	Total revenue	: – ac	d lines 8	through 1	l (must equ	ıal Part VII	I, column (A	A), line	12)		561,8	48.	598,38		
	13	Grants and si	milar	amounts	paid (Part	IX, column	(A), lines	1-3)			.			······································		
		Benefits paid													—	
		Salaries, othe									<u></u>	316 0	E 2	252 04	<u> </u>	
es es	ŀ			•			•	* * * * * * * * * * * * * * * * * * * *		•		316,8	33.	352,04	4.	
Expenses	16a	Professional 1	rundra	lising fees	s (Part IX,	column (A)	line lle)		• • • • •							
Đ,	b.	Total fundrais	ing e	xpenses (	Part IX, co	lumn (D), l	ine 25) ►									
ũ	17	Other expens	es (Pa	art IX col	umn (A) I	ines 11a-11	ld 11f-24e	,				241,617.		203,95	3	
		Total expense														
		•			•	•						558,4		555,99		
	19	Revenue less	expe	nses. Sub	otract line	18 from line	3 12					3,3				
Net Assets of Fund Balance			_								Beginnir	ng of Curren		End of Year		
38.6		Total assets (										135,3		187,652		
Z Z	21	Total liabilitie:	s (Par	t X, line 2	26)							55,4	95.	65,450	0.	
žŽ	22	Net assets or	fund	balances.	Subtract	line 21 from	line 20					79,8	12	122,202	2	
ba	πII															
Lane.													e 10 to 1			
comp	r penaitie olete. De	es of perjury, I decl claration of prepa	are mat irer (oth	i nave exami ier than offic	ined this returner) is başed o	n, including acco on all information	ompanying sch on of which pr	equies and states eparer has any	ments, a knowled	na to the besi ige.	t of my knowle	eage and belie	n, it is tri	ue, correct, and		
		16 1/1	7/	100	100	- A	18/1	-011			T		112	<del>1111 </del>		
		Signatu	10000	troop /	[ [] []	701		74 CC			l Da	··· ()		<i>[</i>		
Sig	ın	1. /												•		
He	re			BRENT-							EXEC	JTIVE I	DIRE	<u>C</u>		
		Type or	print n	ame and title	3.											
		Print/Type p	reparer	's name		Preparer's	signature			Date	-, -, -, -, -, -, -, -, -, -, -, -, -, -	Check 2	₹ if	PTIN		
Pai	d	TERRIE	Y 5	PROD'	HON	TERRT	E Y PI	NOH' DON				self-employe		P00059040		
	ia epare					ROD'HON		AIVI					L	7 0000000		
	e Onl	i				אטח שטוא	, Crm					<b>.</b>		0.4001.00		
US	e VIII	Firm's addre	:55	***************************************	AIN ST					·····		Firm's EIN		-0439189		
				PLACE	RVILLE,	CA 95	667					Phone no.	(530	0) 622-1731		
May	the IE	S discuss th	ie rati	urn with th	o propare	r chown ah	0102 (500	inctructions'	١					X Yes No	~	

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

Form 990 (2013)

TEEA0113L 11/08/13

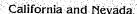
#### EL DORADO COUNTY CHAMBER OF COMMERCE

Unrela	ted Business Taxable Income		
Part I	Unrelated Trade or Business Income		
1 a Gro	b Less returns and allowances C Balance,. •	1 c	
	est of goods sold and/or operations (Schedule A, line 7)	2	
	oss profit. Subtract line 2 from line 1c	3	
	pital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) •	4 a	
	et gain (loss) from Part II, Schedule D-1	4 b	
<b>c</b> Ca	pital loss deduction for trusts	4 c	
5 Ind	come (or loss) from partnerships, limited liability companies, or S corporations. See specific line structions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	
6 Re	ntal income (Schedule C)	6	
<b>7</b> Un	related debt-financed income (Schedule D)	7	
	vestment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	
	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	
	ploited exempt activity income (Schedule G)	10	
	vertising income (Schedule H, Part III, Column A)	11	· · · · · · · · · · · · · · · · · · ·
	her income. Attach schedule	12	
	tal unrelated trade or business income. Add line 3 through line 12	13	
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated busine	es income	. }
14 Co	mpensation of officers, directors, and trustees from Schedule I	114	··/
	laries and wages	15	
	pairs	16	
	d debts	17	
	erest. Attach schedule	18	
	xes. Attach schedule	19	
	ntributions. See instructions and attach schedule	20	
	preciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)		
	ss: depreciation claimed on Schedule A. See instructions	21	
	pletion. Attach schedule	22	·
	ntributions to deferred compensation plans	23 a	
	aployee benefit programs. See instructions.	23 b	
	ner deductions. Attach schedule	24	
	tal deductions. Add line 14 through line 24	25	
	•	23	
26 Un	related business taxable income before allowable excess advertising costs. Subtract line 25 from		
	9 13	26	
	cess advertising costs (Schedule H, Part III, Column B)	27	12,500.
	related business taxable income before specific deduction. Subtract line 27 from line 26	28	-12,500.
	ecific deduction. See instructions.	29	
<b>30</b> Uni	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28  Tunder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	, ,	-12,500.
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	any amoni	ougo and solioi, it is true,
Here	Title   Date	<b>.</b>	
	Signature of	Telepho	ne .
	officer Talvel Trend Dury EXECUTIVE DIREC 18-15-14		621.5885
	Preparer's \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PTIN	
Paid	signature TERRIE Y. FROD HON ON ON ON COMPLETE STREET OF SIGNATURE OF		59040
re-		FEIN	
oarer's Jse	TERRIE Y. PROD'HON, CPA		439189
Only	601 MAIN ST.	Telephoi	18
-	PLACERVILLE, CA 95667	(530	
	In a second seco	Va Va	e No

059 3642134

1 0111	1 220	11 (2013) EL DORADO COUNTY CHAMBER OF COMMERCE	,			9	4-13	28508	7	Page 7
Pai	t III	Tax Computation			**************************************	******				
35	Org	anizations Taxable as Corporations. See instructions for tax computer	ation.				EAST N	I	<del></del>	
	Con	strolled group members (sections 1561 and 1563) check here ► S	ee inst	ruction	s and:					
ā		er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income				):				
	(1)				1	, -				
ł	Ente	er organization's share of: (1) Additional 5% tax (not more than \$11,7	50)	le						
_		Additional 3% tax (not more than \$100,000)					-			
_		ome tax on the amount on line 34								_
20	Tour	other tax of the amount of the 54	• • • • • •			• • • • • • • • •	35 c			0.
20		sts Taxable at Trust Rates. See instructions for tax computation. Inco	me tax	on the	amount	_				
		ine 34 from: Tax rate schedule or Schedule D (Form 10					36			
37	Prox	xy tax. See instructions	• • • • • •	· · · · · · ·			37			
38	Alte	rnative minimum tax					38			
39	Tota	al. Add lines 37 and 38 to line 35c or 36, whichever applies					39		***************************************	0.
Par	t IV	Tax and Payments						**************************************		***************************************
40 a	Fore	ign tax credit (corporations attach Form 1118; trusts attach Form 111	6)	40 a	<del></del>		0.500			***************************************
		er credits (see instructions)		40 b			1	1		
		eral business credit. Attach Form 3800 (see instructions)		40 c						
		tit for prior year minimum tax (attach Form 8801 or 8827)		40 d		·	-	i		
		I credits. Add lines 40a through 40d.					100 M	ı		_
41	Cubi	treat line 40s from line 20	• • • • • •	• • • • • • •		• • • • • • • • • •	40 e	<del></del>		0.
40	Othe	tract line 40e from line 39.	٦ <u>-</u>		· · · · · · · · · · · · ·		41			0.
42	Othe	er taxes. Check if from: Form 4255 Form 8611 Form 8697	] Form	8866						
	·	Other (attach schedule)		• • • • • •			42			
43	Tota	I tax. Add lines 41 and 42					43			0.
		ments: A 2012 overpayment credited to 2013		44 a						
b	2013	estimated tax payments		44 b			1			
C	Tax	deposited with Form 8868		44 c						
		ign organizations: Tax paid or withheld at source (see instructions)		44 d		·				
		rup withholding (see instructions)		44 e	<del></del>		16.5			
		it for small employer health insurance premiums (Attach Form 8941)		441						
		r credits and payments: Form 2439			·····					
9	-		_							
			►							
		payments. Add lines 44a through 44g					45			0.
		nated tax penalty (see instructions). Check if Form 2220 is attached					46			
47	Tax o	due. If line 45 is less than the total of lines 43 and 46, enter amount of	wed				47			
		payment. If line 45 is larger than the total of lines 43 and 46, enter ar					48			
49	Enter	r the amount of line 48 you want: Credited to 2014 estimated tax ►		•		efunded ►	49			
		Statements Regarding Certain Activities and Other In	orma	tion (						
7,388	At an	y time during the 2013 calendar year, did the organization have an interest	in ar a	nionati	ee mstruc	HOHS)			T	Г
•	finan	gial account thank convities or other) in a foreign account 3 16 VEC.	mora	. signatu	ire or other	authority ov	era		Yes	No
	-	cial account (bank, securities, or other) in a foreign country? If YES, the or	ganiza	tion ma	y have to	tile Form T	D F 90	-22.1,		
	керо	rt of Foreign Bank and Financial Accounts. If YES, enter the name of	the fo	reign co	ountry her	9 <b>-</b>				X
2	Durin	g the tax year, did the organization receive a distribution from, or was	s it the	granto	r of, or tra	nsferor to.	a foreid	ın trust?.		Х
	f YE	S, see instructions for other forms the organization may have to file.				,		,	SETTERS	P. S. T. S. L.
		the amount of tax-exempt interest received or accrued during the tax year	<b>.</b>	\$					1220	
		e A — Cost of Goods Sold. Enter method of inventory valuation ▶		<u> </u>		0.			13000	de ativ
								***************************************		
		tory at beginning of year	Inve	ntory at	t end of ye	ear	6			
		nases	Cos	t of god	ds sold. S	Subtract				
3 (	Cost	of labor			line 5. Ent					
4a/	Additio	nal section 263A costs (attach schedule)	and	in Part	I, line 2		7			
		4a					_		Yes	No
bo	Other c	P	Do ti	he rules	of section	n 263A (wit	h respe	ect to		450
	att. sci		prop	erty pro	duced or	acquired fo	r resale	e) apply	[A4.7]	77
<b>5</b>	otai.	Add lines 1 through 4b 5	to th	e orgar	ization?				1 1	Х
		Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base	ng schedi	ules and s	tatements, ar	d to the best o	my know	vledge and	····	
Sign		1 / Qual /3 /2 1 - 2-15-14						RS discuss II	nic return	with 1
Here		Signature of officer Date		VECOL	IVE DI	REC	the prepa	arer shown be	low (see	
				-			., 1211 UCI10	"" X Y	es	No
Del-I		Print/Type preparer's name	), pa	7/1	T	Check X if	PTI	N		
Paid		TERRIE Y. PROD'HON TERRIE Y PROD HON	W	WT			1		^	
Pre-	. 1		L	01/	<del>*/</del>	self-employed		005904	<u>U</u>	
parer		TERRIE 1. TROD HON, CLA				irm's EIN	<u>68-0</u>	439189		
Jse		Firm's address 601 MAIN ST.		·						
Only	l	PLACERVILLE, CA 95667				Phone no.	(53	0) 622	-173	1
BAE		TEEA0202L 12/23/13						Form 90		

Form 8879-EO	for an Exe	mpt Organization		OMB No. 1545-1878			
	For calendar year 2013, or fiscal year beginning			2012			
Department of the Treasury Internal Revenue Service	► Do not send to the linformation about Form 8879-EO a	the IRS. Keep for your record nd its instructions is at www	.irs.gov/form8879eo.	2013			
Name of exempt organization				Identification number			
EL DORADO COUNTY  Name and title of officer	CHAMBER OF COMMERCE		194-1.	328508			
LAUREL BRENT-BUM		EXECUTIVE I	TEEC				
	rn and Return Information (Wh		TILLE				
Check the box for the returned the check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, or	n for which you are using this Form 887'a, 3a, 4a, or 5a, below, and the amount of 5b, whichever is applicable, blank (do roo not complete more than 1 line in Part	9-EO and enter the applicable on that line for the return being the third point enter -0-). But, if you enter	ng tilea with this form	was blank, then			
1 a Form 990 check here.	> X b Total revenue, if any (Fo	orm 990. Part VIII. column (A)	). line 12)	1b598,387.			
2a Form 990-EZ check h	ere b Total revenue, if any	(Form 990-EZ, line 9)					
3a Form 1120-POL check	here b Total tax (Form	1120-POL, line 22)		3 b			
4a Form 990-PF check h	ere b Tax based on invest	ment income (Form 990-PF,	Part VI, line 5)	4 b			
5 a Form 8868 check here	e ▶ D b Balance Due (Form 8868	3, Part I, line 3c or Part II, line	e 8c)	5 b			
		0.70					
	nd Signature Authorization of		va avaminad a sanv s	f the erganization's 2012			
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 bo							
X authorize TERRIE	Y. PROD'HON, CPA  ERO firm name	to enter n	ny PIN 022	and the same of th			
on the organization's ta a state agency(ies) regi the return's disclosure o	x year 2013 electronically filed return. If ulating charities as part of the IRS Fed/s	I have indicated within this restate program, I also authoriz	do not enter	all zeros ne return is being filed with			
indicated within this retu	nization, I will enter my PIN as my sign urn that a copy of the return is being file PIN on the return's disclosure consent	d with a state agency(ies) re-	ax year 2013 electron gulating charities as p	ically filed return. If I have part of the IRS Fed/State			
Officer's signature	und front Be	ent Date ►_	8141	4			
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 num above. I confirm that I am s Authorized IRS <i>e-file</i> Provide	eric entry is my PIN, which is my signat ubmitting this return in accordance with ers for Business Returns.	ure on the 2013 electronically the requirements of <b>Pub 416</b>	/ filed return for the o 3, Modernized e-File	roanization indicated			
ERO's signature ► TERRI	E Y. PROD'HON	Date ►					
ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So							
BAA For Paperwork Reduc	tion Act Notice, see instructions.			Form <b>8879-EO</b> (2013)			





www.prodhon-cpa.com

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

### Form **8879-EO**

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

For calendar year 2013, or fiscal year beginning \_\_\_\_\_\_, 2013, and ending 2013 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. 94-1328508 EL DORADO COUNTY CHAMBER OF COMMERCE EXECUTIVE DIREC LAUREL BRENT-BUMB Partil: 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. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here.... b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)..... **Battili** 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 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 returd, 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 X | authorize TERRIE Y. PROD'HON, to enter my PIN 02230 as my signature Enter five numbers, bu 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 **Pattilli** 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 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. PROD'HON ERO's signature TERRIE Y. 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)

OMB No. 1545-1878

California e-file Return Authorization for Exempt Organizations  Exempt Organizations  Exempt Organization name  EL DORADO COUNTY CHAMBER OF COMMERCE  Part I Electronic Return Information (whole dollars only)  1 Total gross receipts (Form 199, line 4).  2 Total gross receipts (Form 199, line 8).  3 Total expenses and disbursements (Form 199, Line 9).  2 Total gross income (Form 199, line 8).  4 Electronic funds withdrawal 4a Amount  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  6 Account number  7 Type of account: Checking Savings  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 banace 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 and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the	TB						
EL DORADO COUNTY CHAMBER OF COMMERCE  Part I Electronic Return Information (whole dollars only)  1 Total gross receipts (Form 199, line 4).  2 Total gross income (Form 199, line 8).  3 Total expenses and disbursements (Form 199, Line 9).  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  6 Account number  7 Type of account: Checking Savings  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 fee liability and all applicable interest and penalties. I authorize the exempt organization return or understand that if the Franchise 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 to disclose to the ERO, intermediate service provider, the reason(s) for the delay.	1						
EL DORADO COUNTY CHAMBER OF COMMERCE  Part I Electronic Return Information (whole dollars only)  1 Total gross receipts (Form 199, line 4)	ΕO						
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Sign   Signature of Officer   SI414   EXECUTIVE DIRECTIVE DIRECTIV							
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's signature August Parallel Pater   Date   1/1/9   Check if also paid   Self-preparer   X   ERO's PTIN   P00059040							
Must Firm's name (or yours TERRIE 1. PROD'HON, CPA FEIN							
Sign is self-employed) and address 601 WAIN ST. 68-0439189							
PLACERVILLE CA   ZIP Code   95667  Under penalties of perjury,   declare that   have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I make this declaration based on all information of which   have knowledge.							
Paid preparer's PTIN  Paid signature Paid preparer's PTIN							
Preparer Must Firm's name							
Sign (or yours if self- employed) and address ZIP Code							
For Privacy Notice, get form FTB 1131 ENG/SP.  FTB 8453-EO 201							

#### Form 990

#### **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

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.

For the 2013 calendar year, or tax year beginning 2013, and ending D Employer Identification Number Check if applicable: EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Address change E Telephone number 542 MAIN STREET Name change PLACERVILLE, CA 95667 Initial return 530.621.5885 Terminated G Gross receipts \$ 650,914 Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer: Yes Application pending H(b) Are all subordinates included?
If 'No,' atlach a list. (see instructions) SAME AS C ABOVE ) (insert no.) Tax-exempt status 501(c)(3) X 501(c) ( 6 4947(a)(1) or H(c) Group exemption number Website: ► ELDORADOCOUNTY.ORG L Year of formation: 1968 M State of legal domicile: CA X Corporation Trust Other > Form of organization: Summary Part I Briefly describe the organization's mission or most significant activities: Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... Total number of volunteers (estimate if necessary)..... 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ..... b Net unrelated business taxable income from Form 990-T, line 34..... -12,500. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 78,216 91,345. /enne Program service revenue (Part VIII, line 2g) ..... 478,359 495,326. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... -349 æ Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 5,273 12,065 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 561,848 598,387 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) . . . . 316,853 352,044 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)...... 241,617 203,953. 555,997. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)........... 558,470. 3,378 Revenue less expenses. Subtract line 18 from line 12...... 42,390 Beginning of Current Year End of Year Total assets (Part X, line 16) . . 135,307. 187,652 21 Total liabilities (Part X, line 26) ..... 55,495. 65,450. Net assets or fund balances. Subtract line 21 from line 20..... 79.812 122,202 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. Signature of officer Sign Here LAUREL BRENT-BUMB EXECUTIVE DIREC Type or print name and title. Date Print/Type preparer's name Preparer's signature Check TERRIE Y. PROD'HON P00059040 PROD'HON self-employed TERRIE Y. Paid ► TERRIE Y. PROD'HON, CPA Preparer Use Only 601 MAIN ST. Firm's EIN ► 68-0439189 Firm's address PLACERVILLE, CA 95667 (530) 622-1731 Yes No BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 11/08/13 Form 990 (2013)

Form 990 (2013) EL DORADO COUNTY CHAMBER OF COMMERCE	94-1328508	Page 2
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?		VI Na
If 'Yes,' describe these new services on Schedule O.	Yes	X No
·		<del></del>
3 Did the organization cease conducting, or make significant changes in how it conducts, any progra	am 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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the anx others, the total expenses, and revenue, if any, for each program service reported.	n services, as measured by ex ount of grants and allocations to	penses.
4a (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
THE MISSION OF THE CHAMBER IS TO ADVOCATE PROMOTE A STRONG, H		<del></del>
BUSINESS COMMUNITY TO PRESERVE THE QUALITY OF LIFE IN EL DORA		
***************************************		
4b (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
THE CHAMBER ALSO PROVIDES A CENTRALIZED AGENCY FOR VISITORS A	ND BUSINESSES THAT	ARE
INTERESTED IN VISITING OR LOCATING IN THE COUNTY.		
144 144 147 147 147 147 147 147 147 147		
PRF 2007 DEC 1007 SEC		
NOT TOO THE CAS CON		
4 c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
THE FILM COMMISSION WORKS TO ATTRACT VARIOUS MEDIA TO PRODUCE		<u> </u>
		ADO
COUNTY. IN 2013 THE ESTIMATED ECONOMIC IMPACT FOR THE COUNTY	WAS \$1, 761, 000.	
with the first man and and and the first size and t		
Ad Other program services (Describe in Schedule O.)		
4 d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$ ) (Revenue	) )	
4 e Total program service expenses ►		

1.00			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	1	103	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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.	3		х
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	4		
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	5		х
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.	6		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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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.	9		х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	11 a	Х	
1	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.	11 b		Х
•	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.	11 c		Х
(	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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
ł	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	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	14b		Х
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.	15		Х
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	16		Х
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).	17		Х
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.	18	х	
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.	19		Х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
Ł	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Pa	irt IV::  Checklist of Required Schedules <i>(continued)</i>			
*			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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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> .	23		x
		23	ļ	<del>  ^</del>
24	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25	a 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? If 'Yes,' complete Schedule L, Part I	25a		<u> </u>
	<b>b</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</i> ,' <i>complete Schedule L, Part l</i>	25b		
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? If so, complete Schedule L, Part II	26		х
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? If 'Yes,' complete Schedule L, Part III.	27		х
	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):			1000 m
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
•	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>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	olf '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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		***************************************
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? If 'Yes,' complete Schedule R, Part VI	37		Х
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	38		Х
RΔΔ		Form	gan /	2013)

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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		П
	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0 7	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	P. 5
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?	2b 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?	За Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	ЗЫ Х	
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)?		х
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?	5a	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?	ба	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Marin Color
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?	7a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did th supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	e 8	
9 Sponsoring organizations maintaining donor advised funds.		100
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	a topo a tipo c
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b		
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?	13a	The second second
Note. See the instructions for additional information the organization must report on Schedule O.	WELL STATE	
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	_	
C Line amount of receives on hand in the control of	14a	X
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	Form 990 (	(2012)
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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.

