For Paperwork Reduction Act Notice, see the separate Instructions.

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

A ' F	or the 2017	calendar year, or tax year beginning , and ending	id the latest i	mormation.		11100000017
	eck if applicable	C Name of organization			D Employe	r Identification number
\neg	idress change	PLEASANTON CHAMBER OF COMMERC	CR.			
	_	Doing business as			74-1	770285
Na	ame change	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephon	e number
lnı	tial return	PO BOX 153			<u>830-</u>	<u>569-2163</u>
	nal retum/ minated	City or town, state or province, country, and ZIP or foreign postal code		ŀ		
 -	mended return	PLEASANTON TX 78064	,		G Gross rec	eipts\$ 202,80
=		F Name and address of principal officer		H(a) is this a grou	n return for e	ubordinates? Yes X N
^1	oplication pending	WADE MCBEE		I I(a) is alis a grou	pretarrior s	
				H(b) Are all subor		
			- ['X\)	If "No," a	ittach a list	(see instructions)
<u>I</u>	ax-exempt statu		527,	4		
J W	Vebsite [.] •	PLEASANTONCOFC.COM \		H(c) Group exem	ption numbe	<u>r ♦</u>
********	orm of organizati	on X Corporation Trust Association Other •	L Y	ear of formation		M State of legal domicile
Pa		dummary				
		describe the organization's mission or most significant activities				
9	PRO	MOTION OF LOCAL COMMERCE				
Activities & Governance						
틸						
١٤	2 Check	this box ♦ if the organization discontinued its operations or disposed of i	more than 25	% of its net asse	te:	
8	3 Numbe	r of voting members of the governing body (Part VI, line 1a)	RF	CEIVED	3	182
S	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)	ا		724	182
<u> </u>	5 Total n	umber of individuals employed in calendar year 2017 (Part V, line 2a)	2	0 5 2018	⊘5	1
<u>ਬ</u>	6 Total n	umber of volunteers (estimate if necessary)	17 JN	L 0 5 2018	26	15
`	7a Total u	nrelated business revenue from Part VIII, column (C), line 12			<u> </u>	
	b Net un	elated business taxable income from Form 990-T, line 34	l no	DEN, UT	7b	
				Prior Year		Current Year
ايو	8 Contrib	utions and grants (Part VIII, line 1h)	Ļ		,628	71,58
로	-	m service revenue (Part VIII, line 2g)		169	,274	131,22
Revenue	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)	L			
~	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L			
	12 Total re	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,902	202,80
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	11	,942	8,34
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)	L			
ဖွ	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	38	,705	35,01
benses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)	L			
<u>ē</u>	b Total fo	ındraısıng expenses (Part IX, column (D), line 25) ♦	0			
<u>ш</u>	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L		,929	194,21
	18 Total e	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)	L		,576	237,57
	19 Reven	ue less expenses Subtract line 18 from line 12			,326	-34,76
5 §			F	Beginning of Curre		End of Year
sets alan	20 Total a	ssets (Part X, line 16)	ļ.		,294	78,073
d A		abilities (Part X, line 26)	Ļ		,096	5,934
울튑		sets or fund balances. Subtract line 21 from line 20		106	,198	72,13
		Signature Block				
Un	der penalties	of penjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the bes	st of my kn	owledge and belief, it is
tru	e, correct, and	complete Declaration of preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether than officer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on all information of whether the preparer (other than officer) is based on the preparer (other than of	nich preparer h	as any knowledge	· •	
						, j. × i j. ± v.
Sig	n 🏲	Signature of officer		2.	Date	N162701.
Her		BRAD MUMM Slow UNIV	PRESI	DENT 3	MA	11 W/W
		Type or print name and title				<u> </u>
	Print/1	ype preparer's name Preparer's signature		Date	Check	X if PTIN
Paid	KATH	Y PAVLOVSKY, CPA			18 self-em	ployed P01269806
Prep	parer Firm's	name " Kathryn Pavlovsky, CPA\		Fır	m's EIN 66	
Use	Only	437 West Oaklawn				
	Firm's	eddress " Pleasanton, TX 78064 U	<u> </u>	Ph	one no	830-569-216
—– Mav		uss this return with the preparer shown above? (see instructions)				Yes No
_ <u>-</u>		eduction Act Notice, see the separate instructions.			-	Form 990 (201)