Se	ction A. Governing Body and Management		1	T .:
4	a Enter the number of voting members of the sourceing hady at the and of the towns at the	(889-255V)	Yes	No
ı	a Enter the number of voting members of the governing body at the end of the tax year	1	Targar Targar	151
	b Enter the number of voting members included in line 1a, above, who are independent   1b   19			
2		2		x
3		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5		L	<del> </del>	$\frac{X}{X}$
6		6	Х	<u> </u>
	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?	Ť		
	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?		**	Х
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?	8 b		Х
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu		
30.	a Did the organization have local chapters, branches, or affiliates?	10-	Yes	No X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		
•	operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	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	
ŀ	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	4.00		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
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		Х
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	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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
b	olf '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		
Sec	tion 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) avinspection. Indicate how you make these available. Check all that apply.	ailable	for p	ublic
	Own website Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  SEE SCHEDULE O	ble to		
	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			

Form 990 (2013) EL DORADO COUNT	TY CHAM	BER	OF	C	ИМС	MERC	E		94-1328		
Part VII   Compensation of Officer	s, Direc	tors,	Tru	ıste	ees	, Key	/ Er	nployees, Highes	t Compensated I	Employees, and	
Independent Contractors	5										
Check if Schedule O contains a											
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	com	pen	sati	on wa	s pa	iid.			
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'</li> </ul>											
• 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 or	fficers, ke	v emp	love	es.	and	highe	est c	ompensated employe	es who received more	e than \$100,000	
of reportable compensation from the organization	ion and any	/ relate	ed o	rgan	izat	ons.					
<ul> <li>List all of the organization's former direct</li> </ul>	ors or trus	tees th	nat re	eceiv	ed,	in the	capa	city as a former director	or trustee of the		
organization, more than \$10,000 of reportal											
List persons in the following order: individue employees; and former such persons.	al trustees	or di	rect	ors;	inst	itutior	nal tr	rustees; officers; key	employees; highest c	ompensated	
Check this box if neither the organization n	or anv rela	ted or	aani	zatio	n c	ompen	sate	d any current officer, di	rector, or trustee.		
Officer this box is trained the organization of	1		3	((							
<b>/</b> A\	(B)	Positi	on (d			k more	than	(D)	(E)	(F)	
(A) Name and Title	(B) Average	one b	ox, ur	less	perso	on is bo	th an	Reportable	Reportable	Estimated	
	hours per week (list		-					compensation from the organization	compensation from related organizations	amount of other compensation	
	any hours for related	or di	nsti	Officer	Key employee	mg digh	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organiza- tions	rect du	utio	Ř	emp emp	est	eq			and related organizations	
	below dotted	우물	122		loye	le Sign				Î	
	line)	Individual trustee or director	nstitutional trustee		"	ens					
			ස			Highest compensated employee					
(1) KIRK BONE	0										
DIRECTOR	0	Х						0.	0.	0.	
(2) KEN CALHOON	0										
DIRECTOR	0	Х						0.	0.	0.	
(3) VICKI BARBER, ED.D.	0										
DIRECTOR	0	Х						0.	0.	0.	
(4) RICHARD ESPOSITO	0										
VICE PRESIDENT	0	X						0.	0.	0.	
(5) KEVIN BROWN	0										
DIRECTOR	0	X						0.	0.	0.	
(6) SUSAN FARRIS-VANDELIND	0										
DIRECTOR	0	X						0.	0.	0.	
(7) SUSIE DAVIES	0										
DIRECTOR	0	X						0.	0.	0.	
(8) MIKE KOBUS	0			0							
DIRECTOR	0	X						0.	0.	0.	
(9) LEONARD GRADO	0										
DIRECTOR	0	X						0.	0.	0.	
(10) GREGG MCKENZIE	0										
DIRECTOR	0	X						0.	0.	0.	
(11) DOLLY WAGNER	00										
DIRECTOR	0	Х						0.	0.	0.	
(12) HOWARD PENN	0							1			
DIRECTOR	0	Х						0.	0.	0.	
(13) DUANE WALLACE	0										
DIRECTOR	0	Х						0.	0.	0.	
(14) BARBARA WINN	0							2			
DIRECTOR	0	Х						0.	0.	0.	

Page 8

Part VII   Section A. Officers, Directors, Trus	tees,	ney	En	pie	oye	es,	an	a Hignest Con	ipensated Emp	loyees (continued)
<b>(A)</b> Name and title	hours bo		, unle cer a	check ess pend a o	sition more erson direct	than is bot or/trus	h an stee)	Reportable	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza - tions below dotted line)	ndividual trustee r director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1039-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) BILL RANDALL PAST PRES	0_			х				0.	0.	0.
(16) SHELLY WINZELER DIRECTOR	0_			Х				0.	0.	0.
(17) BRIAN JENSEN PAST PRESIDENT	0_0			х				0.	0.	0.
(18) MARK LUSTER PRESIDENT	0_0			Х				0.	0.	0.
(19) LAUREL BRENT-BUMB EXECUTIVE DIR.	<u>40</u> 0			х				72,144.	0.	0.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
b Sub-total.      c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	<b>A</b>	. <b></b>				1	<b>* *</b>	72,144. 0. 72,144.	0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited to from the organization ► 0							ed i		~ ' '	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	, or trus	stee,	key	em	ploy	ee, c	or h	ighest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	.han \$15	50,00	Ó? I	f 'Ye	es' d	omp	lete	er compensation f e Schedule J for	rom 	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	ompens complet	atior e <i>Scl</i>	n fro hedu	m a ule .	iny ( <i>I for</i>	inrel sucl	ate h pe	d organization or i	ndividual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed inde	nend	ent	con	trac	tore	that	t received more th	an \$100 000 of	
compensation from the organization. Report compensation	ion for t	ne ca	lend	ar y	ear e	endin	ig w	ith or within the org	anization's tax year.	(C)
Name and business addres	S	***************************************					$\dashv$	Description of	f services (	Compensation
Total number of independent contractors (including but	not limit	ed to	thos	e lis	ted	abov	e) w	vho received more t	han	
\$100,000 of compensation from the organization										
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3,72.5	Check if Schedule O contains a resp	1977 - Service to the		(B)	(C)	(D)
			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
2 0	1 a Federated campaigns 1a					
AN	b Membership dues 1b					
NO.	c Fundraising events					
IFTS ARA	d Related organizations 1d					
S,G	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	91,345.				
IR DO	g Noncash contributions included in lines 1a-1f: \$					
S ₹	h Total. Add lines 1a-1f		91,345.			(10 mg/s/2015)
HE.		Business Code				
Ē	2a FEES & CONTRACTS GOV AGENCIES		345,706.	345,706.		
8	b MEMBERSHIP DUES & ASSESSMENTS		108,359.	108,359.		
2	c GROUP MEAL		17,570.	17,570.		
6	d ENTRY FEE		11,480.	11,480.		
A S			10,000.	10,000.		
GR.	e ADMIN FEE f All other program service revenue	WKS	2,211.		Control of the property of the analogation Control	
8	g Total. Add lines 2a-2f		495,326.			
	3 Investment income (including dividends	s, interest and				
	other similar amounts)					
	5 Royalties(i) Real	(ii) Personal			erija sitrijasi taka k	
	6a Gross rents	(11)				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	<b>&gt;</b>	an artist of an artist of a	t in that is bright for early west your a size	La la grafe e regio son aprilato provincia a ser in la el essale	Mary John Miller Color Services
	(i) Socurities	(ii) Other		Z PRESENTACIONES		
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	349.				
	c Gain or (loss)	-349.				
	d Net gain or (loss)		-349.	-349.		
	8a Gross income from fundraising events					
	(not including\$					
2	of contributions reported on line 1c).					
~	See Part IV, line 18	37,368.				
뿓	b Less: direct expenses	44,153.				
OTHER REVENU	c Net income or (loss) from fundraising e	vents >	-6,785.			-6,785.
	9 a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activ	ities ▶				
	10a Gross sales of inventory, less returns					
	and allowances					
	b Less: cost of goods sold					
l	c Net income or (loss) from sales of inve		-3,345.		NAC THE COLUMN WAY A STATE WAS A TOP	-3,345.
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	519100	22,195.	22,195.		
	b					<u> </u>
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		22,195.	100 CO	kers (1) his block by billion -	Part 100 100
	12 Total revenue. See instructions	<i>.</i>	598,387.	517,172.	O.	-10,130.

	rt IX Statement of Functional Exper				
Sec	ction 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All c	ther organizations must	complete column (A).	
	Check if Schedule O contains a				
Do 6b,	not include amounts reported on lines 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 5	Benefits paid to or for members				
6	trustees, and key employees	72,144.			
U	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.			
	Fees for services (non-employees):	20,334.			
	a Management				
	b Legal				
	Accounting				
	d Lobbying	765.			
	Professional fundraising services. See Part IV, line 17	·			
	- '				
	Investment management fees				
ŕ	(A) amount, list line 11g expenses on Schedule (1)				
12	Advertising and promotion	34,695.			
13	Office expenses	6,536.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	23,366.	<del></del>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,300.			
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.)				
а	RENT	31,950.			
b	PURCHASED_SERVICES	27,075.			
	PRINTING AND PUBLICATIONS	19,681.			
	GROUP MEAL CHARGES	17,808.			
	All other expenses	34,149.			
	Total functional expenses. Add lines 1 through 24e	555,997.			
	· • • • • • • • • • • • • • • • • • • •	333,331.			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

تتثنا		Check if Schedule O contains a response or note to	o any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	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 trustees, key employees, and highest compensated e Part II of Schedule L	officer	s directors		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
A S	7	Notes and loans receivable, net		,,.,,.,,		7	
Š	8	Inventories for sale or use			18,594.	8	20,791.
8 5 E T 5	9	Prepaid expenses and deferred charges	,		8,268.	9	5,419.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	f			
	l b	Less: accumulated depreciation	10b	18,581.	4,087.	10 c	3,938.
		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.
	17	Accounts payable and accrued expenses			46,743.	17	61,647.
	18	Grants payable				18	
	19	Deferred revenue			8,750.	19	3,803.
L	20	Tax-exempt bond liabilities				20	
A	21	Escrow or custodial account liability. Complete Part I				21	
I-ABI-T-ES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dire 1 disqu	ectors, trustees, alified persons.		22	
I	23	Secured mortgages and notes payable to unrelated th				23	
S		Unsecured notes and loans payable to unrelated third			<u></u>	24	**************************************
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			2.	25	
	26	Total liabilities. Add lines 17 through 25			55,495.	26	65,450.
N E		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
Ş	27	Unrestricted net assets			78,407.	27	119,756.
くろうに	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			1,405.	29	2,446.
O F		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck he	re ►			
たり立り	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment				31	
Ļ	32	Retained earnings, endowment, accumulated income,				32	
い所の名と「シロ	33	Total net assets or fund balances			79,812.	33	122,202.
Š	34	Total liabilities and net assets/fund balances		,	135,307.	34	187,652.
DΛ	^						Form 990 (2013)

Form 990 (2013) EL DORADO COUNTY CHAMBER OF COMMERCE	94-1328	508 Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		,
7 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))		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
<ol> <li>Accounting method used to prepare the Form 990:</li></ol>	r reviewed on a	
separate basis, consolidated basis, or both:	Torionou on u	
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	·	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explin Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	За Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
BAA		Form <b>990</b> (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		Employer identification number
7	EL DORADO COUNTY CHAMBER OF C	OMMERCE	94-1328508
}	Organization type (check one):		
	Filers of:	Section:	
7	Form 990 or 990-EZ	X 501(c)( 6 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a	private foundation
1		527 political organization	
-1			
	Form 990-PF	501(c)(3) exempt private foundation	
3		4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
-1		501(c)(3) taxable private foundation	
, ,	Check if your organization is covered by the Ge	neral Rule or a Special Rule	
1	Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
. }	General Rule		
	X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
	oonalest (compete a see a see a see		
}	Special Rules		
)	For a section 501(c)(3) organization filing For	orm 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 VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I ar	the greater of (1) \$5,000 or
	For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contributuse <i>exclusively</i> for religious, charitable, scientific, literary, or	or, during the year,
	the prevention of cruelty to children or anim	als. Complete Parts I, II, and III.	causational parposos, or
}	For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contributo haritable, etc, purposes, but these contributions did not total to ກ	or, during the year,
	If this boy is checked, enter here the total contr	ibutions that were received during the year for an exclusively reli	gious, charitable, etc.
-		ss the <b>General Rule</b> applies to this organization because it receiv ,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 Sch 2, of its Form 990; or check the box on line H of its Form 9	redule B (Form 990, 990-EZ, or
Total Parket	Part I, line 2, to certify that it does not meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 99	0-PF).
	BAA For Paperwork Reduction Act Notice, see or 990-PF.	the Instructions for Form 990, 990EZ, Schedule B (F	Form 990, 990-EZ, or 990-PF) (2013)

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of 1 of Part 1
Name of org	panization RADO COUNTY CHAMBER OF COMMERCE	1	er identification number . 328508
	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY		Person X Payroll
,	4525 SERRANO PARKWAY	\$8,500	Noncash
	EL_DORADO_HILLS, CA_95762	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PG&E		Person X Payroll
	4636 MISSOURI FLAT ROAD	\$ <u>5,000</u> .	1 · -
	PLACERVILLE, CA 95667		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MOUNTAIN DEMOCRAT		Person
	2889 RAY LAWYER DRIVE	\$5,155.	Payroll X
	PLACERVILLE, CA 95667	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EL DORADO DISPOSAL		Person X
	PO BOX 1270	\$ 8,500.	Payroll Noncash
	DIAMOND SPRINGS, CA 95619		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash
			(Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ADVERTI	SING		
		\$5,155	<u>-</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(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
		\$	

(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,' 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

Open to Public Inspection

EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 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 ..... 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?..... No 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 No impermissible private benefit?.... Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements..... 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ 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)?..... 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 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: Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X ..... 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.... ► S

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

TEEA3301L 10/02/13

Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 EL DO	ORADO CO	UNTY	CHAMBER OF	F COMMI	ERCE		94-132	8508		Page 2
Part III   Organizations Mainta	ining Coll	ection	s of Art, Hist	torical T	reasures, c	or Othe	r Similar Ass	ets (cor	ntinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession,	and othe	r records, check	any of the	following that a	are a sigr	nificant use of its o	collection		
a Public exhibition			<b>d</b> Loan	n or excha	inge programs	;				
b Scholarly research			e Othe	er						
c Preservation for future gener	rations		<del></del>							
4 Provide a description of the organize Part XIII.	ation's collec	ctions and	t explain how the	ey further t	he organization	n's exemp	t purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit o	or receive	donations of a	art, histori organizat	cal treasures,	or other	similar assets	Yes	Г	No
Part IV Escrow and Custodia								m 990.	Part	
line 9, or reported an	amount of	n Form	990, Part X,	, line 21				,		,
To be the conscionation on social tour					wile diama as at				***************************************	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custoai	an, or or	ner intermediar	ry for cont		mer asse		Yes	Г	No
b If 'Yes,' explain the arrangement	in Part XIII	and con	plete the follow	ving table:	:		L		<b></b>	
								Amount		
c Beginning balance						1	С			
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 a	mount on Fe	orm 990,	Part X, line 21	7		<del></del>		Yes		No
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	nere if the expla	antion has	been provide	d in Part	XIII			1
									<u> </u>	1
Part V Endowment Funds. C	omplete if	the or	ganization ai	nswered	'Yes' to Fo	orm 990	), Part IV, line	e 10.		
	(a) Currer		(b) Prior yea		(c) Two years bac		) Three years back	(e) Fou	r years	back
1 a Beginning of year balance										
<b>b</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 curre	ent year	end balance (lir	ne 1g, col	umn (a)) held	as:		·		
a Board designated or quasi-endowme	ent >		%							
<b>b</b> Permanent endowment	7	<u> </u>								
c Temporarily restricted endowmen	t ►		ે							
The percentages in lines 2a, 2b,	and 2c shou	ld equal	100%.							
3 a Are there endowment funds not in the organization by:	ne possession	n of the o	rganization that a	are held a	nd administered	d for the		ΓŸ	es	No
(i) unrelated organizations								3a(i)		
(ii) related organizations										
<b>b</b> If 'Yes' to 3a(ii), are the related o								3b		
4 Describe in Part XIII the intended	_		•					<u> </u>		1
Part VI Land, Buildings, and I										
Complete if the organization			'Yes' to Forn	n 990 F	Part IV line	11a S	ee Form 990	Part X	line	10
Description of property	Lation and			<b>,</b>			····			
		(a) Cost	or other basis vestment)	(b) Co basi	st or other is (other)	(c) A	ccumulated preciation	( <b>d</b> ) Boo	ok vali	ле
1 a Land										
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment					16,197.		14,385.		1,8	812.
<b>e</b> Other					6,322.		4,196.			126.
Total. Add lines 1a through 1e. (Column	n (d) must e	qual For	m 990, Part X,	column (E						938.
BAA							Schedul	e <b>D</b> (Form		

Part VII Investments — Other Securities.		N/A
Complete if the organization answered		, 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)		
<u>(6)</u> (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	37/3	
Part IX Other Assets. Complete if the organization answered "	N/A 1990 Yes' to Form	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desc		(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 Y Other Liabilities		
Complete if the organization answered 'Yes' to Form	m 990, Part IV, line 11	e 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.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's fir	nancial 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	

Schedule D (Form 990) 2013 EL DORADO COUNTY CHAMBER OF COMME		94-1328508 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemer		Return. N/A
Complete if the organization answered 'Yes' to Form 990, F	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:		KAS
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	<u> </u>	2e
3 Subtract line 2e from line 1		L
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	i kata
a Investment expenses not included on Form 990, Part VIII, line 7b	12	
b Other (Describe in Part XIII.)	L	—
c Add lines 4a and 4b.	<u> </u>	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part XII Reconciliation of Expenses per Audited Financial Stateme		er Return. N/A
Complete if the organization answered 'Yes' to Form 990, P		
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		
<b>b</b> Prior year adjustments	2 b	
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
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>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
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; line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	Part IV, tines 16 and 26; Fiplete this part to provide a	'art V, iny additional information
	. — — — — — — — — — — — — — — — — — — —	
	·	
ЗАА		Schedule D (Form 990) 2013

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

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.
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

Internal Revenue Service			at w	ww.irs.go	//torm990.	1- 1- 1- 1-	In the same of the
Name of the organization  EL DORADO COUN	TY CHAMBER	OF COMMEN	RCE			Employer identific 94-132850	
Fundraising	Activities. Comp	lete if the orga	anization a	nswered "	Yes' to Form 990, Part	IV, line 17.	
1 01111 220 6	he organization	raised funds th	rough any	of the foll	owing activities. Check	call that applygovernment grants	
·	mail solicitations	3		f	Solicitation of gov	•	
c Phone solicita				g	<b>片</b> 。		
d In-person soli							
employees listed i	n Form 990, Par highest paid indiv	t VII) or entity iduals or entitie	in connec s (fundrais	tion with p		ors, trustees or key services?which the fundraiser is to	
compensated at le					(i.) Cross associate	(v) Amount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra	s of individual aiser)	of individual (ii) Activity ser)		fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
			Yes	No			
1							
2							
3		***************************************					
4							
5							
6							
7							
8							
9		· · · · · · · · · · · · · · · · · · ·					
10							
Total							0.
<ol><li>List all states in whi or licensing.</li></ol>	ch the organizatio	n is registered (	or licensed	to solicit co	ontributions or has been	notified it is exempt from	registration
			<u>-</u>				
			<b>-</b>				

Sch	edule	G (Form 990 or 990-EZ) 2013 EL DORA	ADO COUNTY CHAM	BER OF COMMERCI	E 94-13	28508 Page 2		
Pa	rt II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts groups.	event contribution	nswered 'Yes' to Fo s and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.		
R			(a) Event #1  GOLF TOURNAMEN (event type)	(b) Event #2  HANGTOWN HOLD (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))		
REVEZUE	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.		
	4	Cash prizes						
_	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
X	8	Entertainment		TO 18-TO 17-TO 18-TO				
EXPEZSES	9	Other direct expenses	direct expenses					
S	10 11	1 Net income summary. Subtract line 10 from line 3, column (d)						
Par	t III	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	-6,785. Ported more than		
REVENUE		Trefore on Term 530 EE, fine od.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
E E	1	Gross revenue			<i>-</i>			
E	2	Cash prizes						
DIRECT	3	Noncash prizes						
C S T E S	4	Rent/facility costs		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)	••••				
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, columi	n (d)				
a	Is th	er the state(s) in which the organization op- ne organization licensed to operate gaming o,' explain:	activities in each of the			Yes No		
		e any of the organization's gaming licenses			_	Yes No		

TEEA3702L 06/26/13

BAA

Schedule G (Form 990 or 990-EZ) 2013

	Sche	edule G (Form 990 or 990-EZ) 2013 EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Page	
,		Does the organization operate gaming activities with nonmembers?	,
	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 garming?	<b>o</b>
	13	Indicate the percentage of gaming activity operated in:	
	а	The organization's facility	웅
. 1	b	h An outside facility	ક ——
	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
		Name ►	
		Address >	
. 1	15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
	b	olf 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	
		of gaming revenue retained by the third party * \$	
	c	tf 'Yes,' enter name and address of the third party:	
,		Name •	- 7
. 1		Address ►	1
- 7			
	16	Gaming manager information:	
		Name ►	
		Gaming manager compensation ► \$	
,		Description of services provided	
		Director/officer Employee Independent contractor	
	17	Mandatory distributions	
17	а	als the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	)
- 1	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 ► \$	
	Par	TIV 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).	
		imornation (see instructions).	
- [			
. 1			
	BAA	TEEA3703L 06/26/13 Schedule <b>G</b> (Form 990 or 990-EZ) 2013	3

#### **SCHEDULE 0** (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

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 P.	ASS ON TO THE BOARD.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
NO DOCOMENTS AVAILABLE TO THE POBLIC.	
	. <b></b>
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

9			i Ex	empt Organization E	3usir	ness Incom	е Та	x Return		1	OMB !	No. 1545-0687	
7	F	orm <b>990-T</b>		(and proxy tax to ar 2013 or other tax year beginning _ ► See sep	under	section 6033	3(e))				2	2013	
1	Depar	rtment of the Treasury al Revenue Service	Information	► See sep on about Form 990-T and its in not enter SSN numbers on this form	nstructi	ions is available	at ww	w.irs.gov/form	990t		Open to Public Inspection for 501(c)(3) Organizations Only		
7	A	Check box if	<u>'</u>			hanged and see instru			I	D Em	ployer ider ployees' tr	ntification number	
	В	□ address changed Exempt under section		EL DORADO COUNTY C	HAMBI	ER OF COMME	ERCE			inst	ructions.)		
		X 501( C )( 6)	or	542 MAIN STREET	c c ¬				L	94-1328508 Unrelated business activity			
}		408(e) 220	O(e) Type	PLACERVILLE, CA 95	00/				I	E Un	related bu: Jes (See ir	siness activity nstructions.)	
		<b>—</b> · · · · — · — · · · · · · · · · · · ·	D(a)										
٠,		529(a)											
7	С	Book value of all assets a end of year		exemption number (See instruc			<del>П</del>		1			П	
1		187,65	4.	k organization type X	501(c	corporation	<u> </u>	(c) trust	J401	(a) tr	ust	Other trust	
, .	Ħ (	Describe the organiz	zation's primar	y unrelated business activity.									
η.	· 1 [	During the tax year	was the corpo	ration a subsidiary in an affilia	ated are	oup or a parent-s	subsidi	ary controlled	rou	p?	. <b>&gt;</b>	Yes X No	
1				fying number of the parent cor					•	•	ш	التا	
•		The books are in care			F		Te	elephone numb	er►	530	0.621	.5885	
, [				usiness Income		(A) Income	<del></del>	(B) Expen				C) Net	
1		Gross receipts or								3.0			
}		Less returns and allowa		c Balance►	1 c				73				
	2	Cost of goods sold	(Schedule A,	line 7)	2								
				line 1c									
1				Form 8949 and Schedule D)									
				7) (attach Form 4797)									
1					4 c								
ļ	5	Income (loss) from (attach statement)	n partnerships	and S corporations	5								
	6											<del></del>	
1	7	•		(Schedule E)	7								
-	8			m controlled organizations (Schedule F)	8								
,	9	Investment income of a	section 501(c)(7),	(9), or (17) organization (Sch G)	9								
į	10			(Schedule I)									
1	11	Advertising income	e (Schedule J).		11	22,	195.	34	, 69	5.		-12,500.	
)	12	Other income (See	instructions;	atlach schedule.)									
,					12								
				2		22,			<u>, 69</u>			-12,500.	
	Par			n Elsewhere (See instru									
_	14			ons must be directly con rs, and trustees (Schedule K)				·····		14	<del>)</del>		
	14 15									15			
}	16									16			
	17	•							-	17			
	18									18			
	19	Taxes and licenses	· \$			,			. 1	19			
	20	Charitable contribu	itions (See inst	tructions for limitation rules.).					. 2	20			
1	21								155 155 155				
-	22	Less depreciation of	claimed on Sch	nedule A and elsewhere on ret	urn	22 a			7	22 b			
.,	23									23			
į	24			sation plans						24			
	25									25			
.3				ule I)						26		<del></del>	
1	27			le J) e)						27 28			
	28 29			rough 28						29			
	30	Unrelated business	taxable incom	ne before net operating loss de	eductio	n. Subtract line 2	29 fron	1 line 13	. 13	30	<del></del>	-12,500.	
	31	Net operating loss	deduction (lim	ited to the amount on line 30)					. 3	31			
	32			ne before specific deduction. S						32		-12,500.	
	33	•		000, but see line 33 instruction						33			
	34	Unrelated business tax	able income. Sub	tract line 33 from line 32. If line 33 is	greater ti	nan line 32, enter the	smaller	or zero or line 32.	.   3	34		-12,500.	

	71 (2013) EL DORADO COUNTY CHAMBER OF COMMERCE 94	4-1328508	Page 4
Part III	Tax Computation		
35 Org	panizations Taxable as Corporations. See instructions for tax computation.	10.50	
Con	atrolled group members (sections 1561 and 1563) check here ► ☐ See instructions and:		
	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1991	
(1)			
	er organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	1888	
		4 1	
	Additional 3% tax (not more than \$100,000)	1866	_
	ome tax on the amount on line 34	35 c	0.
36 Trus	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
on I	ine 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37 Pro:	xy tax. See instructions	37	
38 Alte	ernative minimum tax	38	
	al. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
**************************************	Tax and Payments	1 1	
Complete Anna Complete Complete Anna Complet		\$2555965.	
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a	1 1	
	er credits (see instructions)	<b>_</b>	
<b>c</b> Gen	eral business credit. Attach Form 3800 (see instructions)		
d Cred	dit for prior year minimum tax (attach Form 8801 or 8827)	145.5	
e Tota	al credits. Add lines 40a through 40d	40 e	0.
41 Sub	tract line 40e from line 39	41	0.
42 Othe	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	42	
	al tax. Add lines 41 and 42	43	
	ments: A 2012 overpayment credited to 2013	43	0.
	3 estimated tax payments	1 1	
	deposited with Form 8868	]	
	eign organizations: Tax paid or withheld at source (see instructions) 44d		
e Back	kup withholding (see instructions)		
f Cred	dit for small employer health insurance premiums (Attach Form 8941) 44f		
<b>g</b> Othe	er credits and payments: Form 2439		
	Form 4136 ☐ Other Total ► 44 g		
	Il payments. Add lines 44a through 44g.	AE	•
	The state of the s	45	0.
	mated tax penalty (see instructions). Check if Form 2220 is attached	46	
	due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Over	rpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Ente	er the amount of line 48 you want: Credited to 2014 estimated tax Refunded	40	
	Returned -	49	
Part V		ļ	
	Statements Regarding Certain Activities and Other Information (see instructions)	49	I Van I Na
1 At ar	Statements Regarding Certain Activities and Other Information (see instructions)  ny time during the 2013 calendar year, did the organization have an interest in or a signature or other authority ov	49 er a	Yes No
1 At ar finan	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TI	<b>49</b> er a D F 90-22.1,	Yes No
1 At ar finan Repo	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority overcial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	er a D F 90-22.1,	X
1 At ar finan Repo	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority overcial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	er a D F 90-22.1,	X
1 At ar finan Repo 2 Durir	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here page the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as	er a D F 90-22.1,	X
1 At ar finan Repo	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as see instructions for other forms the organization may have to file.	er a D F 90-22.1,	X
1 At an finan Repo 2 Durin If YE 3 Enter	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   may be tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as the amount of tax-exempt interest received or accrued during the tax year.	er a D F 90-22.1,	X
1 At ar finan Repo 2 Durir If YE 3 Enter	Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority overcial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as see instructions for other forms the organization may have to file.  The amount of tax-exempt interest received or accrued during the tax year by the amount of Goods Sold. Enter method of inventory valuation by the second second sold.	er a D F 90-22.1,	X
1 At ar finan Repo 2 Durir If YE 3 Enter	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   may be tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as the amount of tax-exempt interest received or accrued during the tax year.	er a D F 90-22.1,	X
1 At ar finan Repo 2 Durir If YE 3 Enter 5 Schedul	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over incial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year in the amount of tax-exempt interest received or accrued during the tax year in the amount of tax-exempt interest received or accrued during the tax year interest in or a signature or other authority over the property of the foreign country here in the property of the foreign country have to file.  The A — Cost of Goods Sold. Enter method of inventory valuation in the property of the property of the property of the foreign country have to file.  The A — Cost of Goods Sold. Enter method of inventory valuation in the property of the property o	er a D F 90-22.1, a foreign trust	X
1 At ar finan Repo 2 Durir If YE 3 Enter Schedul 1 Inver 2 Purci	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over incial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Theory of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	er a D F 90-22.1, a foreign trust	X
1 At ar finan Report Property	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as a see instructions for other forms the organization may have to file.  If the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the grant of the form interest received or accrued during the tax year by the grant of the form interest received or accrued during the tax year by the grant of the grant of the form interest received or accrued during the tax year by the grant of the	er a D F 90-22.1, a foreign trust	X
1 At ar finan Report Property	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over it is account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The axis of the foreign country here   The proof of the foreign country here   The proof of the forms the organization may have to file.   The amount of tax-exempt interest received or accrued during the tax year   The proof of Goods Sold. Enter method of inventory valuation   The proof of Goods Sold. Enter method of inventory valuation   The proof of Goods Sold. Enter method of inventory valuation   The proof of Goods Sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	er a D F 90-22.1, a foreign trust	X
1 At ar finan Report Processing P	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over it is account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Independent of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as it is grantor of, or transferor to, as it is grantor of, or transferor to, as it is grantor of the foreign country here Independently of the foreign country here Indepe	er a D F 90-22.1, a foreign trust	Yes No
1 At ar finan Report Property	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over in a count (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here In the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the amount of tax-exempt interest received or accrued during the tax year In the grantor of, or transferor to, and the grantor of, or transferor to,	er a D F 90-22.1, a foreign trust  6 7 h respect to	Yes No
1 At ar finan Report Property of the Addition Report Property	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over in a count (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, the organization may have to file for the grantor of, or transferor to, and the grantor of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, the organization may have to file for the grantor of, or transferor to, and the grantor of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of Foreign Bank and Financial Accounts of the foreign Country here   The proof of	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply	Yes No
1 At ar finan Report Property of the Addition Report Property	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over incided account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  The A — Cost of Goods Sold. Enter method of inventory valuation ▶ and the property produced or accrued to the organization? ■  The cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.  The costs of goods sold in Part I, line 2.	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply	Yes No
1 At ar finan Report Programme Progr	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over including the 2013 calendar year, did the organization have an interest in or a signature or other authority over including the 2013 calendar year, did the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The property produced or account of the prope	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply	Yes No
1 At ar finan Report Processing P	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority over including account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form The ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   The proof of Foreign Bank and Financial Accounts If YES, the organization for a signature or other authority or the free in the grant of the foreign country here   The proof of Foreign Bank and Financial Accounts If YES, the organization for the property produced or acquired for the foreign country here   The proof of Foreign Bank and Financial Accounts If YES, the organization for transferor to fine for the foreign country here   The proof of the foreign country here   The proof of Foreign Bank and Financial Accountry here   The proof of Foreign Bank and Financial Accountry here   The proof of the foreign country here   The proof of Foreign Bank and Financial Accountry here   The proof of the foreign country here   The proo	er a DF 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. May the IRS discussions show	Yes No
1 At ar finan Report Programme Progr	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over incident account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as see instructions for other forms the organization may have to file.  If the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the foreign country first the amount of the tax year by the amount of tax-exempt interest received or accrued during the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the foreign country first the amount of the foreign country first the amount of the foreign country first	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply	Yes No  Yes No  X  X  X  X  And  Anss this return with  An below (see
1 At ar finan Report Processing P	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over including account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   get the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization may have to file.  The tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the grantor of the form in the present of the grantor of the grantor of the form the did not the grantor of the form the file.  The tax year of the foreign country here   get a cost of Goods Sold. Enter method of inventory valuation of labor.  The tax year of Goods Sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.  The foreign Bank and Financial Accounts of preparer (other than lax payer) is based on all information of which preparer has any based on all information of which preparer has any   EXECUTIVE DIREC Fille.	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. May the IRS discuthe preparer show instructions)?	Yes No
1 At ar finan Report 2 During If YE 3 Enter Schedul 1 Inver 2 Purch 3 Cost 4 a Addition b Other (att. sc 5 Total Sign Here	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over incident account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, as see instructions for other forms the organization may have to file.  If the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the foreign country first the amount of the tax year by the amount of tax-exempt interest received or accrued during the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the tax year by the foreign country first the amount of the foreign country first the amount of the foreign country first the amount of the foreign country first	er a DF 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. May the IRS discussions show	Yes No  Yes No  X  X  X  X  And  Ass this return with  In below (see
1 At ar finan Report 2 Durir If YE 3 Enter Schedul 1 Inver 2 Purch 3 Cost 4 a Addition b Other 5 Total Sign Here	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over including account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Thort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   get the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization may have to file.  The tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the grantor of the form in the present of the grantor of the grantor of the form the did not the grantor of the form the file.  The tax year of the foreign country here   get a cost of Goods Sold. Enter method of inventory valuation of labor.  The tax year of Goods Sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.  The foreign Bank and Financial Accounts of preparer (other than lax payer) is based on all information of which preparer has any based on all information of which preparer has any   EXECUTIVE DIREC Fille.	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. May the IRS discuttle prepare show instructions)?	Yes No  Yes No  X  X  X  X  X  X  X  Yes No
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1 At ar finan Report Paid Preparer	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority of incial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Tour of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization may have to file.  The amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt of tax-exempt of tax-exempt of tax-exempt of tax-exempt of tax-exempt	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. May the IRS discuttle prepare show instructions)?	Yes No  Yes No  X  X  X  X  X  X  X  X  X  X  X  X  M  X  Yes No
1 At ar finan Report Paid Preparer Use	Statements Regarding Certain Activities and Other Information (see instructions)  by time during the 2013 calendar year, did the organization have an interest in or a signature or other authority of incial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Theory of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt of the tax year by the amount of tax-exempt of the tax year by the amount of tax-exempt of the tax year by the amount of tax-exempt	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. When the preparer show instructions)? PTIN P00059 68-04391	Yes No  Y X  X  X  X  X  X  X  X  Ad  Ass this return with wholelow (see  Yes No  040  89
1 At ar finan Report Paid Preparer	Statements Regarding Certain Activities and Other Information (see instructions)  The during the 2013 calendar year, did the organization have an interest in or a signature or other authority of incial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form Tour of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here by the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, and the tax year, did the organization may have to file.  The amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt interest received or accrued during the tax year by the amount of tax-exempt of tax-exempt of tax-exempt of tax-exempt of tax-exempt of tax-exempt	er a D F 90-22.1, a foreign trust  6 7 h respect to r resale) apply f my knowledge ar knowledge. Whe preparer show instructions)? PTIN P00059 68-04391	Yes No  Y X  X  X  X  X  X  X  X  Ad  Ass this return with wholelow (see  Yes No  040  89

	ADO COUNTY C					and With Da		1328508	Page 3
Schedule C — Rent Incom	ie (From Real I	Property an	a Perso	nai Property	Leas	sea with Ke	ai Pro	perty) (see in	structions)
1 Description of property									
<u>(1)</u> (2)						, <u> </u>		<u>.</u>	
(3)									
(4)									
	2 Rent received	or accrued		···					
(a) From personal pro (if the percentage of rent for property is more than 10' more than 50%)	or personal % but not	(if the perc	entage of ceeds 50	ersonal property rent for person % or if the rent or income)	al	the incor	Deductions directly connected with income in columns 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	То	tal				(b) Total doducti	ione Ent	or	
here and on page 1, Part I, line	come. Add totals of columns 2(a) and 2(b). Enter  n page 1, Part I, line 6, column (A)					(b) Total deducti here and on page I, line 6, column (	1, Part B)	. <b>≻</b>	
Schedule E - Unrelated L	ept-rinanced	income (see	Instructio	ins)	20-	d		and with an a	llaaabla ta
1 Description of del	ot-financed propert	ty	or alloc	income from able to debt		debt-	finance	nected with or allocable to ced property	
			financ	ed property		(a) Straight line eciation (attach		(b) Other deductions (attach schedule)	
(1)			<u> </u>		<u> </u>				
(2)									
(3)					ļ				
(4)					ļ				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju or allocable to o property (attac	debt-financed	di	Column 4 vided by olumn 5	7 Gross incor reportable (colun column 6)				
(1)				%					
(2)				%		······································			
(3)			<u> </u>	9/0					
(4)			l	%					
Totals					Part I	, line 7, colum	age i, i	Enter here and Part I, line 7, co	on page 1, olumn (B).
Total dividends-received deduct							▶		
Schedule F - Interest, An	nuities, Royalt				Orga	anizations (s	ee inst	tructions)	
		Exempt Con	trolled Org	ganizations					
1 Name of controlled organization	2 Employer identification number	3 Net unr income ( (see instru	(loss)	4 Total of spe payments m					ed with
(1)									
(2)									
(3)						_			
(4)		<u> </u>							
Nonexempt Controlled Organizati									
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymen	specified ts made	included	in the	nn 9 that is controlling ross income		1 Deductions di onnected with in in column 1	ncome
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								<del></del>
(2)									
(3)									
(4)				1		110			
Takala				here and on		nd 10. Enter 1, Part I, line (A).		columns 6 and and on page 1, F 8, column (B	Part I, line
Totals				· <u> </u>				7-0489 <b>42144 %</b>	<b>20-X</b> -(2013)
BAA		TE	EA0203L 10	1103/13			1	/-U489 42'44 8	14128/5017)