				<u>4-1770285</u>	Page 2
Pai			m Service Accomplishments	-:- D+ !!!	X
1.		k if Schedule O o	contains a response or note to any line in t	nis Part III	
		OF LOCAL			
•					
	 			· · · · · · · · · · · · · · · · · · ·	
	-	_	gnificant program services during the year which we	re not listed on the	
	prior Form 990 or	r 990-EZ? • these new services	on Sahadula O		☐ Yes X No
			g, or make significant changes in how it conducts, as	ny nrogram	
	services?			, p g	Yes X No
	If "Yes," describe	these changes on S	Schedule O		
4	Describe the orga	anization's program :	service accomplishments for each of its three larges	program services, as measured by	
	-		(c)(4) organizations are required to report the amoun	t of grants and allocations to others,	
	the total expense	es, and revenue, if ar	y, for each program service reported.		
42	(Code) (Expenses \$	including grants of \$) (Revenue \$	
			ECONOMIC INTERESTS OF ALI		OUR
			TO MAINTAIN AND IMPROVE T		
	-			-	
					··· · · · · · · · · · · · · · · · · ·
4b	(Code ⁻) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program a	ervices (Describe in	Schedule ()		
40	(Expenses \$	ervices (Describe in	including grants of \$) (Revenue \$)
40		ervice expenses •	oroung granto or v	, , , , , , , , , , , , , , , , , , , ,	
DAA	. J.a. program de				Form 990 (2017)

	990 (2017) PLEASANTON CHAMBER OF COMMERCE 74-1770285	<u>/</u> _	P	age 3
Pŧ	int IV Checklist of Required Schedules			
4.	de the control of the		Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	۱.	1	v
2	complete Schedule A	1 2		X
2 _.	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	- *-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	ļ	x
4	candidates for public office? If "Yes," complete Schedule C, Part I	13		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	1	 	
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,		1	
	Part III	5	ļ	x
6		1-3-	 	
0	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	ļ		
	"Yes," complete Schedule D, Part I		1	x
7		6	├	<u> </u>
•	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	ļ	x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- '-	 	
8	complete Schedule D. Part III	8		x
^	r · · ·	100		
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		1	x
0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
U	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	Ì	x
14	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	445	х	
_	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1444	ļ	x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	 	_
a		444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
_		11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		
ıza	Schedule D, Parts XI and XII	12a	i	x
.	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ł	x _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h		144		 -
b	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.40	 	
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15]	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.0		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- `		
• /	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	T	<u> </u>
	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?		T	
. •	and the differences (about more man) & place of Grace measure man) desired accounts on a section of	i	ı	ı

If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
20å	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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?	1		
	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	İ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			7.7
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	İ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
^^	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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)	200		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ĺ	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		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l		
	or IV, and Part V, line 1	34		X
35a	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		ļ	
	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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	,	
	192 Note: All Form 990 filers are required to complete Schedule O.	38 I	A	