1 Description of income  (1) (2) (3) (4)  Totals.   Schedule I — Exploited Exemption of exploited activity	Enter here and on Part I, line 9, colu	page 1, umn (A).	(a	ectly connected ttach schedule)	(attach sched		-asides (column 3 plus column 4)
(2) (3) (4)  Totals.   Schedule I – Exploited Exemp	Part I, line 9, colu	ımn (A).					
(3) (4)  Totals  Schedule I — Exploited Exemp	Part I, line 9, colu	ımn (A).				3	
Totals	Part I, line 9, colu	ımn (A).					
Totals	Part I, line 9, colu	ımn (A).			<del> </del>		
Totals	Part I, line 9, colu	ımn (A).			1	Enter	nere and on pag
Schedule I — Exploited Exemp		ŀ				Part I,	line 9, column (
		me, Oth	er Th	an Advertising	Income (see inst	tructions)	
	unrelated business income from trade or business	3 Expens connec produ	ses directled with uction related is income	y 4 Net income (loss) from unrelated trade or business (column 2 minus column 3).	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exem expenses (column minus column 5, not more than column 4).
(1)		<del> </del>	<del></del>	<u> </u>			
(2)		<del> </del>					
(3)		<del> </del>		<del> </del>			
(4)							
^otals ▶	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 ar on page 1, Part II, line 2
Schedule J — Advertising Incor	me (See instruction	7067					
Part I Income From Periodica	is Reported or	na Con	colida	tod Posis			······································
<u> </u>	2 Gross	3 Dir		4 Advertising gain or	E Circulation	6 Dandarahia	15.
1 Name of periodical	advertising income	advert cos	lising	(loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readersh costs (col 6 minus 5, but not more th col 4).
(1)							
(2) (3)				1			1
(4)				1			+
						***************************************	
otals (carry to Part II, line (5))							
Part II Income From Periodical 7 on a line-by-line basis.)	s Reported or	a Sepa	arate E	Basis (For each p	eriodical listed in F	Part II, fill in co	<u>I</u> lumns 2 through
1 Name of periodical	2 Gross advertising income	<b>3</b> Dire adverti cost	ising	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 readershi costs (col 6 minus c 5, but not more that col 4).
) VARIOUS PUBLICATIONS D	RING YEAR	****************	****	unough 7.			
2)	22,195.	34,	695.	-12,500.			
3)							
4)				Form - Union to the state of th			
5) Totals from Part I							
otals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, column (A) 22,195.	Enter her on pag Part I, II column	je 1, ne 11, i (B).				Enter here and on page 1, Part II, line 27
chedule K — Compensation of	Officers. Direc	tors, ar	695.	Stees (see instru	clions)	35 C. 2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (	<u></u>
1 Name		2 Title		3 Percent of time devoted to business		pensation attributable Inrelated business	
					8		
					%	<del>                                     </del>	
					8	<u> </u>	<del></del>
tal. Enter here and on page 1, Part II,					용		

## Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public Inspection

A	For the	2014 calen	dar year, or tax year b	eginning	, 2014	, and endi	ng			,	
В	Check if a	applicable:	C				1	D Emplo	yer ide	entification number	
:	Addr	ress change	EL DORADO COU	NTY CHAMBER OF C	COMMERCE		94-1328508				
	Nam	e change	542 MAIN STREE		)		- In	E Teleph			
	<del></del>	al return	PLACERVILLE, (				1				
	H		•				-	530	.62	1.5885	
•	<u> </u>	return/terminated					1.	_		<b>A</b>	
i	$\vdash$	nded relurn						Gross			
	Appl	ication pending	F Name and address of pr	·			H(a) Is this a				
			SAME AS C ABOY				H(b) Are all su If 'No,' at	ibordinale tach a Iist	s inclu: . (see i	ded? Yes No	
L	Tax-ex	empt status	501(c)(3) X 501(c)	) ( 6 ) <b>▼</b> (insert no.)	4947(a)(1) o	r 527	]		•	•	
J	Webs	site: ► EL	DORADOCOUNTY.C	RG			H(c) Group ex	emption n	umber	<b>&gt;</b>	
K	Form o	f organization:	X Corporation Trust	Association Other ►	· L	Year of format	ion: 1968	M	State o	of legal domicile: CA	
Pa	irt I	Summar	V								
سنسنا	1 B	riefly descri	be the organization's n	nission or most significar	nt activities: S	EE BELO	W				
- 40	ł			-	=	== ===					
Governance	_										
Ē											
Ş	2 C	heck this bo	x F if the organiz	ation discontinued its op	erations or disc	osed of mo	ore than 25%	6 of its	net a	assets.	
		umber of vo	ting members of the g	overning body (Part VI, I	ine 1a)				3	20	
<b>∞</b> δ	4 N	umber of inc	dependent voting mem	bers of the governing bo	dy (Part VI, line	e 1b)			4	19	
<u></u>	5 To	otal number	of individuals employe	ed in calendar year 2014	(Part V, line 2a	a)			5	9	
Activities &	6 To	otal number	of volunteers (estimat	e if necessary)					6	0	
Ą	7a To	otal unrelate	d business revenue fro	om Part VIII, column (C),	, line 12				7a		
	b N	et unrelated	business taxable inco	me from Form 990-T, line	e 34				7b	-32,978.	
							Pric	or Year		Current Year	
m				line 1h)				91,3	45.	74,485.	
ž				line 2g)				495,3		537,052.	
Revenue				n (A), lines 3, 4, and 7d)					49.		
Œ	11 0	ther revenue	e (Part VIII, column (A)	), lines 5, 6d, 8c, 9c, 10c	, and 11e)			12,0		3,991.	
	<b>12</b> To	otal revenue	<ul> <li>add lines 8 through</li> </ul>	11 (must equal Part VIII	l, column (A), li	ne 12)		598,3		615,528.	
	13 Gr	rants and sir	milar amounts paid (Pa	art IX, column (A), lines	1-3)						
	14 Be	enefits paid	to or for members (Pa	rt IX, column (A), line 4).							
				oyee benefits (Part IX, co			352,044.			357,277.	
Ses				X, column (A), line 11e).						331,211.	
Expenses								(65865944A	ach di	Cares Succession Commence Comm	
Χ				column (D), line 25) ►							
				), lines 11a-11d, 11f-24e)				203,9	53.	240,017.	
- 1				ıst equal Part IX, column				555,9	97.	597,294.	
	19 Re	evenue less	expenses. Subtract lin	e 18 from line 12				42,3		18,234.	
8 8							Beginning o			<del></del>	
Lesets Balanc	<b>20</b> To	ital assets (F	Part X, line 16)					87,6		233,172.	
A P			(Part X, line 26)					65,4		92,736.	
Net /	22 Ne	et assets or	fund balances. Subtrac	ct line 21 from line 20			1				
Pa		Signature					1	22,2	<u>uz.</u>	140,436.	
comp	lete. Decla	ration of prepare	er (other than officer) is based	return, including accompanying on all information of which prepa	schedules and staten arer has any knowled	nents, and to tr ige.	ne best of my kn	iowledge a	and be	liel, it is true, correct, and	
						···					
Sim	n	Signature	of officer	15-70s /		1.7	Date				
Sig Her	11 'A	TATTO	מעמה שונים ביי			N¢z"				.~	
1101	C		EL BRENT-BUMB rint name and title.			··	EXECUT.	IVE D	TKE	C	
		Print/Type pre		December 1		15.4			7	I == .	
				Preparer's signature		Date	Che	eck X	if	PTIN	
Pai			Y. PROD'HON	TERRIE Y. PRO	D'HON		sell	i-employe	d d	P00059040	
Pre	parer	Firm's name	TERRIE Y. F								
USE	Only	Firm's addres	s <u>601 MAIN S1</u>	1.			Firr	n's EIN 🏲	68	-0439189	
			PLACERVILLE					one no.	(53		
May	the IRS	discuss this	return with the prepa	rer shown above? (see ir	nstructions)					. X Yes No	
				e the separate instruction			0113L 05/28/14	1		Form <b>990</b> (2014)	

Form 9	90 (2014) EL DORADO COUNTY CHAMBER OF COMMERCE	94-1328508	Page 2
Part			
Land of St. Co.	Check if Schedule O contains a response or note to any line in this Part III		
1 B	riefly describe the organization's mission:		
9	SEE BELOW		
2 D	id the organization undertake any significant program services during the year which were not listed on the pri	ior	
	orm 990 or 990-EZ?	[]	es X No
	'Yes,' describe these new services on Schedule O.		
	id the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? \	es X No
	'Yes,' describe these changes on Schedule O.		
4 D	occibe the organization's program service accomplishments for each of its three largest program serv	ices as measured	hy expenses
S	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the tot	al expenses,
4a (0	Code: ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
	THE MISSION OF THE CHAMBER IS TO ADVOCATE PROMOTE A STRONG, HEAL	THY AND DIVE	RSE
	SUSINESS COMMUNITY TO PRESERVE THE QUALITY OF LIFE IN EL DORADO	COUNTY.	are and more even even read rains about non
-	TOTAL TARREST TO THE TARREST OF THE TARREST TO THE		
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	OTH THE THE SEE AND THE		
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41.75	Code: ) (Expenses \$ including grants of \$ ) (F	Revenue \$	
4b (0			, , , , , , , , , , , , , , , , , , ,
	HE CHAMBER ALSO PROVIDES A CENTRALIZED AGENCY FOR VISITORS AND I	DO2TME22E2 TI	HAT AKE
_1	NTERESTED IN VISITING OR LOCATING IN THE COUNTY.		
_			
_			
_			
4c (C	ode: ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
	HE FILM COMMISSION WORKS TO ATTRACT VARIOUS MEDIA TO PRODUCE PRO	OJECTS IN EL	DORADO
_	OUNTY. IN 2014 THE ESTIMATED ECONOMIC IMPACT FOR THE COUNTY WAS		
	VVIII _ 21.		·
_			
_			
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_			
	has program conjugs. (Describe in Schodule O.)		***************************************
	her program services. (Describe in Schedule O.)		
	xpenses \$ including grants of \$ ) (Revenue \$		
***************************************	otal program service expenses ►	Ē	orm <b>990</b> (2014)
BAA	TEEA0102L 05/28/14	F:	UIIII 334 (2014)

P	artiva   Checklist of Required Schedules		Tv	1 11-
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		Yes	No X
2	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		Х	
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	3		Х
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	4		
ţ	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	5		Х
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	6		Х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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.	9		х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
	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.	11 b		Х
	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.	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	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	14b		Х
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.	15		Х
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	16		Х
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).	17		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.	18	х	
	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.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 6		

Pa	ntive 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? If 'Yes,' complete Schedule I, Parts I and II	21		х
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? If 'Yes,' complete Schedule I, Parts I and III	22		х
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? If 'Yes,' complete Schedule J	23		х
24	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	٠	х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
1	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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? If 'Yes,' complete Schedule L, Part I	25a		
1	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? If 'Yes,' complete Schedule L, Part I	25b		
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? If 'Yes', complete Schedule L, Part II.	26		Х
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? If 'Yes,' complete Schedule L, Part III.	27		Х
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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete	204		
	Schedule L, Part IV	28b		X
(	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? If 'Yes,' complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf '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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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? If 'Yes,' complete Schedule R, Part VI	37		х.
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	38		X
BAA		Form	990 (2	2014)

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			г
	Chest it delicated a contains a response of those to any line in this rait v		Yes	No
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	27(0-2)	103	85 C
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1 c		37.5
	ments, filed for the calendar year ending with or within the year covered by this return 2a 9 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	X	
١	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	V	100 CH 110
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	Service.
	of If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		- 1	.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Sections.	X
t	of 'Yes,' enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	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		Х
Ŀ	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		
Ł	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		
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	İ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	25000	75 Y	
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		製造制	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		· · · · · · · · · · · · · · · · · · ·
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:		475	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Market States
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		经过	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		displace is
_	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ΔA	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	99n (2	2014

P	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow, iges	and in	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
		r	Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 19			12.52
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	The states of the control of the con	5		X
6		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	Х	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Luby	
	a The governing body?	8 a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		X
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu		
	Did the second of the best level about a best level at the second of the		Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	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	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	1,71,5		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	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		<u>X</u>
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	15a		X
	b Other officers or key employees of the organization.	15b	851942A3	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		<u> </u>
	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?	16 Ь		
Sec	ction 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 for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	ble
	Own website			
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availabeled the public during the tax year.  SEE SCHEDULE O	le to		
20				
	ELLEN VAUGHN 542 MAIN STREET PLACERVILLE CA 95667 530.621.5885			

Page 7

# 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.

	1	1		(C)	)						
(A) Name and Title	(B) Average hours per	thai	n one s ball	box.	unle: office: /trust		son a	(D) Reportable compensation from the graphical from the graphical from cellular graphical from cellular graphical from		(F) Estimaled amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) KIRK BONE	0	<del>                                     </del>									
DIRECTOR	0	Х						0.	0.	0.	
(2) KEN CALHOON	0									-	
DIRECTOR	0	Х						0.	0.	0.	
(3) GORDON HELM	0										
DIRECTOR	0	Χ						0.	0.	0.	
(4) KEVIN BROWN	0										
DIRECTOR	0	X						0.	0.	0.	
(5) SUSIE DAVIES	0										
DIRECTOR	0	X						0.	0.	0.	
(6) ADAM ANDERSON	0								·		
DIRECTOR	0	X						0.	0.	0.	
(7) BRIAN JENSEN	0										
DIRECTOR	0	Х						0.	0.	0.	
(8) LEONARD GRADO	0										
DIRECTOR	0	Х						0.	0.	0.	
(9) GREGG MCKENZIE	0										
DIRECTOR	0	X						0.	0.	0.	
(10) JEREMY MYERS	0										
DIRECTOR	0	X					[	0.	0.	0.	
(11) DOLLY WAGNER	0			1			- 1		Ì		
DIRECTOR	0	X						0.	0.	0.	
(12) HOWARD PENN	0]				1		ı	Ī	ļ		
DIRECTOR	0	Х						0.	0.	0.	
(13) DUANE WALLACE	0_										
DIRECTOR	0	X					_	0.	0.	0.	
(14) BARBARA WINN	0										
DIRECTOR	0	X						0.	0.	0.	

BAA

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Form 990 (2014)

Pa	art VII   Section A. Officers, Directors, Tru	rustees, Key Employees, an						an	d Highest Con	loyees (continued)			
1		(B) (C)											
	(A) Name and title	Average hours per week	offi	cer a	check ess pond a	erson direct	than is bol or/trus	th an stee)	compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation		
1		(list any hours for related organiza - tions	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
)		below dotted line)	ustee	trustee		ee	pensated						
(15)	CHRISTA CAMPBELL PRESIDENT	0 0			Х				0.	0.	0.		
(16)	RICHARD ESPOSITO PRESIDENT ELECT	0			Х				0.	0.	0.		
(17)	SUSAN VANDELINDER VICE PRESIDENT	0 0			X				0.	0.	0.		
(18)	MIKE KOBUS VICE PRESIDENT	0			Х				0.	0.	0.		
(19)	MARK LUSTER PAST PRESIDENT	0			х				0.	0.	0.		
(20)	LAUREL BRENT-BUMB EXECUTIVE DIR.	_ <u>40</u> _			х				76,765.	0.	0.		
(21)													
(22)													
(23)													
(24)													
(25)													
	Sub-total Total from continuation sheets to Part VII, Section	on A						<b>&gt;</b>	76,765. 0.	0. 0.	0. 0.		
	1 Total (add lines 1b and 1c).							_	76,765.	0.	0.		
	Total number of individuals (including but not limited from the organization ► 0	to those lis	sted a	abov	e) w	ho r	eceiv	red r	more than \$100,000	of reportable comp	ensation		
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										Yes No		
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	r than \$15	50,00	0? /	f 'Y	es' c	and o	othe lete	er compensation for Schedule J for	rom	4 X		
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	ation	ı fro	m a	nv ι	inrel suci	ated	d organization or i	ndividual	5 X		
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compens compensation from the organization. Report compens	ated inde ation for th	pend ne ca	ent lend	con ar y	trac ear e	tors endin	that ig w	t received more th ith or within the org	an \$100,000 of anization's tax year.			
	(A) Name and business addre	ess							(B) Description of	f services	(C) Compensation		
2	Total number of independent contractors (including but		ed to	thos	e lis	ted	abov	e) w	vho received more t	han			
BAA	\$100,000 of compensation from the organization	<del></del>	EA01	08L	03/09	/15	····				Form <b>990</b> (2014)		

7		Check if Schedule O contains a r	esponse or note to a	any line in this Part	VIII		[
				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Other Revenue Program Service Revenue and Other Similar Amounts	2 1	` <u>-</u>	1 a				
	3	·	l b				
	2		l c				
	5		1 d	_			
		e Government grants (contributions)	le			The Control	
	, in the second	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f:	74,485	_			
Di di	2	h Total. Add lines 1a-1f	'	7, ,,,			Victorial Control
	+	ii rotai, Add lines ra-it	Business Code	74,485			
E G	2	a FEES & CONTRACTS GOV AGENCIE		388,508	300 500		
Other Revenue Program Service Revenue and Other Similar Amounts		b MEMBERSHIP DUES & ASSESSMENT		103,395			
, 9		_		19,890			
Other Rental incord of contrict of contric		1	10,890		+		
	e admin fer	1	10,000	10,000.			
	f All other program service revenue	WKS	4,369	4,369.			
	g Total. Add lines 2a-2f		537,052				
		Investment income (including divide other similar amounts)		-			
	5	Royalties		-			
		(i) Real	(ii) Personal				
	6 8	a Gross rents		1			
	1	b Less: rental expenses					
	(	c Rental income or (loss)					
	0	d Net rental income or (loss)		•			
	7 a	a Gross amount from sales of assets other than inventory	(ii) Olher				
		Less: cost or other basis and sales expenses				÷	
	1	Gain or (loss)					
e E		d Net gain or (loss)					
leven		(not including \$ of contributions reported on line 1c).	-				
ı.	١.	See Part IV, line 18	27,130.	4			
Other Revenu		Less: direct expenses					
0	1	: Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19		665.			665.
	L	Less: direct expenses		ti i i i i i i i i i i i i i i i i i i			
	1	: Net income or (loss) from gaming ac	<u> </u>				
	1						STATE OF THE STATE OF THE
	10a	Gross sales of inventory, less returns and allowances	a 1 21 c				
	h	Less: cost of goods sold		4,316.			
		Net income or (loss) from sales of in	12/0001	-7,749.		MACAMA PLYTAKIETS (T	7 740
		Miscellaneous Revenue	Business Code	-1,149.			<u>-7,749.</u>
	11 a	ADVERTISING	519100	11,075.	11,075.		
				++,0,5.	11,013.		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		11,075.			
	12	Total revenue. See instructions		615,528.	548,127.	0.	-7,084.
				<u> </u>	<u> </u>		1,004.