Form 990 (2017) PLEASANTON CHAMBER OF COMMERCE 74-1770285 Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1066. Enter -0- if not applicable 1a 30 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response or note to any line in this Part V	<u>'</u>				
be Enter the number of Forms W-2G included in line 1a Enter -0-fr fort applicable of the organization comply with backup withholding unles for reportable payments to vendors and experitable gening (gambling) wonings to puzze winners? Enter the number of employees reported on Form W-2A. Transmitted of Wage and Tax. Statements, field for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sun of lines 1 and 2a is greater than 25, you may be required to -file (see instructions) 3D. Did the organization have unrelated business gross income of \$1,000 or more dump the year? 14A. 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 accountry? 15B. Was the organization aparty to a prohibited tax sheller fransaction at any time dump the tax year? 16B. Was the organization aparty to a prohibited tax sheller fransaction at any time dump the tax year? 17B. Did any tracking be party northy the organization that at was or is a party to a prohibited tax sheller fransaction at any time dump the tax year? 17B. Die se the organization aparty to a prohibited tax sheller fransaction at any time dump the tax year? 17C. If "Yes" to line Sa or 55, did the organization file Form 8886-T7 17C. Does the organization engination that at was or is a party to a prohibited tax sheller transaction or office the organization shell are normally greater than \$100,000, and did the organization shell are an ormally greater than \$100,000, and did the organization shell are an ormally greater than \$100,000, and did the organization shell are an ormally greater than \$100,000, and did the organization shell are shell are an ormally greater than \$100,000, and did the organization shell are shell are shell are shell are shell are sh	•			1		Yes	No
the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize with more reportable gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) within gamming (gambing) with gamming	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		30			
responsible garning (gambling) wornings to prize womener? 2 Einter the rumber of employees propried on Form W3, Transmittal of Wage and Tax Statements, Ried for the calendar year ending with or within the year covered by this return 3 I state as in one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-Rie (see instructions) 3 D I the organization have unrelated business gross income of \$1,000 or more during the year? 4 A I any time during the calendar year, did the organization have an interest at, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial account in a foreign country (such as a bank account, securines account)? 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Was the organization ap party to a prohibited tax sheller transaction at any time during the tax year? 5 Li "Yes" to line 5 ar 05, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 Li "Yes" to line 5 ar 05, did the organization file Form 8886-77 5 Loes the organization approach have mainly greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Li "Yes" to line 5 ar 05, did the organization file Form 8886-77 6 Loes the organization state may receive deductible contributions under section 170(c). 1 Deduction of the payor? 1 Li "Yes," indicate the number of Forms 8286 filed during the year 2 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and serices provided to the payor? 2 Li "Yes," indicate the number of Forms 8286 filed during the year 3 Possible from 8282 years and serices and series and series and	þ	• • • • • • • • • • • • • • • • • • • •	<u>1b</u>				
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, life for the calendary pare ending with or white the year covered by this nature If at least one is reported on line 2a, did the organization file all required floaterial employment tax retrums? No Unit the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unstelled bousness gross some of \$1,000 or more during the year? 3c If Yes, 1 has \$1 filed \$1 Form 990-1 for this year? If Yo' To line 3b, provide an explanation in Schedule O 3c If Yes, 1 has \$1 filed \$1 \text{ Form 990-1 for this year? If Yo' To line 3b, provide an explanation in Schedule O 3c If Yes, 1 has \$1 filed \$1 \text{ Form 990-1 for this year? If Yo' To line 3b, provide an explanation of Schedule O 3c If Yes, 2 fine the name of the foreign country ◆ 3c If Yes, 2 fine the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Inter the name of the foreign country ◆ 3c If Yes, 3c Interest the name of the foreign country ◆ 3c If Yes, 3c Interest the name of the foreign country ◆ 3c If Yes, 3c Interest the name of the foreign country ◆ 3c If Yes, 3c Interest the name of the foreign country ◆ 3c If Yes, 3c Interest the name of the foreign country of the organization shell exhaust the name of the name of the name of the name of the normal pross recepts that are normally greater than \$100,000, and did the organization shell exhaust the name of the name	С						
Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 but the organization has uniteralized business gross some of \$1,000 or more during the year? 3 but the organization has uniteralized business gross some of \$1,000 or more during the year? 3 but the organization has uniteralized business gross some of \$1,000 or more during the year? 3 but 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 accounts (rEAR) 5 but any taxoble party nority the organization for FinCEN Form 114, Report of Foreign Bank and Financial accounts (rEAR) 5 but any taxoble party nority the organization that at was or is a party to a prohibited tax shelter transaction? 5 but any taxoble party nority the organization file Form 8886-72 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut if "Yes" to line 5a or 5b, did the organization file Form 8886-77 5 cut organization shall be organization file Form 8886-77 5 cut organization shall be organization file Form 8886-77 6 due to did the organization form organization file Form 8886-77 6 due to did the organization necewe a payment in excess of \$75 made party as a contribution and party for goods and senders provided to the payment in excess of \$75 made party as a contribution and party for goods and senders provided to the payment in excess of \$75 made party as a contribution or payment in excess of \$75 made party as a contribution or payment in excess of \$					1c	ļ	X
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Form 990 (2017) PLEASANTON CHAMBER OF COMMERCE 74-1770285 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 182 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 182 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 X Did the organization have a written document retention and destruction policy? 14 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 Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **None** 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