Part IX Statement of Functional Expenses

360	Check if Schedule O contains a	response or note to a	nv line in this Part IX	complete column (A).	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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 5	Benefits paid to or for members				
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				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting			1	
	Lobbying	the second secon			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		Secretaria de la constitución de		
	Other. (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	44,053.			
13	Office expenses	<u> </u>			
14	Information technology	<u> </u>			
15	Royalties	L			
16	Occupancy	<del></del>			
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	PURCHASED_SERVICES	53,197.			
	RENT	31,500.			
	PRINTING AND PUBLICATIONS	23,911.			
	GROUP MEAL CHARGES	14,396.			
	All other expenses	40,859.			
	Total functional expenses. Add lines 1 through 24e	597,294.			
	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 ► ☐ 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 Cash — non-interest-bearing. 45,098 1 85,943. 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. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 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 Notes and loans receivable, net..... 7 Inventories for sale or use..... 20,791 8 19,369. Prepaid expenses and deferred charges..... 5,419 9 7,254. 19,327. 12,556. 10 c 3,938 6,771. Investments – publicly traded securities..... 11 Investments – other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 16 187,652 233,172. Accounts payable and accrued expenses ...... 17 61,647 17 79,885. 18 Grants payable ..... 18 19 3,803 19 12,851. 20 Tax-exempt bond liabilities ...... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 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 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 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 Total liabilities. Add lines 17 through 25..... 65,450 26 92,736. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 119,756. 137,990. Temporarily restricted net assets..... 28 28 Permanently restricted net assets..... Fund 29 2,446 2,446. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds...... 32 Net/ Total net assets or fund balances..... 33 122,202. 33 140,436. Total liabilities and net assets/fund balances..... 187,652. 34 233,172. BAA Form 990 (2014)

For	rm 990 (2014) EL DORADO COUNTY CHAMBER OF COMMERCE 94	-1328508	Page	e 12
Pa	art XI Reconciliation of Net Assets	(1		_
1	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	615,52	8.
່ 2	Total expenses (must equal Part IX, column (A), line 25)	. 2	597,29	4.
, 3			18,23	4.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,20	2.
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				_
	column (B))	10	140,43	<u>6.</u>
Pa	irt XII Financial Statements and Reporting			
٠	Check if Schedule O contains a response or note to any line in this Part XII			Ш
			Yes N	Vo
2	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	red on a		
	b Were the organization's financial statements audited by an independent accountant?		2b X	
	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:  X Separate basis Consolidated basis Both consolidated and separate basis	ate		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	l, ,	2c :	<u>X_</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	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?		3 a	<u>X</u> _
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BA	4		Form <b>990</b> (20	14)

#### Schedule B

or 990-PF.

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Organization type (check one): Section: Filers of: X 501(c)( 6 ) (enter number) organization Form 990 or 990-EZ 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 X 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)

TEEA0701L 11/13/14

	e B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of or EL DO	RADO COUNTY CHAMBER OF COMMERCE	1 ' '	er identification number . 328508
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY	-	Person X Payroll
	4525 SERRANO PARKWAY	\$ 8,500.	Noncash 🗍
	EL DORADO HILLS, CA 95762	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MOUNTAIN DEMOCRAT		Person X Payroll
	2889 RAY LAWYER DRIVE	\$7,865 <u>.</u>	Noncash
	PLACERVILLE, CA 95667	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EL_DORADO DISPOSAL		Person X
	PO BOX 1270	\$8,800.	Payroll Noncash
	DIAMOND SPRINGS, CA 95619		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SIERRA PACIFIC INDUSTRIES		Person X
	3950 CARSON RD.	\$5,500.	Noncash
	CAMINO, CA 95709		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contributions.)
BAA	TFFA07021 07/17/14	Schedule B /Form 990	990-FZ or 990-PF) (2014)

1 of Part II

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 s	pace 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
		(see instructions)	
(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
		Ś	
BAA		ule <b>B</b> (Form 990, 990-EZ, o	r 990-PF) (2014)

	(Form 990, 990-EZ, or 990-PF) (2014)		rage 1 to 1 or rattin
Name of organ	nization ADO COUNTY CHAMBER OF COMMER	CE	Employer identification number 94-1328508
		tc., contributions to organiz the year from any one contributo completing Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8)  or. Complete columns (a) through (e) and fexclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a)	(b)	(c) Use of gift	(d)  Description of how gift is held
(a) No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, 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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)

#### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)..... 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?..... No 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? No Part II **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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) ...... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ 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)?..... 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. 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) Revenue included in Form 990, Part VIII, line 1 ..... (ii) Assets included in Form 990, Part X..... 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.....

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

17-0489 4E 63 of 138

Schedule D (Form 990) 2014 EL D	ORADO CO	UNTY	CHAMBER OF	COMME	ERCE		94-13			Page :
Part III Organizations Mainta	aining Coll	ection	s of Art, Hist	torical T	reasures, c	or Othe	er Similar As	sets (	contini	ued)
3 Using the organization's acquisition	n, accession,	and other	r records, check	any of the	following that	are a sig	nificant use of its	s collecti	on	
items (check all that apply):  a Public exhibition			d □ Loan	or evcha	nge programs					
			H		inge programs	,				
b Scholarly research	rations		e Othe							
c Preservation for future gene 4 Provide a description of the organi		tions and	t ovalain how the	av further t	he organization	n'c evem	nt nurnose in			
Part XIII.										
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit o	r receive	donations of a	art, historio	cal treasures,	or other	r similar assets	☐ Ye	s	No
Part IV Escrow and Custodia	al Arranger	nents.	Complete if	the orga	anization ar	nswere	ed 'Yes' to Fo			
line 9, or reported an										
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodi	an, or ot	her intermediar	ry for cont	ributions or of	ther ass	ets not included	l □Ye:	s [	No
b If 'Yes,' explain the arrangement								П	- L	
bili 103, explain the arrangement	Chill Cit Fill		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Г		Amou	nt	
c Beginning balance							c			
d Additions during the year							d		•	-
e Distributions during the year							e			
f Ending balance							f			
2a Did the organization include an a								Yes	5	No
b If 'Yes,' explain the arrangement										-1
bit les, explain the arrangement	t in r unt 7till.	Oncon n	ioro ii uio expla	ination na	o poot, provid				Γ	
Part V Endowment Funds. C	complete if	the or	nanization ar	nswered	'Yes' to Fo	orm 99	0. Part IV. li	ne 10.		·
LINGOWING TUNGS	(a) Curren		(b) Prior yea		c) Two years bad		d) Three years back		Four year	rs back
1 a Beginning of year balance		. ,	(2):1101 )00	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	1 (1)	,	
<b>b</b> Contributions						$\neg \dagger \neg$		1		
						_		+		
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities				1						
and programs										
f Administrative expenses										
g End of year balance			11 1 70		(3) 1-11					
2 Provide the estimated percentage		ent year	end balance (lir	ne Ig, col	umn (a)) held	as:				
a Board designated or quasi-endowm	ent •	,								
b Permanent endowment		i								
c Temporarily restricted endowmer		w.s.s.a	_%							
The percentages in lines 2a, 2b,	and 2c shoul	d equal	100%.							
3 a Are there endowment funds not in t	he possession	of the o	rganization that a	are held ar	nd administere	d for the		8	- ·	1
organization by:								T	Yes	No
(i) unrelated organizations								3a(i)		<u> </u>
(ii) related organizations										ļ
<b>b</b> If 'Yes' to 3a(ii), are the related of							***********	3b		<u>L</u>
4 Describe in Part XIII the intended			ation's endowme	ent funds.						
Part VI Land, Buildings, and	Equipmen	t.		2 2 2 2	7					201 201
Complete if the organi	zation ans	wered	'Yes' to Forn	n 990, F	Part IV, line	11a. S	See Form 99	0, Par	t X, lir	ne 10.
Description of property		(a) Cost (in	or other basis vestment)	(b) Co basi	st or other s (other)	(c) / de	Accumulated epreciation	(d)	Book va	alue
1 a Land										
<b>b</b> Buildings										
c Leasehold improvements										
d Equipment					13,005.		7,863.		5	,142.
e Other					6,322.		4,693.			,629.
otal. Add lines 1a through 1e. (Colum	n (d) must ed	qual Fori	m 990, Part X, o	column (E						,771.
BAA	- <del></del>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lule <b>D</b> (F		

Schedule D (Form 990) 2014 EL DORADO COUNTY C	HAMBER OF COMM	ERCE 94-	1328508 Page 3
Part VII Investments — Other Securities. Complete if the organization answered	'Yes' to Form 990	N/A Part IV line 11h See Form	n 000 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	
(1) Financial derivatives.		(o) medica er variation, cost or	and or your market value
(2) Closely-held equity interests			***************************************
(3) Other			
(A)			***
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related	N/ 11 E 000	N/A	
Complete if the organization answered  (a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	<u>1 990, Part X, line 13.</u>
(1)	(b) Book value	(c) Method of Valuation: Cost or	and-or-year market value
(2)			
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, column (8) line 13.) >			
Part IX Other Assets.	N/A		
Complete if the organization answered '	Yes' to Form 990,	Part IV, line 11d. See Form	
(1)	приоп		(b) Book value
(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 Forn	n 990 Part IV line 11e	or 11f See Form 990 Part X line 2	υ <b>ς</b>
(a) Description of liability	(b) Book value	330, 1417 X, 1110 2	
(1) Federal income taxes			
(2)		_	
(4)			
(5)		$\exists$	
(6)			
(7)			
(8) (9)	ļ		and the second
(10)		4	
(11)		$\dashv$	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		$\dashv$	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization's finar	ncial statements that reports the organization	n'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		
BAA	TEEA3303L 08/25/14	Sch	nedule <b>D</b> (Form 990) 2014

Schedule D (Form 990) 2014 EL DORADO COUNTY CHAMBER OF COMMERC	CE	94-1328508 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s With Rev	enue per Return. N/A
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 1	12a.
1 Total revenue, gains, and other support per audited financial statements		
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		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
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.).		
Part XII Reconciliation of Expenses per Audited Financial Statemen		
Complete if the organization answered 'Yes' to Form 990, Pa		
Total expenses and losses per audited financial statements		
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	2 b	
c Other losses.	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp	art IV, lines 1 lete this part t	b and 2b; Part V, to provide any additional information.

BAA

Schedule **D** (Form 990) 2014

#### **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.

► Attach to Form 990 or Form 990-EZ.

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	·····				Employer identif	ication number	
EL DORADO COUNTY CHAMBER OF COMMERCE						08	
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				lowing activities. Check	all that apply.		
a Mail solicitations				PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O	-government grants		
<b>b</b> Internet and email solicitation	ıs		f	Solicitation of gove	ernment grants		
c Phone solicitations			q	<b>                                      </b>			
d n.person solicitations			3		g cromo		
· ·	or oral agraeman	t with any	individual (	inaludina officera, directa			
2 a Did the organization have a written of employees listed in Form 990, Pa	rt VII) or entity	in connec	tion with p	professional fundraising	services?	Yes X No	
b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by t	viduals or entitie	s (fundrais					
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to	
or entity (fundraiser)		have custo	ody or control ributions?	from activity	(or retained by) fundraiser listed in	(or retained by)	
		or cont	i ibuliuiis:		column (i)	organization	
		Yes	No				
1							
2							
3							
4							
5							
6				***************************************			
7							
8					***************************************		
				····			
9							
10							
Tatal							
Total	nn is registered o	or licensed	to solicit co	ontributions or has been	notified it is exempt from	0.	
or licensing.		, 10011000	15 5011011 01	oranions of his been	notified it is exempt from	registration	
*** ***							
Alle 140 140 140 140 140 140 140 140 140 140							

Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	nswered 'Yes' to Fo	orm 990, Part IV, II	ine 18, or reported
		List events with gross receipts gro	eater than \$5,000.	s and gross income	s 0111 01111 990-LZ,	illies i aliu ob.
			(a) Event #1 GOLF TOURNAMEN	(b) Event #2 HANGTOWN HOLD	(c) Other events  NONE	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	<del> </del>
REVENUE	1	Gross receipts	14,470.	11,948.		26,418.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	14,470.	11,948.		26,418.
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
X P E	8	Entertainment				
EXPENSES	9	Other direct expenses	13,557.	9,386.	and the state of t	22,943.
S	10	Direct expense summary. Add lines 4 three				
	11	Net income summary. Subtract line 10 fro	om line 3, column (d)			3,475.
Par	<u>t III j</u>	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered Yes	s' to Form 990, Par	t IV, line 19, or rej	oorted more than
RESMSDE			(a) Bingo	(b) Pull tabs/Instant bingó/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E E	1	Gross revenue				
F	2	Cash prizes		****		
DIRECT	3	Noncash prizes				
C S	4	Rent/facility costs		4		
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lir	ne 7 from line 1, colum	n (d)		
1		The second secon				J
а	is th	er the state(s) in which the organization content organization licensed to conduct gaming o,' explain:	activities in each of th			Yes No
		e any of the organization's gaming licenses				Yes No
BAA			TEEA3702L 09	9/16/14	Schedule <b>G</b> (Forr	n 990 or 990·EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 EL DORADO COUNTY CHAMBER OF COMMERCE

94-1328508

Page 2

Schedule <b>G</b> (Form 990 or 9	90-EZ) 2014 EL DORADO	COUNTY CHAMBER OF COMMERCE	94-1328508	Page 3
		rith nonmembers?	Yes	No
		a trust or a member of a partnership or other entity fo		No
<ul><li>a The organization's factor</li><li>b An outside facility</li></ul>		in: res the organization's gaming/special events books an	13b	96 96
Name •				
Address •				
b If 'Yes,' enter the among of gaming revenue re		party from whom the organization receives gaming ived by the organization► \$\$		; No
Name ►				
Address •				
16 Gaming manager info	rmation:			
Name -				
Gaming manager com	npensation > \$			
Description of services	s provided >			
Director/officer	Employee	Independent contractor		
17 Mandatory distribution	s			
a Is the organization requ	ired under state law to make c	haritable distributions from the gaming proceeds to ret	ain the	No
	tributions required under state empt activities during the tax	law to be distributed to other exempt organizations or	spent in the	
Part IV Supplement and Part III,	al Information. Provide	the explanations required by Part I, line 5c, 16, and 17b, as applicable. Also prov		(v),
BAA		TEEA3703L 09/16/14 Sc	chedule G (Form 990 or 990-l	EZ1 2014

### **SCHEDULE O** (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

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.

	OOA T	Exempt Organization Business Income Tax Return						OM8 No. 1545-0687		
F	(and proxy tax under section 6033(e))							201 //		
		For calendar yea	r 2014 or other tax year beginning _		, 2014, and ending _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2014		
Depa Inter	rtment of the Treasury nat Revenue Service		on about Form 990-T and its in enter SSN numbers on this form as i			•	1	Open to Public Inspection fo 501(c)(3) Organizations Only		
A	Check box if address change	4 l	Check box	if name	changed and see instructions.		D E	mployer identification number imployees' trust, see		
B	Exempt under section	on Print	EL DORADO COUNTY C	HAME	ER OF COMMERCE		in	structions.)		
	X501( C )(6)		542 MAIN STREET PLACERVILLE, CA 95	667				94-1328508		
	408(e) 220	J(e)   ··	FLACERVILLE, CA 93	007			E	nrelated business activity odes (See instructions.)		
	408A 530	0(a)								
	529(a)  Book value of all assets a		(6 - 1 - 1 - 1	Kana N			L			
С	end of year	0 0	exemption number (See instruction organization type			<u> </u>		Пан		
	233,17			1 201(0	c) corporation []501	(c) trust40	)1(a)	trust Other trus		
H	Describe the organiz	zation's primar	y unrelated business activity.							
ī	During the tax year,	was the corpo	ration a subsidiary in an affilia	ated gr	oup or a parent-subsid	iary controlled grou	up?	► Yes X No		
			fying number of the parent co			,	•			
J	The books are in care	of - ELLE	N VAUGHN		7	elephone number	<b>5</b> 3	0.621.5885		
Pa	rt I Unrelated	Trade or B	usiness Income		(A) Income	(B) Expenses		(C) Net		
	a Gross receipts or			Τ						
	b Less returns and allowa	nces	c Balance►	1 c						
2	Cost of goods sold	(Schedule A,	line 7)	2						
3	Gross profit. Subtr	act line 2 from	line 1c	3						
4	a Capital gain net in	come (attach 9	Schedule D)	4 a						
	Net gain (loss) (Form 4	797, Part II, line 17	7) (attach Form 4797)	4 b						
				4 c						
5	Income (loss) from (attach statement)	partnerships	and S corporations	5						
6	•					11.43-51-12.43	(,)@9/ <sub>439</sub> 1			
7	•	•	(Schedule E)	7						
8			m controlled organizations (Schedule F)	8						
9			(9), or (17) organization (Sch G)	9						
10	Exploited exempt a	activity income	(Schedule I)	10						
11	Advertising income	(Schedule J).		11	11,075.	44,0	53.	-32,978.		
12	Other income (See	instructions; a	attach schedule)							
				12						
			2		11,075.	44,0		-32,978.		
Pai	t II Deduction	is Not Take	<b>n Elsewhere</b> (See instru	ction	s for limitations on	deductions.) (E	Exce	pt for		
14			ons must be directly con rs, and trustees (Schedule K).	necte	ed with the unrelate			2.)		
15	•						14 15			
16			**********************			· -	16			
17			***************************************			<b> -</b>	17			
18							18			
19	•	•				L	19			
20			ructions for limitation rules)			<u></u>	20			
21		•					/99 (-			
22			edule A and elsewhere on ret				22 b			
23	·='						23			
24	Contributions to de	ferred compen	sation plans				24			
25	Employee benefit p	orograms					25			
26		•	ule I)			L.	26			
27	•	•	le J)				27			
28			3)			L	28			
29			rough 28				29	20.050		
30 31			e before net operating loss de ted to the amount on line 30)			<u></u>	30	-32,978.		
32			e before specific deduction. S				32	-32,978.		
33			000, but see line 33 instruction				33	32,310.		
34			ract line 33 from line 32. If line 33 is g				34	-32,978.		

		T (2014) EL DORADO COUNT	Y CHAMBER OF COMMERC	E			9.	4-13	28508	F	age 2
		Tax Computation									
7		anizations Taxable as Corporations									
		rolled group members (sections 156						7.00			
)		r your share of the \$50,000, \$25,00		e brac	ckets (in	that order	):				
	(1)	\$ (2)  \$	(3)  \$								
1		r organization's share of: (1) Addition			-						
}		dditional 3% tax (not more than \$10			-						
		me tax on the amount on line 34						35 c			0.
, :		ts Taxable at Trust Rates. See instr					_				
		ne 34 from: Tax rate schedul						36			
		y tax. See instructions									
107		native minimum tax						38			
1		I. Add lines 37 and 38 to line 35c o	r 36, whichever applies	• • • • • •				39			<u>0.</u>
		Tax and Payments	1110	1.6	140			Type Steel Steel			
4		ign tax credit (corporations attach F									
7		r credits (see instructions)						4			
		eral business credit. Attach Form 38	**					-			
}		it for prior year minimum tax (attach						40-			•
	170 0 000000	credits. Add lines 40a through 40a						40 e			<u>0.</u>
1 4	11 Subt	ract line 40e from line 39r taxes. Check if from: $\prod$ Form 425	Б ПБогт 9611 ПБогт 9607 Г	7500				41			0.
1 4		Taxes. Check if from: Form 425  Other (attach schedule)	2 [] ( OIII 30 [ ] [] ( Proliii 903) [		5550			42			
		tax. Add lines 41 and 42						43			0.
		nents: A 2013 overpayment credited						20053			<u> </u>
-		estimated tax payments									
ì		deposited with Form 8868									
		gn organizations: Tax paid or withh						1			
1		up withholding (see instructions)									
}	f Cred	t for small employer health insurance	ce premiums (Attach Form 8941).		44 f			1			
	g Othe	r credits and payments:	Form 2439				***************************************				
)	ΠF	orm 4136	Other Tota	al <sup>1</sup>	► 44g			200			
4	5 Total	payments. Add lines 44a through 4	4g					45			0.
1		nated tax penalty (see instructions).						46			
4		lue. If line 45 is less than the total of						47			
4	8 Over	payment. If line 45 is larger than the	e total of lines 43 and 46, enter a	amoun	it overpa	id		48			
4		the amount of line 48 you want: Cr				i i	Refunded >	49			
-		Statements Regarding Cert		form	nation (	see instru	ctions)		Market		
		y time during the 2014 calendar year, o						er a		Yes	No
		cial account (bank, securities, or other) in							114.	I SECTION I	fastini.
ì		rt of Foreign Bank and Financial Ac		500		ž				15.6626	X
	(.*.)	g the tax year, did the organization								$\vdash$	X
,		S, see instructions for other forms to			io grante	,, or, or tre	more to,	u 10101	gir trust	455.620	
}		the amount of tax-exempt interest rece			ė		^				
_		e A — Cost of Goods Sold. Er			\$		0.			100	SEC. 35.
				-	vonto-::	t and -f	001				
		tory at beginning of year				at end of y		6			
		nases				ods sold. Iine 5. Er					
		of labor	3			I, line 2.		7			
,		nal section 263A costs (attach schedule)						<b></b>		Yes	No
	<b>b</b> Other o	octe	4a	8 Do	the rule	s of section	n 263A (wit	h resp	ect to	100000	
	(attach	sch)	4 b	pro	operty pr	oduced or	acquired for	r resal	e) apply		
	5 Total	Add lines 1 through 4b	5		_						X
_		Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declara	e examined this return, including accompany ation of preparer (other than taxpayer) is bas	ying sch	edules and all informati	statements, a	nd to the best of	f my kno knowled	wledge and ge.		
	gn	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO	C. AFTER SPIN OF			rive di		May the	IRS discuss to	nis return	with
H	ere	Signature of officer	Date Date		Title		.100	instructi	ons)? XY		No
		Di-III	I Bronzonia sizzativa	— т	Date			L			10
Pa	aid	Print/Type preparer's name	Preparer's signature	i	Date		Check X if	PT			
Pr	re-	TERRIE Y. PROD'HON	TERRIE Y. PROD'HON	$\perp$			self-employed		0005904		
	arer	Firm's name TERRIE Y. PRO	OD'HON, CPA				Firm's EIN	68-0	439189		
Us		Firm's address 601 MAIN ST.								19.2	
	nly	PLACERVILLE,	CA 95667				Phone no.	(53	30) 622		
BA	\A		TEEA0202L 09/16/14	4					Form 9	9 <b>0-T</b> (20	)14)

Form <b>990-T</b> (2014) EL DOF								1328508 Page
Schedule C - Rent Inco	me (From Real I	Property an	d Perso	onal Property	Leas	sed With Re	eal Pro	perty) (see instructions
1 Description of property								
(1)	*******							
(2)								
(3)								
(4)	0.0				···	T		
(a) From personal p	2 Rent received					3(a) Ded	uctions	directly connected with
(if the percentage of rent property is more than 1 more than 50%	for personal 0% but not	(if the perc	centage of xceeds 50	personal propert frent for person 1% or if the rent t or income)	al	the inco	ome in c	columns 2(a) and 2(b) th schedule)
(1)								
(2)								
(3)								**************************************
(4)								***
Total	<u></u>	tal				(b) T-4-1 d-d	F	
(c) Total income. Add totals of here and on page 1, Part I, line	e 6, column (A)	<b>≻</b>				(b) Total deduc here and on page I, line 6, column	1. Part	
Schedule E — Unrelated	Debt-Financed	income (see	instruction	ons)	· · · · · · · · · · · · · · · · · · ·			
1 Description of de	ebt-financed propert	у	or alloc	s income from cable to debt-		debi	-finance	ected with or allocable to ed property
(1)		financ	ced property		(a) Straight lin eciation (attac		(b) Other deductions (attach schedule)	
(1) (2)			<del> </del>		ļ			
	<del></del>				<del> </del>			
(3)			<del> </del>		ļ			
4 Amount of average	E Augraga adiu	ated besis of		Calcuss 4		7.0		0.015
acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- or allocable to o property (attac	lebt-financed				portable (column 2 x		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				9				
(2)				용				
(3)	1		<u> </u>	્ર		······································		
(4)				왕				***************************************
Totals Total dividends-received deduc Schedule F — Interest, Ar	ctions included in co	olumn 8			Part I	, line 7, colum	ın (A). ►	Enter here and on page 1 Part I, line 7, column (B)
Jonedaic i interest, Ai	munics, noyan	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			Orga	inzauons (	see mst	ructions)
		Exempt Cont		i		1		
1 Name of controlled organization	2 Employer identification number	3 Net unre income ( (see instru	(loss)	4 Total of spe payments m	cified ade	5 Part of contract that is incompared the contract organization gross in	luded in rolling ation's	
(1)								
(2)							<del></del>	
(3)								
(4)						<u> </u>		
onexempt Controlled Organiza	itions	L				<u> </u>	·····	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of payment	specified ts made	included	in the	nn 9 that is controlling oss income	1° co	1 Deductions directly innected with income in column 10
(1)	A. 11 11 11 12						<b> </b>	
(2)							<b></b>	
(3)				1			<b> </b>	
(4)		+					ļ	**************************************
\\				Add column	E	d 10 Ent	- بـ بـ ۸	rolumno C and 11 Fra
				here and on		I, Part I, line		columns 6 and 11. Enter and on page 1, Part I, line 8, column (B)

Totals.....

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

CALIFORNIA COPY

**Schedule of Contributors** 

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Organization type (check one): Section: Filers of: X 501(c)( 6 ) (enter number) organization Form 990 or 990-EZ 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 The form of the state of the st 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, or 990-PF.

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

Schedule Name of on	e B (Form 990, 990-EZ, or 990-PF) (2014)	Pag	ge 1 of 1 of Part 1 mployer Identification number
	RADO COUNTY CHAMBER OF COMMERCE	1	4-1328508
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY 4525 SERRANO PARKWAY	\$ 8,5	Person X Payroll 00. Noncash
*	EL DORADO HILLS, CA 95762		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MOUNTAIN DEMOCRAT 2889 RAY LAWYER DRIVE	\$7 <u>_8</u>	Person X Payroll   Noncash
	PLACERVILLE, CA 95667	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PO BOX 1270	\$8,8	Person X Payroll Noncash (Complete Part II for
(a) Number	DIAMOND SPRINGS, CA 95619  (b)  Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
4	SIERRA PACIFIC INDUSTRIES  3950 CARSON RD.  CAMINO, CA 95709	\$5,50	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
400 000 00		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
PAA			(Complete Part II for noncash contributions.)

1 to

1 of Part II

EL DORADO COUNTY CHAMBER OF COMMERCE

Employer Identification number

	sh 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
AA		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)		rage I to I orrantin
Name of organ	alization ADO COUNTY CHAMBER OF COMMER	CE	Employer identification number 94–1328508
		tc., contributions to organ the year from any one contribution completing Part III, enter the total (Enter this information once. See	izations described in section 501(c)(7), (8)  Itor. Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, 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
	Transferee's name, addres	(e) Transfer of gift s, 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
	Transferee's name, addres	(e) Transfer of gift s, 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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
ВАА		TEEADOOM 11/12/14	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)

## Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

2015

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.

Open to Public

For the 2015 calendar year, or tax year beginning 2015, and ending D Employer Identification number Check if applicable: EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508 Address change 542 MAIN STREET E Telephone number Name change PLACERVILLE, CA 95667 Initial return 530.621.5885 Final return/terminated G Gross receipts \$ 756,902 Amended return F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE 501(c)(3) 527 X 501(c) (6 (insert no.) 4947(a)(1) or Tax-exempt status Website: ► ELDORADOCOUNTY.ORG H(c) Group exemption number > Form of organization: X Corporation Trust Association Other > L Year of formation: 1968 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: 1 Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 5 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ...... b Net unrelated business taxable income from Form 990-T, line 34..... -24,050. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 116,950. 74,485 Revenue Program service revenue (Part VIII, line 2g)..... 537,052, 577,036. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 3.991 13,077. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 615,528. 707.031. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 357,277 374,182. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundralsing expenses (Part IX, column (D), line 25) 240,017. 312,234. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 597,294. 686,416. Revenue less expenses. Subtract line 18 from line 12..... 18,234. 20,615. Beginning of Current Year End of Year Total assets (Part X, line 16) ..... 233,172. 248,324. Total liabilities (Part X, line 26) ..... 92,736. 87,273. Net assets or fund balances. Subtract line 21 from line 20..... 140,436. 161,051. 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. Signature of officer Sign Here LAUREL BRENT-BUMB EXECUTIVE DIREC Type or print name and title. Print/Type preparer's name Preparer's signature X if TERRIE Y. PROD'HON TERRIE Y. PROD'HON self-employed P00059040 Paid Preparer ► TERRIE Y. PROD'HON, CPA Firm's name Use Only Firm's address 601 MAIN ST. Firm's EIN ► 68-0439189 Phone no. (530) 622-1731 PLACERVILLE, CA 95667 BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 10/12/15 Form 990 (2015)

rc	India Checklist of Required Schedules		<del></del>	<del></del>
		1	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	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		х
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	4		
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	5		Х
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.	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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.	9		х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	30		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		Х
	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.	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	111		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	į.	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
	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	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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	18	х	
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.	19		Х
				,

34.20	ALMERICAN CONTROLLED C		Yes	No
20	Da Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements; to this return?	20b	7	- 15
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? If 'Yes,' complete Schedule I, Parts I and II	21	0.10	Х
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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Build 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? If 'Yes,' complete Schedule J	23		Х
24	La 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
25		240		
25	is 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? If 'Yes,' complete Schedule L, Part I	25a		
	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? If 'Yes,' complete Schedule L, Part 1	25b		
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?  If 'Yes', complete Schedule L, Part II	26		Х
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? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):		tre .	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	7 2	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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? If 'Yes,' complete Schedule R, Part VI	37		Х
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	38		Х
BAA	<b>,</b>	Form	990 (2	2015) }

Pa	Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	) [		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	וֹן		
	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 2a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	\$35150E
	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?	3a	Berger Com	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		
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		Х
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	CONTRACTOR 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		Х
	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	į) į	¥
	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).			5.00
i	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		
1	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	- <del>''</del>	<del>-</del>	
	Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h	e caracte	
•	organization have excess business holdings at any time during the year?	8		Har so its
9	Sponsoring organizations maintaining donor advised funds.		56.50	a e e
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
	Section 501(c)(7) organizations. Enter:	9 Ы		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
		4.04		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			i k
		12a	<i>वस्युद्धाः</i> स	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
d	Note. See the instructions for additional information the organization must report on Schedule O.	13a	83.5 Sec. 10	
L				
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
A	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990 (2	nier
70.2	LECAVIUAL IVITATIA	I'LICITY		

Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, '8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	ges i	1	
	Check if Schedule O contains a response or note to any line in this Part VI		2,,,,	. X
Se	ction A. Governing Body and Management			
		Service a	Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 19 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.			
	b Enter the number of voting members included in line 1a, above, who are independent   1b   19	1		
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		Χ
3	Did the organization delegate control over management dulies 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		4.6	
	since the prior Form 990 was filed?	4		<u>X</u>
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	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			· '
,	stockholders, or persons other than the governing body?	7 b	p. \	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8 b		
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	t <b>ion B. Policies</b> (This Section B requests information about policies not required by the Internal Re			
10.	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	iva		
	operations are consistent with the organization's exempt purposes?	10 b		
	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	Χ	Grant and
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		v	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a	X	
	to conflicts?	12b	X	
(	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		Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
ł	Other officers or key employees of the organization.	15 b	Arrivation of	X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
ł	of 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	104		^
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	– – - availal	 ble
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Other (explain in Schedule O)			
19		le to		
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			2.
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T	34	וכס	J O	ray

# Part VIE 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.

(0)

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	tha	n one s both dir	box, an crector	ot ch unle office /trust		son a	(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
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	rrignest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KIRK BONE	0									
DIRECTOR	0	X				<u> </u>	L	0.	0.	0.
(2) SOL NISBET	0_					l		<b>1</b> 0		\$ 1 mg 1 m
DIRECTOR	0	X				<u> </u>		0.	0.	
(3) GORDON HELM	_0_									
VICE PRESIDENT	0	X				L		0.	0.	0.
(4) KEVIN BROWN	0_									
DIRECTOR	0	X						0.	0.	0.
(5) SUSIE DAVIES	0									,
DIRECTOR	0	X						0.	0.	0.
(6) ADAM ANDERSON	0									
DIRECTOR	0	Х						0.	0.	0.
(7) BRIAN JENSEN	0									
DIRECTOR	0	X						0.	0.	0.
(8) LEONARD GRADO	0									
DIRECTOR	0	Х						0.	0.	0.
(9) ED MANANSALA	0									
DIRECTOR	Q	Х						0.	0.	0.
(10) ALICE PEREZ	0									
DIRECTOR	0	Х						0.	0.	0.
(11) BRANDON SANDERS	0									
DIRECTOR	0	Х						0.	0.	0.
(12) DOLLY WAGER	0									
DIRECTOR	0	Х						0.	0.	0.
(13) DUANE WALLACE	0									
DIRECTOR		Х			]			0.	0.	0.
(14) CHRISTA CAMPBELL	00									
PAST PRESIDENT	0			X				0.	0.	9.0

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Form 990 (2015)

Part VII Section A. Officers, Directors, 17	(B)	ney	En			es,	an	a riignest Con	ipensated Emp	loyees (continued)
				Pos	C) sition			(5)	(E)	<b>(5)</b>
(A) Name and title	Average hours per	box	, unle	355 pt	erson	is bol	lh an	Reportable	Reportable compensation from	(F) Estimated amount of other
	week			compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the				
	hours for related	or director	nstitutional trustee	Officer	key employee	ploye	mer	•	3 € 650 mm Licenson 1 € 6500 mm 1 € 6500	organization and related organizations
	organiza - tions below	D 121	mal tr		oloyea	e comp				Urgariizations
	dotted line)	stee	ustee		100	ensak				
						g				
(15) RICHARD ESPOSITO PRESIDENT	0		ı	X				0.	0.	
(16) SUSAN VANDELINDER	0			^			-	0.	<u> </u>	0.
PRESIDENT ELECT	0			X			_	0.	0.	0.
VICE PRESIDENT	00			х				0.	0.	0
(18) MARK LUSTER	0			Λ				0.	0.	0.
DIRECTOR	0		2001	Х				0.	0.	0.
(19) LAUREL BRENT-BUMB	$-\frac{40}{0}$			х				70 174	0.	0
EXECUTIVE DIR. (20)	U		+	^			-	78,174.	0.	0.
			1							# PT\$0 \$15
(21)										
(22)			$\dashv$	$\neg$						
			_	_						-
(23)			-							1 -
(24)			7							<u> </u>
(25)		-	+				-			***************************************
(23)				.						
1 b Sub-total							<b>&gt;</b>	78,174.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	78,174.	0.	0.
Total number of individuals (including but not limited							red i	more than \$100,000		0. ensation
from the organization • 0	~~~									
3 Did the organization list any former officer, direct	or or true	too	kov	omi	مامدد		ar h	ighast sammanast	ad amalausa	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	n individuz	ilee, il		em				tompensati	ed employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportable	con	nper	sati	ion i	and	othe	er compensation for	rom	
such individual						, .		, , , ,		
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compens	ation	froi nedu	m a ile J	ny L	inrel suci	ated h pe	d organization or i	ndividual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compens compensation from the organization. Report compens	ated inde	pend 1e cal	ent o	con ar ye	tract	tors endin	that ig w	received more th ith or within the org	an \$100,000 of anization's tax year.	
<b>(A)</b> Name and business addr	ess							(B) Description of	services	(C) Compensation
							$\dashv$		3	
							$\dashv$	V		
2 Total number of independent contractors (including by \$100,000 of compensation from the organization)		ed to	thos	e lis	ted	abov	e) w	ho received more t	han	
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										,—,—,—,—,—,—,—,—,—,—,—,—,—,—,—,—,—,—,—

<del> </del>	-		Check if Schedule C	contains	a resp	onse or note to a	ny 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
nts	2		Federated campaigns .		1 a					
Gra	3		Membership dues		1 b					
5	2		Fundraising events		1 c		4			
G.			Related organizations.	<u> </u>	7 d		4		At a second	
Sign	5		Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	16	· · · · · · · · · · · · · · · · · · ·	-			
iğ i	2	f	All other contributions, gifts, similar amounts not included	grants, and	16	116 050		i de		9-4
3 13	5		Noncash contributions include	L.		<u>116,950.</u>		166		7 9
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f.		· · · · -		116,950			
e n	T			······································		Business Code	110,000			77 - 1919
¥6	:	2 a	FEES & CONTRACTS C	OV AGENC	IES		440,651	. 440,651.		
Re		þ	MEMBERSHIP DUES &	ASSESSME	NTS		93,714	. 93,714.		
₹.		C	TICKET SALES		_		16,668	. 16,668.		
8		đ	GROUP_MEAL				16,495			
E		ę	ENTRY FEE All other program servi		<u> </u>	140.40	9,440			
Program Service Revenue		,	Total. Add lines 2a-2f.	ce revenue	L	WKS	68	the second secon		
	+;		Investment income (inc		<del></del>		577,036	•		
	Ι,	,	other similar amounts)	· · · · · · · · · · ·		, interest and				
	4		Income from investmen		-	•				
	5	5	Royalties							
	١,	• _	0	(i) Rea	al .	(ii) Personal		F-2		
	1		Gross rents Less: rental expenses						100 No. 100 No	
			Rental income or (loss)			<del> </del>				
			Net rental income or (lo	SS)		<u> </u>				
	١,		Gross amount from sales of	(i) Securi		(ii) Other				
	[ '		assets other than inventory							
		b	Less: cost or other basis				1000			
			and sales expenses			32.				
			Gain or (loss)			-32.				
			Net gain or (loss)		-		-32.	-32.		49 W \$ 1
/епие	8	(	Gross income from func (not including\$_ of contributions reported	-					ere ere Geld	
Re			See Part IV, line 18		,	32,585.				
Other Re			Less: direct expenses			25,200.				
₹			Net income or (loss) fro			ents	7,385.			7,385.
	9	a (	Gross income from gam See Part IV, line 19	ing activiti	es. a				100	1,700.
			_ess: direct expenses						357	
		c l	Net income or (loss) fro	m gaming	activit	ies 🟲				
		a	Gross sales of inventory and allowances		a	6,281.				
			less: cost of goods sold		· Ł	24,639.				
ł		C 1,	Net income or (loss) from Miscellaneous Revenue		invent	Business Code	-18,3 <u>58.</u>			<u>-18,358.</u>
ŀ	11	a	ADVERTISING	-		19100	24 050	24 050		
	•	b			3	19100	24,050.	24,050.		
		c ¯								
			Il other revenue	- <del></del>	[					
			<b>otal.</b> Add lines 11a-11d			L	24,050.			
	12	7	otal revenue. See instr	uctions			707,031.	601,054.	0.	-10,973.
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Page 10

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX.						
Do 6b,	not include amounts reported on lines 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				B 15	
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	Pavroll taxes			<del> </del>		
11	Fees for services (non-employees):	23/012.				
	Management					
	Legal					
C	: Accounting	1,475.				
Ç	Lobbying		· () [2.			
ε	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.)	25 054				
	Advertising and promotion	65,071.				
13	Office expenses	6,870.				
	Information technology	<del></del>				
	Royalties					
	Occupancy	31,501.				
	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.)					
а	PURCHASED SERVICES	82,151.				
	PRINTING AND PUBLICATIONS	23,881.				
	GROUP MEAL CHARGES	15,467.				
	GRANTS/DONATIONS	12,667.				
	All other expenses	38,320.			<del></del>	
	Total functional expenses. Add lines 1 through 24e	686,416.	+12	:		
	· · · · · · · · · · · · · · · · · · ·	000,410.				
	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  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 Cash - non-interest-bearing..... 85,943 1 95,079. 2 22,280. Savings and temporary cash investments..... 2 23,486. 3 Pledges and grants receivable, net..... 3 Accounts receivable, net ..... 4 91,554. 111,017. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 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 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 19,369 6,292. Prepaid expenses and deferred charges..... 9 7,254 7,412. 10a 19,937 10b b Less: accumulated depreciation..... 6,771 10 c 5,038. Investments - publicly traded securities..... 11 Investments - other securities. See Part IV, line 11..... 12 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34).... 16 233,172 248,324. Accounts payable and accrued expenses ...... 17 79,885 85,265. 18 Grants payable ...... 18 19 Deferred revenue ...... 19 12,851 2.004 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 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 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 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 Total liabilities. Add lines 17 through 25. 26 92,736 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 137,990 27 158,605. Temporarily restricted net assets..... 28 Fund F Permanently restricted net assets..... 29 2,446 2,446. Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. þ Capital stock or trust principal, or current funds..... 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund...... 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 훃 Total net assets or fund balances..... 33 140,436 161,051. 34 Total liabilities and net assets/fund balances..... 233,172. 34 248,324. BAA Form 990 (2015)

Form 990 (2015) EL DORADO COUNTY CHAMBER OF COMMERCE 94-1328508					
Pa	rt 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)		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		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				
6	Donated services and use of facilities				
7	Investment expenses	. 7	\$1. m ( & .)		
8	Prior period adjustments				
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,	10	161 051		
Si Control	column (B))	.   10	161,051.		
Pal	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2 2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ved on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
Ł	b Were the organization's financial statements audited by an independent accountant?		. 2b X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
,			360053 F1000 P007284		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?		. 2c X		
	If the organization changed either its oversight process or selection process during the tax year, explain				
_	in Schedule O.				
3 a	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?		. 3a X		
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdit			
L	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ы		
BAA			Form 990 (2015)		
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### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

2015

► 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.lrs.gov/form990.