TX 78064

830-569-2163

CHAMBER OF COMMERCE

PLEASANTON

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records: •

PO BOX 153

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

- 1a 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

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

(A) Name and Title	(B) Average hours per week (list any	bo off	x, unle ficer a	Pos check ess pe	rson i	re than one n is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRAD MUMM										**
	2.00	1	1			1 }				
PRESIDENT	0.00	X	ļ	X	<u> </u>			0	0	0
(2) WADE MCBEE				ĺ		i l				
	2.00	l								
VICE PRESIDENT	0.00	X		Х		\vdash	_	0	0	0
(3) JACKIE BROWN	0.00					l l				
	2.00			.					•	•
TREASURER (4) CINDY MUMM	0.00	X		X	_	\vdash		0	0	0
(4) CINDI MOMM	2.00									
EXECUTIVE DIRECTOR	0.00	x						o	0	0
(5) JESSICA WIER	1 0.00	┢	-	-	_				0	
(5) OEBBICA WIER	2.00									
2ND VP	0.00	X		x				o	o	0
(6) SUE BROWN	1	 		-						
(0,002 210.11	2.00									
DIRECTOR	0.00	x				1 I		o	0	0
(7) LISA MCASKILL										
(,,	2.00									
DIRECTOR	0.00	x	l					ol	0	0
(8) GREG LEECH										
• •	2.00					\ \				
DIRECTOR	0.00	X						0	0	0
(9) KELLY MCBEE										
	2.00									
DIRECTOR	0.00	X				igsquare		0	0	0
(10) DANA BRIONES	1									
	2.00									_
DIRECTOR	0.00	X		<u> </u>		\sqcup		0	0	0
(11)										
DAA	<u> </u>	<u> </u>		لـــا	L					Earn 990 (2017)

P	Y VII Section A. Officers	, Directors, Tru	stee	s, N	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continuea)				
	(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos heck ss pe	rson ı	than o s both r/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other ompensa	of tion	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organizat and relat rganizati	on ed	
												·· ··· ··		
											_			
-41-	Sub and													
1b c d_	Sub-total Total from continuation she Total (add lines 1b and 1c)	·						* *						<u> </u>
	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of			Yes	No
3	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin	" complete Schede e 1a, is the sum	<i>dule</i> of re	<i>J for</i> porta	suci able	h ind	<i>lividu</i> pens	<i>ial</i> satio	n and other compensation	from the		3		X_
5	organization and related organization and related organizational Did any person listed on line for services rendered to the organization.	la receive or acc	rue d	comp	ens	atıor	n fron	n an	y unrelated organization or			5		x x
Sect 1	on B. Independent Contractor Complete this table for your fire		anca	ted i	nder	and	ent c	ontr	ractors that received more t	han \$100 000 of				
	compensation from the organ	zation Report co (A) I business address	ompe	ensa	tion	for t	he ca	lend	dar year ending with or with	in the organization's tax ye (B) bon of services	ear	Com	(C) pensation	
	Name and	- Control of the cont											-	<u> </u>
				-										
	Total number of independent								se listed above) who					
DAA	received more than \$100,000									0		Form	990 (2017)

Form 990 (2017) PLEASANTON CHAMBER OF COMMERCE Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Total revenue Unrelated excluded from tax exempt function revenue under sections revenue 512-514 1a Federated campaigns 21,650 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 40,000 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9,930 g Noncash contributions included in lines 1a-1f 71,580 h Total. Add lines 1a-1f Busn. Code Revenue 127,819 127,819 COWBOY HOMECOMING 2a 3,403 3,403 b TASTE OF ATASCOSA Program Service f All other program service revenue 131,222 ٠ g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds • Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps C Rental inc or (loss) • d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets other than invento h Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses • c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 11a b d All other revenue Total. Add lines 11a-11d 0 202,802 131,222 Total revenue. See instructions

PLEASANTON CHAMBER OF COMMERCE Form 990 (2017)