2015

OMB No. 1545-(047

Name of the organization		embioket incuttication trampet
EL DORADO COUNTY CHAMBER OF C	COMMERCE	94-1328508
Organization type (check one):		i.
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(6) (enter number) organizat	tion
	4947(a)(1) nonexempt charitable trust no	ot treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust tre	eated as a private foundation
		bated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	l Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the Genera	al Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990 Ez property) from any one contributor. Comple	Z, or 990-PF that received, during the year, co ote Parts I and II. See instructions for determine	entributions totaling \$5,000 or more (in money or ning a contributor's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	01(c)(3) filing Form 990 or 990-EZ that met the that checked Schedule A (Form 990 or 990-EZ), f he year, total contributions of the greater of (1 0-EZ, line 1. Complete Parts I and II.	233-1/3% support test of the regulations Part II, line 13, 16a, or 16b, and that I) \$5,000 or (2) 2% of the amount on (I)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	r1(c)(7), (8), or (10) filing Form 990 or 990-EZ than \$1,000 <i>exclusively</i> for religious, charitab o children or animals. Complete Parts I, II, and	that received from any one contributor, le, scientific, literary, or educational d III.
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	of (c)(7), (8), or (10) filing Form 990 or 990-EZ or religious, charitable, etc., purposes, but no set total contributions that were received during of the parts unless the <b>General Rule</b> appliable, etc., contributions totaling \$5,000 or more	such contributions totaled more than g the year for an <i>exclusively</i> religious, ies to this organization because
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it does not meet the BAA For Paperwork Reduction Act Notice, see the Instru		pes not file Schedule B (Form 990, 990-EZ, or H of its Form 990-EZ or on its Form 990-PF, , 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule	e B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
Name of or			or identification number 328508
<del></del>	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b)	(c) Total contributions	(d) Type of contribution
1	PARKER DEVELOPMENT COMPANY	\$ 9,000.	Person X Payroll Noncash
	EL DORADO HILLS, CA 95762		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PACIFIC GAS AND ELECTRIC COMPANY PO BOX 997300 SACRAMENTO, CA 95899-7300	\$6,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b)	(c) Total contributions	(d) Type of contribution
3	WASTE CONNECTIONS  PO BOX 1270  DIAMOND SPRINGS, CA 95619	\$9,000 <u>.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MOTHER LODE REHABILITATION ENT  399 PLACERVILLE DR  PLACERVILLE, CA 95667	\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RED HAWK CASINO  1 RED HAWK PARKWAY  PLACERVILLE, CA 95667	\$9,000.	Person X  Payroll   Noncash   (Complete Part II for a noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WELLS FARGO BANK  4355 TOWN CENTER BLVD STE 110  EL DORADO HILLS, CA 95762	\$ <u>5,500.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to 1 of Part II
Employer identification number

ET.	טעעמטע	COUNTY	CHAMBER	OF	COMMERCE
بدين	DOIMDO	COOMIT	CHUMININ	O.L	COMMENTAL

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)	Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- <del>-</del>	
		\$	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	Dute received
		1	
-		\$	
(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
Part I	Description of noncash property given	(c) FMV (or estimate) (see instructions)	Date received
		_	
-		\$	
BAA	Sch	  edule B (Form 990, 990-E2	. or 990-PF) (2015)

	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page 1 to 1 of Part III Employer Identification number			
	ADO COUNTY CHAMBER OF COMMER		94-1328508			
(Partelle)	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in	exclusively religious, charitable, etc.,			
(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, addres		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			
	Transferee's name, addres	(e) Transfer of gift se'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	ranster of giπ s, 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 B (Form 990, 990-EZ, or 990-PF) (2015)

TEEA0704L 10/12/15

BAA

# SCHEDULE D (Form 990)

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.lrs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

	EL DORADO COUNTY CHAMBER OF	COMMERCE			94-1328508	
Pa	ort I Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Overed 'Yes' on Form 9	ther Similar Fund 90, Part IV, line 6	s or Acc		
		(a) Donor advise		······································	unds and other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)			<del></del>		
3	Aggregate value of grants from (during year)			······································	<del></del>	··· <del>································</del>
4	<u> </u>					
5	Did the organization inform all donors and dono are the organization's property, subject to the o	or advisors in writing that the programme or advisors in writing that the programme of the	he assets held in don al control?	or advised	funds Yes	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	s, and donor advisors in wr of the donor or donor advis	riting that grant funds sor, or for any other p	can be use urpose con	ed only iferring	□No
Pa	it II Conservation Easements.					
×	Complete if the organization answ	ered 'Yes' on Form 99	90, Part IV, line 7			· ·
1		the organization (check all	that apply).			
	Preservation of land for public use (e.g., red	creation or education)	Preservation of	a historical	ly important land a	rea
	Protection of natural habitat		Preservation of			
	Preservation of open space		<u></u>			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation or	ontribution in the form	of a conserv	ation easement on I	he
	last day of the tax year.					
	Takal associate and associated				eld at the End of th	ie Tax Year
	a Total number of conservation easements			,		
	b Total acreage restricted by conservation easeme				·	
	c Number of conservation easements on a certifie	the state of the s	· ·			
	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06,	and not on a historic	2 d		1. 4
3	Number of conservation easements modified, transf tax year ▶	erred, released, extinguished	d, or terminated by the	organization	n during the	-
4	Number of states where property subject to conserve					
5	Does the organization have a written policy rega and enforcement of the conservation easements	s it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, ins		- 14 pa			ear संदिशकुर स
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, ar	nd enforcing conservati	on easemer	nts during the year	१ सम्बद्धाः ५
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •			Yes	No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to conservation easements.	onservation easements in its the organization's financia	revenue and expense I statements that des	statement, a	and balance sheet, a organization's acco	ind unting for
Pai	4 III Organizations Maintaining Collect	ions of Art. Historica	Treasures or O	ther Sim	ilar Accete	
	Complete if the organization answe	ered 'Yes' on Form 99	0, Part IV, line 8.			* *
1 :	a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia	for public exhibition, education	on, or research in furth	statement erance of p	t and balance shee ublic service, provide	l works of
i	If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	public exhibition, education, o	or research in furtherar	ice of public	service, provide the	rks of art,
	(i) Revenue included on Form 990, Part VIII, lin					
	(ii) Assets included in Form 990, Part X				·	
	If the organization received or held works of art, histo amounts required to be reported under SFAS 116					***************************************
	Revenue included on Form 990, Part VIII, line 1.				►\$	
Ł	Assets included in Form 990, Part X				. ►s	·····

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

Schedule D (Form 990) 2015

TEEA3301L 06/03/15

Schedule D (Form 990) 2015 EL D					328508	Page 2
Part III Organizations Mainta	nining Colle	ctions of Art, His	torical Treasures,	or Other Similar A	ssets (continu	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	n, accession, a				its collection	
a Public exhibition b Scholarly research		d Loar e Othe	n or exchange program	<b>S</b>	( <sup>5</sup>	ign 💌
c Preservation for future gene	rations	, C 0""	" <del></del>			
4 Provide a description of the organia		ons and explain how th	ey further the organizatio	n's exempt purpose in		
Part XIII.				41		
5 During the year, did the organiza to be sold to raise funds rather to	ation solicit or han to be mai	receive donations of a ntained as part of the	art, historical treasures, organization's collectio	, or other similar asset: on?	S. Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangem	ents. Complete if	the organization a			ι IV,
1 a Is the organization an agent, true on Form 990, Part X?		<i></i>		ther assets not include	d Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII a	nd complete the follow	ving table;			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an a					L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	Check here if the expla	anation has been provid	ded on Part XIII		]
Part V Endowment Funds. C	omplete if t	he organization a	nswered 'Yes' on F	orm 990, Part IV,	line 10.	
· · · · · · · · · · · · · · · · · · ·	(a) Current y	year (b) Prior ye	ar (c) Two years ba	ck (d) Three years bad	k (e) Four years	back
1 a Beginning of year balance	***************************************					
<b>b</b> Contributions						
c Net investment earnings, gains, and losses			•			
d Grants or scholarships			1.5		÷	-,
e Other expenditures for facilities and programs			4.			•
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the curren	it year end balance (li	ne 1g, column (a)) held	d as:		
a Board designated or quasi-endowment		· & `				
<b>b</b> Permanent endowment		<del></del>				
c Temporarily restricted endowmen	<b>!</b> >	8			y*	
The percentages on lines 2a, 2b, an						
3 a Are there endowment funds not in the	•		are held and administere	d for the	<del></del>	
organization by:					Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations						
b If 'Yes' on line 3a(ii), are the rela				* * * * * * * * * * * * * * * * * * * *	3b	
4 Describe in Part XIII the intended			ent funds.			
Part VI Land, Buildings, and E Complete if the organization			m 990. Part IV. line	e 11a. See Form 9	90. Part X. line	e 10.
Description of property		a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book valu	
1 a Land,						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment			13,615.	9,885.	3 -	730.
e Other	<b>.</b>		6,322.	5,014.		308.
Total. Add lines 1a through 1e. (Column		ial Form 990, Part X.		5,014.		038.
BAA	7-		2.7		dule D (Form 990)	
				50110	(· Jiii JJ4) (	

Schedule D (Form 990) 2015 EL DORADO COUNTY (	CHAMBER OF COMM	ERCE	94-1328508	Page 3
Part VII Investments - Other Securities.		N/A	C Faur 000 D-4 V !	10
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	<del></del>	ion: Cost or end-of-year market value	ne 12
(1) Financial derivatives	(b) book value	(C) Mellion of Valuat	ion, oust of charolyest market value	
(2) Closely-held equity interests.				
		·		
(A) Other (A)				
(B)				···········
(C)				<del></del>
(D)				
(E)				·····
(F)			***************************************	***************************************
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV, line 11c, 9	See Form 990. Part X. lir	ne 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market	
(1)				
(2)				
(3)		n de la companya de	Ť.	, i
(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. S		
(a) Des	cription		(b) Book valu	ue
(1)				
(3)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			<del></del>
(4)	······································	<del></del>		
(5)				
(6)				
(7) (8)				
(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 Fo  (a) Description of liability	rm 990, Part IV, line 11e	or 11f. See Form 990, P	art X, line 25	CONTRACTOR
(1) Federal income taxes	(a) BOOK VAIUE			
(2) ROUNDING	4			
(3)				
(4)				
(5)				
(6)		$\dashv$		
<u>(7)</u> (8)				
(9)				4
(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 foot	note to the organization's fina	ncial statements that reports th	e organization's liability for uncertain	
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote ha	s been provided in Part XIII.			🗆
BAA			Schedule D (Form 990)	

Schedule D (Form 990) 2015 EL DORADO COUNTY CHAMBER OF COM	MERCE	94-1328508	Page 4
Part XI Reconciliation of Revenue per Audited Financial State			
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 12a.	•	
1 Total revenue, gains, and other support per audited financial statements	,		<u> </u>
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.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	g14. <b>6</b> 8
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1;			and the state of t
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
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 State			<del></del>
Complete if the organization answered 'Yes' on Form 99		:	• •
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		98888	
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses.			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d.	<u> </u>		
3 Subtract line 2e from line 1		2 e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
a Investment expenses not included on Form 990, Part VIII, line 7b.	13		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.		4c	•
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4)	
Part XIII Supplemental Information.			
	ad A: Dart IV lines 1h and	2h: Dod V	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also	complete this part to prov	ride any additional info	rmation.
		-	
	74		
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			- 1 · 4
			*
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Schedule **D** (Form 990) 2015

# SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2015

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	OF COMME	nce			1	Attification number
EL DORADO COUNTY CHAMBER			ered 'Yes'	on Form 990, Part IV, lin	94-1328	508
Part I Fundralsing Activities. Compl Form 990-EZ filers are not r						
1 Indicate whether the organization	raised funds th	nrough any			• • •	
a Mail solicitations b Internet and email solicitation	_		e	<u> </u>	government grants	
	15		1	Solicitation of gove	=	
c Phone solicitations			g	Special fundraising	) events	
d In-person solicitations						
2 a Did the organization have a written of employees listed in Form 990, Pa	or oral agreemer rt VII) or entity	nt with any in connec	individual ( tion with p	including officers, directo professional fundraising	rs, trustees or key services?	Yes X No
b If 'Yes,' list the ten highest paid indi compensated at least \$5,000 by t	viduals or entitie	s (fundrais		<del>-</del>		
(i) Name and address of individual	(II) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid t	o (vi) Amount paid to
of contributions?   fundraiser listed in				(or retained by) n organization		
	column (i)					
1		Yes	No			
•						
2						
<b>6</b> -						i.
3						7
4						
				925 Sec.		र इट्टाइन्डब्स्ट इंट्राइ
F						
5						
6						
7						
8						
9						
10						
•						
Fotal			,,,			
3 List all states in which the organization	n is registered o	or licensed	to solicit co	intributions or has been n	otified it is exempt fro	0. om registration
or licensing.					·	-
		<b></b>				
						20220

R		List events with gross receipts gro	(a) Event #1  GOLF TOURNAMEN  (event type)	(b) Event #2  HANGTOWN HOLD (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))					
ME>EZDE	1	Gross receipts		9,450.	5,459.	32,585.					
Ē	2	Less: Contributions									
	. 3	Gross income (line 1 minus line 2)	17,676.	9,450.	5,459.	32,585.					
	4	Cash prizes									
	5	Noncash prizes				•					
D-RECT	6	Rent/facility costs									
ç	7	Food and beverages									
E X P	8	Entertainment		Sept.		* 1.44					
EXPENSES	9	Other direct expenses	11,731.	6,883.	6,586.	25,200.					
ari	11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 frogaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	om line 3, column (d) tion answered 'Yes			25,200. 7,385. ported more than					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))					
Ĕ	1	Gross revenue			,						
E	2	Cash prizes									
P	3	Noncash prizes									
EXPERSES	4	Rent/facility costs		***************************************							
	5	Other direct expenses									
	6	Volunteer labor	Yes %	Yes % No	Yes %						
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)								
				. i	ľ						
a l	8 Ente Is the	Net gaming income summary. Subtract liner the state(s) in which the organization core organization licensed to conduct gaming o,' explain:	ne 7 from line 1, column nducts gaming activities activities in each of the	o (d)							

Sche	aule G (Form 990 or 990-EZ) 201				94-1328508	Page 3
11	Does the organization conduct g	aming activities with no	onmembers?		Ye	s No
12	Is the organization a grantor, benef administer charitable gaming?	iciary or trustee of a trus	st or a member of a partne	ership or other entity form	ed to Ye	s No
13	Indicate the percentage of gaming	activity conducted in:			1 1	
	The organization's facility		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13a	ક
b	An outside facility				13ь	8
14	Enter the name and address of the	person who prepares the	e organization's gaming/sp	pecial events books and r	ecords:	
	Name •		and when the man after their area their their state their state their			رة المراجعة ( المراجعة ) . - المراجعة ( المراجعة ) .
	Address •					
	Does the organization have a cor					es No
b	If 'Yes,' enter the amount of gam of gaming revenue retained by th	ing revenue received to	y the organization► \$_		and the amount	,
C	If 'Yes,' enter name and address	of the third party:	·			1 .
	Name ►		t that this give they are the cost that the cost of			
	• • •					,
	***************************************					
16	Gaming manager information:					
	Name •				- 1888 1889 1884 1884 1884 1884 1884 1884	
	Gaming manager compensation					
	Description of services provided	_				
	Director/officer	Employee	Independe			
17	Mandatory distributions					
а	s the organization required under st	ate law to make charitat	ole distributions from the a	aming proceeds to retain	the	
	state gaming license?					es No
	Enter the amount of distributions rec organization's own exempt activiti			empt organizations or spe	ent in the	
	IV Supplemental Informa and Part III, lines 9, 9 information (see instru	ation. Provide the	explanations require	ed by Part I, line 2b icable. Also provid	o, columns (iii) and e any additional	d (v);
	mornation (see matri	20110/13/				
BAA			TEEA3703L 06/02/15	Scho	dule G (Form 990 or 99	0 570 2015

the space

### **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (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

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					-	OMB No. 1545-0687	
F	Form 990-T (and proxy tax under section 6033(e))						Γ	2015
	For calendar year 2015 or other tax year beginning, 2015, and ending,							2015
Dans	riment of the Treasury		on about Form 990-T and its in				Ot.	
Interi	nal Revenue Service	► Do not	enter SSN numbers on this form as it					Open to Rubile inspection for 501 (cX3) Organizations Only
Α	Check box if address changed	<b>.</b>	1 1 1		changed and see instructions.		D Em	ployer identification number nployees' trust, see tructions.)
B	Exempt under section		EL DORADO COUNTY CI	HAME	BER OF COMMERCE		į.	
	X 501( C )(6)		542 MAIN STREET PLACERVILLE, CA 950	667				4-1328508
	408(e) 220	(6)	I Briediky I Bald, Ch. 33	007			E co	related business activity des (See instructions.)
	408A 530 529(a)	)(a)						
c	Book value of all assets at	F Group	I exemption number (See instruct	ione l	l bo			
Ļ	end of year	1 2 2	c organization type ► X			743 to 1	27 (. ) . )	Пан
-	248,32		<u> </u>	501(	c) corporation []50	1(c) trust 4	01(a) t	rust Other trust
H	Describe the organiz	ation's primar	y unrelated business activity.					
1	During the tax year,	was the corpo	ration a subsidiary in an affilia	ted g	roup or a parent-subsid	diary controlled gro	up?	. ► Yes X No
			fying number of the parent cor		· ·		•	H E
J	The books are in care	of ► ELLE	N VAUGHN	<del></del>		Telephone number	<b>53</b> (	0.621.5885
Pa	rt I Unrelated	Trade or B	usiness Income		(А) Іпсоте	(B) Expense		(C) Net
7 :	a Gross receipts or s	sales						
	b Less returns and allowa		c Balance►	1 c	;			
2			line 7)					
3	•		line 1c					
			Schedule D)	1				
			7) (attach Form 4797)		<del> </del>			
5	income (loss) from		and S cornorations	4 c		100 m 100 m		
· ·	(attach statement)		·····	5				
6	· ·			6				
7			(Schedule E)	7				
8			m controlled organizations (Schedule F),	8				
9			(9), or (17) organization (Sch G)	9				
10			(Schedule I)	10				
11				11				4 V
12	Other Income (See	instructions; a	attach schedule)	40				
12	Total Combine line	a 2 through 11	<u>2</u> <i></i>	12				
Par	Deduction	s Not Take	n Elsewhere (See instruc		e for limitations on	24,0	50.	-24,050.
	contributio	ns. deducti	ons must be directly con	necte	ed with the unrelat	ed business inc	come	) }
14			rs, and trustees (Schedule K).				14	
15	Salaries and wages	š					15	
16							16	
17							17	
18							18	
19	Taxes and licenses			• • • • •			19	3
20	Charitable contribut	lions (See inst	ructions for limitation rules)		t. 1		20	
21	Depreciation (attack	h Form 4562).			21			
22			edule A and elsewhere on retu				22 b	
23			sation plans				23	<del></del>
24 25			sation plans			L-	24	
26			ule I)			L	25 26	<del></del>
27			le J)				26	
28			e)				28	
29	Total deductions. A	Add lines 14 th	rough 28			<i></i>	29	
30	Unrelated business	taxable incom	e before net operating loss de	ductio	on. Subtract line 29 from	m line 13 [	30	-24,050.
31	Net operating loss of	deduction (limi	ted to the amount on line 30).			· · · · · · . [	31	
			e before specific deduction. Su				32	-24,050.
			200, but see line 33 instruction ract line 33 from line 32. If line 33 is g				33 34	-24.050
	MILLIAM SAN MARAILINES FOUR	,v ;;;;vx;;;;v, UUUL		PACCE	unen 11119 42, 611161 1116 31118116	I VI ACIU UL IIIIC JA I	- T	774.UDU :

Form 990	0-T (2015) EL DORADO COUNTY CHAMBER OF COMMERCE	94-1328508	Page 2
Part III	Tax Computation		
35 Orc	ganizations Taxable as Corporations. See instructions for tax computation.		
	ntrolled group members (sections 1561 and 1563) check here ► ☐ See instructions and:		
	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	14.5	
(1)			6945 CT & S
h Ent	ter organization's share of: (1) Additional 5% tax (not more than \$11,750)		in the second se
	Additional 3% tax (not more than \$100,000)		0
	ome tax on the amount on line 34	35 c	0.
	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	line 34 from: Tax rate schedule or Schedule D (Form 1041)		
	oxy tax. See instructions		
	ernative minimum tax		
39 Tota	tal. Add lines 37 and 38 to line 35c or 36, whichever applies	. 39	Ŏ.
Part IV	Tax and Payments		,
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		<del></del>
	ner credits (see instructions)		
	neral business credit. Attach Form 3800 (see instructions)		
	dit for prior year minimum tax (attach Form 8801 or 8827)		
	al credits. Add lines 40a through 40d.	. 40 e	0
	otract line 40e from line 39.		0.
41 Oth	per taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	. 41	<u>0.</u>
42 000	Other (attach schedule)	40	
		<del> </del>	
	al tax. Add lines 41 and 42	. 43	0.
	ments: A 2014 overpayment credited to 2015		
	5 estimated tax payments		
	deposited with Form 8868		
	elgn organizations: Tax paid or withheld at source (see instructions) 44d		,
	kup withholding (see instructions)		
f Cred	dit for small employer health insurance premiums (Attach Form 8941) 44f		
g Othe	er credits and payments: Form 2439		
	Form 4136 Other Total ▶ 44 g		
45 Tota	al payments. Add lines 44a through 44g	45	Sec. 0.2
	imated tax penalty (see instructions). Check if Form 2220 is attached		
	due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<del></del>	
	erpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		
	er the amount of line 48 you want: Credited to 2016 estimated tax P	<del></del>	
		1 49	
	Statements Regarding Certain Activities and Other Information (see instructions)		<del></del>
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	ncial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinC		
-	ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here $ ilde{lack}$		_ X
2 Duri	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a foreign trust?.	X
If YE	ES, see instructions for other forms the organization may have to file.		3.5
3 Ente	er the amount of tax-exempt interest received or accrued during the tax year > \$ 0.		
	le A - Cost of Goods Sold. Enter method of inventory valuation ►		
	entory at beginning of year	. 6	<del></del>
_	the state of the s	TOTAL	
	and in Part I line 2		
4 a Additi	ional section 263A costs (attach schedule)	<u> </u>	Yes No
		ivith vannal to	TES NO
b Other	costs 4 b 8 Do the rules of section 263A (property produced or acquired		166
	al, Add lines 1 through 4b 5 to the organization?		
		st of my knowledge and	<del></del>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be belief, it is true, correct, and complete. Declaration of preparer that displayer) is based on all information of which preparer has	any knowledge.	
Here	EACCULIVE DIRECT	May the IRS discuss the preparer shown	this return with below (see
	Signature of officer Title	the preparer shown instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check V		
Paid	Minds A	l"	\$75 <b>8</b> 0
Pre-	TERRIE Y. PROD'HON TERRIE Y. PROD'HON self-employ	12000330	40
parer	Firm's name TERRIE Y. PROD'HON, CPA Firm's EIN	68-0439189	9
Use	Firm's address 601 MAIN ST.	7	
Only	PLACERVILLE, CA 95667 Phone no.	(530) 62	2-1731
BAA	TEEA0202L 10/12/15		990-T (2015)

4 111 7 4

1 Description of property					*******			
				· · · · · · · · · · · · · · · · · · ·				
(1)		····	<del></del>					
(2)				<del></del>				
(3)		····	<del></del>					
(4)	00-1					r		
(a) Erom paranol	2 Rent receive					3(a) Ded	uctions o	directly connected wi
(a) From personal (if the percentage of re property is more than more than 5	nt for personal	(if the perc property ex	eal and p entage of ceeds 50	ersonal propert rent for persor % or if the rent t or income)	y iøl is	the inco	ome in c	olumns 2(a) and 2(b h schedule)
(1)	0 70)	Daset	on prom	( or income)				
(2)			·		·			
(3)								······································
(4)								**************************************
Total		otal						
(c) Total income. Add totals				· · · · · · · · · · · · · · · · · · ·		(b) Total deduc	tions. Ente	er
here and on page 1, Part I, I	ine 6 column (A)	∠(b). Enter				here and on page I, line 6, column	1, Part	<b>b</b> -
Schedule E – Unrelate			instructio	ne)		i, into o, colutini	(0)	·
Vilioidit	- ever manceu	111111111111111111111111111111111111111	nisu ucuc	//13/	20-	duationa diss-	the same	antad with as all as at
9 Danautust F	alabet diaments of			income from	3 00	uucuons airec debl	uy conn Hinance	ected with or allocated property
i Description of	debt-financed prope	erty		able to debt- ed property		(a) Straight lin		(b) Other deduction
			manc	or property		cialion (attac		(attach schedule
(1)	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del> </del>	*		
(2)		·	<u> </u>		<del> </del>	<del></del>		
(3)			<del> </del>		<del> </del>			
(4)	***************************************				<del>                                     </del>	······································		
4 Amount of average acquisition debt on or allocable to debt-financed	or allocable to	usted basis of debt-financed ach schedule)	6 Column 4 divided by column 5		7 Gross incom		e 12 x	8 Allocable deducti (column 6 x total
property (attach schedule		ich schedule)	C	olumn 5		column 6)	]	columns 3(a) and 3
(1)				ફ	<u> </u>			
(2)				8	<b>†</b>			
(3)				8				
(4)				용				
otals				<b>.</b>	Enter Part I	here and on p , line 7, colum		Inter here and on pa Part I, line 7, column
otal dividends-received ded	Annuities Devel	column 8					,., <b>&gt;</b>	
Schedule F – Interest, <i>i</i>	Annuilles, Royal				Urga	nizations (	see instr	ructions)
<b></b>		Exempt Cont	i			7		
1 Name of controlled organization	2 Employer identification number	3 Net unre income ( (see instru	loss) payments ma		cified 5 Part of c ade that is inc the cont organize gross in		luded in rolling ation's	
7)								
2)								
3)		<b></b>			<u> </u>			10.183
4)		1			ي ن ي ن			8.04(4)
onexempt Controlled Organi	·							
7 Taxable Income	8 Net unrelated income (loss) (see instructions	payment	specified s made	l included	in the	in 9 that is controlling oss income	11 cor	Deductions directly nnected with Income in column 10
1)			<del></del>		<del></del>			
2)			······································	1				
3)				1		·		<del></del>
4)				1				
			·········	Add column	ns 5 an	d 10. Enter	Add co	olumns 6 and 11. Er

Form 990-T (2015) EL DORADO CO Schedule G - Investment Inco	OUNTY CHAMBE	R OF CO	OMMER	CE Nor (17) Orga	nization (see in	94-1	328508	Page 4
1 Description of income 2 Amount of income		3 Deductions		4 Set-asides (attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)		
(1)								
(2)								
(3)						·····		·····
(4)								
	Enter here and on Part I, line 9, colu	page 1, mn (A).					Enter he Part I, li	re and on page 1 ne 9, column (B).
Totals							<u> </u>	
Schedule I — Exploited Exemp	t Activity Incor	ne, Othe	riha	n Advertising	Income (see ins			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses connecte product of unrel business	d with 1 tion lated	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 aptivity that is not unrelated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								9 1 1 2
(4)				**************************************				
	Enter here and on page 1, Part I, line 10, column (A).	Enter her on pag Part I, li column	e 1, ne 10,					Enter here and on page 1, Part II, line 26.
Totals		<u> </u>						
Schedule J — Advertising Inco								
Part I Income From Periodica	als Reported or	n a Cons	olida	ted Basis				
1 Name of periodical	2 Gross advertising		oct sing s	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 IIs Income From Periodica 7 on a line-by-line basis.)	ls Reported or	ı a Sepai	rate B	lasis (For each p	erlodical listed in	Part II,	fill in colu	ımns 2 (hrough
1 Name of periodical	2 Gross advertising income	3 Direction advertis costs	ing	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income		dership sts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)								7 -
(3)								, i
(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 on page Part I, lin column	e 1, ne 11,			. TH		Enter here and on page 1, Part II, line 27.
Schedule K - Compensation of	f Officers. Direc	ctors, an	d Tru	stees (see instri	ictions)			
1 Name				2 Title	3 Percent of time devoted to business	d		tion attributable ted business
		<del>                                     </del>	····		9	<del>;</del>		-
		<del>                                     </del>				} }		<del></del>
		<u> </u>						<u>· r</u>
		<del>                                     </del>				b		
Total. Enter here and on page 1, Part II	Lline 14	<del></del>				<b>&gt;</b>	<del></del>	
RAA	,		2041 10	······································			17.0400-	₩ 1000 Xf/90 RC\



## 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.



#### 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** 



#### 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, nd 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



#### 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

This Spectrum Policy consists of the Declarations, Coverage Forms, Common Policy Conditions and any

other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock

insurance company of The Hartford Insurance Group shown below.

IC SBA

81

17

INSURER: SENTINEL INSURANCE COMPANY, LIMITED

ONE HARTFORD PLAZA, HARTFORD, CT 06155

COMPANY CODE: A

Policy Number: 57 SBA IC1781 DX

Named Insured and Mailing Address:

SPECTRUM POLICY DECLARATIONS

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.

Sugan S. Castaneda

Countersigned by

**Authorized Representative** 

11/09/16 Date

Form SS 00 02 12 06 Process Date: 11/09/16 Page 001 (CONTINUED ON NEXT PAGE)
Policy Expiration Date: 01/23/18

17-0489 4E 112 of 138

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

Form SS 00 02 12 06 Process Date: 11/09/16 Page 002 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 01/23/18

17-0489 4E 113 of 138

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

Form SS 00 02 12 06 Process Date: 11/09/16 Page 003 (CONTINUED ON NEXT PAGE)
Policy Expiration Date: 01/23/18

17-0489 4E 114 of 138

POLICY NUMBER: 57 SBA IC1781

# PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO ALL LOCATIONS

BUSINESS INCOME AND EXTRA EXPENSE COVERAGE COVERAGE INCLUDES THE FOLLOWING COVERAGE EXTENSIONS:	12	MONTHS ACTUAL LOSS SUSTAINED
ACTION OF CIVIL AUTHORITY: EXTENDED BUSINESS INCOME:		DAYS CONSECUTIVE DAYS
EQUIPMENT BREAKDOWN COVERAGE COVERAGE FOR DIRECT PHYSICAL LOSS DUE TO: MECHANICAL BREAKDOWN, ARTIFICIALLY GENERATED CURRENT AND STEAM EXPLOSION		
THIS ADDITIONAL COVERAGE INCLUDES THE FOLLOWING EXTENSIONS HAZARDOUS SUBSTANCES EXPEDITING EXPENSES	\$ \$	50,000 50,000
MECHANICAL BREAKDOWN COVERAGE ONLY APPLIES WHEN BUILDING OR BUSINESS PERSONAL PROPERTY IS SELECTED ON THE POLICY		
IDENTITY RECOVERY COVERAGE FORM SS 41 12	\$	15,000
HIRED CAR PHYSICAL DAMAGE COVERAGE FORM SS 04 84 LIMIT PER ACCIDENT	\$	50,000

DEDUCTIBLE: \$1,000

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

Form SS 00 02 12 06 Process Date: 11/09/16 Page 005 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 01/23/18

17-0489 4E 116 of 138

POLICY NUMBER: 57 SBA IC1781

BUSINESS LIABILITY OPTIONAL COVERAGES (Continued)

LIMITS OF INSURANCE

BUSINESS LIABILITY OPTIONAL COVERAGES

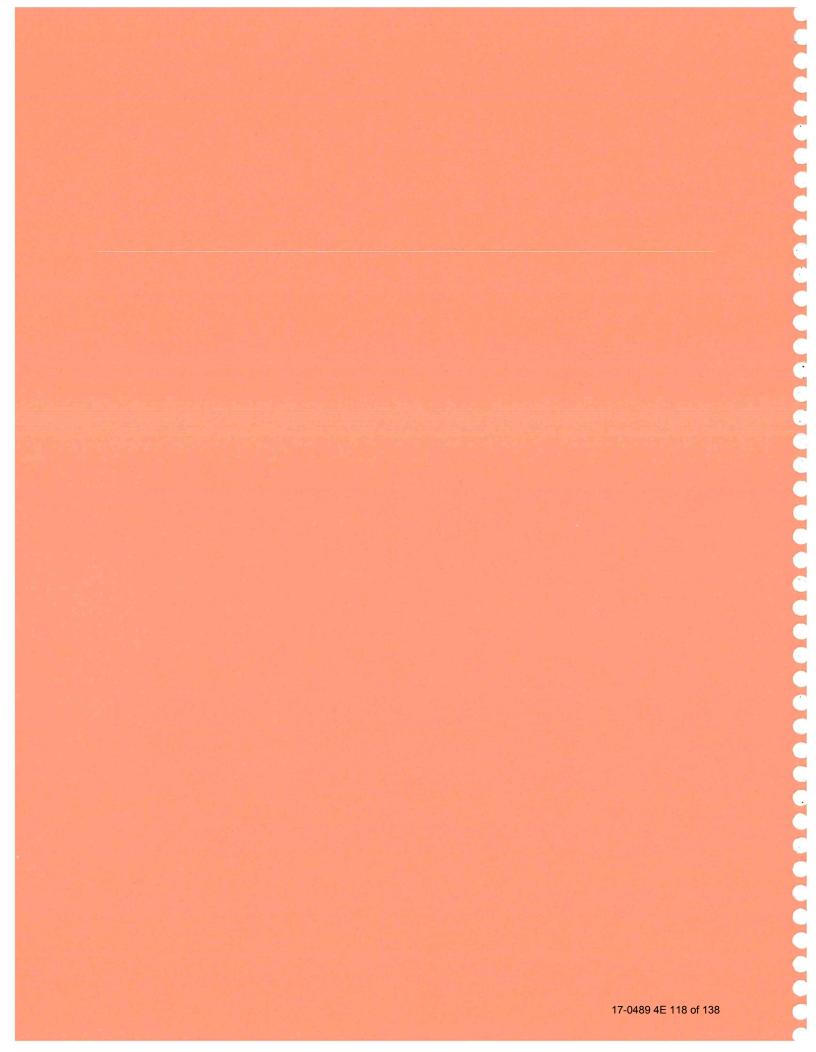
HIRED/NON-OWNED AUTO LIABILITY

\$2,000,000

UMBRELLA LIABILITY - SEE SCHEDULE ATTACHED

Form SS 00 02 12 06 Process Date: 11/09/16 Page 006 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 01/23/18
17-0489 4E 117 of 138



(Policy Provisions: WC 00 00 00 C) 66

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



Suffix LARS RENEWAL

**POLICY NUMBER: Previous Policy Number:**  57 WEC GD8166 WEC GD8166

HOUSING CODE: DX

1. Named Insured and Mailing Address: EL DORADO COUNTY CHAMBER OF

(No., Street, Town, State, Zip Code)

COMMERCE

542 MAIN ST FEIN Number: 941328508

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

To

2. Policy Period:

From 04/01/17

04/01/18

12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: VAUGHT WRIGHT & BOND INC/PHS

PO BOX 33015

SAN ANTONIO, TX 78265

Producer's Code: 122004

**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

Sugar S. Castaredas

Authorized Representative

02/12/17

Date

Form WC 00 00 01 A Process Date: 02/12/17

(1) Printed in U.S.A.

Policy Expiration Date: 04/01/18

Page 1 (Continued on next page)

17-0489 4E 119 of 138

### **INFORMATION PAGE (Continued)**

Policy Number: 57 WEC GD8166

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 Bodily injury by Disease**

\$1,000,000 \$1,000,000

each accident 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,		2,549	
EXPENSE CONSTANT (0900) 200		200	
TOTAL ESTIMATED STATE SURCHARGE 89		89	
TERRORISM (9740)	327,600	.030	98
TOTAL ESTIMATED ANNUAL PREMIUM 2,936			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:

NAICS:

**Labor Contractors Policy Number:** 

8611 SIC:

NO. OF EMP: O

Form WC 00 00 01 A

**Process Date: 02/12/17** 

(1) Printed in U.S.A.

Page 2

Policy Expiration Date: 4894/91/18

#### **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: 01-04-01

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

17-0489 4E 121 of 138

#### 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

17-0489 4E 122 of 138

#### **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.

1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Premium Basis		
Classifications	<b>Total Estimated</b>	Rates Per	Estimated
Code Number and	Annual	\$100 of	Annual
Description	Remuneration	Remuneration	Premium
TOTAL CLASS PREMIUM			2,705
WAIVER OF SUBROGATION (0930) INCL MIN	N PREM		250
CA TERRITORIAL DIFFERENTIAL PREMIUM	T108 0.910		-243
CA SMALL POLICY CREDIT 6.00 PERCEN	TT (9701)		-163
TOTAL ESTIMATED ANNUAL STANDARD PREMI	IUM		2,549
EXPENSE CONSTANT (0900)			200
CA SURCHARGE 2.000 PE	ERCENT		57
USER FUNDING ASSESSMENT 0.3128 E	PERCENT		9
FRAUD ASSESSMENT 0.1675 F	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

17-0489 4E 123 of 138



# 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

M. Cleve Morin



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.

enin Thomas

Sincerely,

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/RFQs: 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, Munice

Carey Skinner

President, El Dorado Winery Association



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.

Kris Payne, President of the EDGHS



# ALS 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,

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 wellbeing of the person under their care."-Family, El Dorado County

### **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 Wofford



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,

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,

ľim 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/RFQs:

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,

Gordon Helm Aurum Sierra, Inc.