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1,590 1,590 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 6,750 6,750 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 34,954 34,954 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 61 61 Payroll taxes Fees for services (non-employees) a Management b Legal 2,226 2,226 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 8,487 10,838 19,325 12 Advertising and promotion 3,043791 3,834 Office expenses 13 Information technology 14 15 Royalties 16,399 800 15,599 Occupancy 16 121 121 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 948 948 Depreciation, depletion, and amortization 22 1,360 9,200 10,560 23 Insurance 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) 62,350 62,350 COOK OFF PAYOUT а 27,106 27,106 ENTERTAINMENT b 9,450 9,450 SECURITY C 7,275 7,275 FOOD/BEVERAGE 33,461 1,161 34,622 e All other expenses 78,151 237,571 159,420 Total functional expenses. Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 97,038 69,013 1 Cash-non-interest bearing 5,502 2 2 Savings and temporary cash investments 3 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 24,474 other basis Complete Part VI of Schedule D 10a 15,668 9,754 8,806 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 112,294 78,073 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,096 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,934 6,096 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ◆ complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 72,139 106,198 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ◆ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds Š 32 106,198 33 Total net assets or fund balances 78,073 112,294 Total liabilities and net assets/fund balances

m	990 (2017) PLEASANTON CHAMBER OF COMMERCE 74-1770285				Pag	ge 12
Pa	Reconciliation of Net Assets					,
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			37 <u>,</u> 9	
3	Revenue less expenses Subtract line 2 from line 1	3			34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	06,:	<u> 198</u>
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				<u>710</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> </u>	•	72,:	139
Pa	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 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					_
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		Į	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					
	Separate basis Consolidated basis Both consolidated and separate basis		1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ł			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in		ſ			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]		
	the Single Audit Act and OMB Circular A-133?		}	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

♦ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047
2017
Open to Public

Inspection

Employer identification number

PLEASANTON CHAMBER OF COMMERCE 74-1770285 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year • 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, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) Yes 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	2193	CON CHAMBER				<u>74-1</u>			Page 2
Part	III Organizations Maintaini	ng Collections of	Art, I	Historical T	reasures,	or Othe	r Simi	lar Assets	(continued)
3 U:	sing the organization's acquisition, acces offection items (check all that apply)	ssion, and other record	ls, chec	k any of the fo	llowing that a	ire a signif	icant us	e of its	
а	Public exhibition	d 🗍	Loan o	r exchange pro	grams				
ь	Scholarly research	e 🗍	Other	•	•				
c	Preservation for future generations	_							
4 Pi	rovide a description of the organization's	collections and explain	n how t	hey further the	organization	's exempt	purpose	ın Part	
XI		·		•	•	•			
	uring the year, did the organization solici								
Part	IV Escrow and Custodial A		part of t	ne organization	's collection				Yes No
Lait	Complete if the organization	-	" on E	orm 000 Ba	art IV/ Jino i	0 or ron	ortod c	n omount	on Form
	990, Part X, line 21.	on answered res	OHE	OIIII 990, Fa	artiv, iine	e, or rep	orteu a	an amount	on roini
40.10						40.004			
	the organization an agent, trustee, custo	odian of other intermed	nary for	contributions	or other asse	ts not			
	cluded on Form 990, Part X?	111 and sometices that \$-		A a fall a					Yes No
D II	"Yes," explain the arrangement in Part X	ill and complete the fo	llowing	table					
_								 	Amount
	eginning balance							1c	
	dditions during the year							1d	
	istributions during the year							1e	
f E	nding balance							1f	
2a D	id the organization include an amount on	Form 990, Part X, line	21, for	r escrow or cus	todial accour	nt liability?			Yes No
	"Yes," explain the arrangement in Part X	III Check here if the e	xplanat	ion has been p	rovided on P	art XIII			
Part									
	Complete if the organization	<u>on answered "Yes</u>	<u>" on F</u>	<u>orm 990, Pa</u>	art IV, line	10			
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Th	ree years back	(e) Four years back
1a B	eginning of year balance		<u> </u>						
b C	ontributions								
c N	et investment earnings, gains, and								
	esses								
d G	rants or scholarships								
	ther expenditures for facilities and				<u> </u>				
	rograms								
•	dministrative expenses								<u> </u>
	nd of year balance								
_	rovide the estimated percentage of the c	urrent year end halanc	e (line :	1a column (a))	held as:				
	oard designated or quasi-endowment ◆	%	· ()	· g, column (a)/	11010 05.				
	ermanent endowment ♦ %								
	emporarily restricted endowment ◆	%							
	he percentages on lines 2a, 2b, and 2c s								
	re there endowment funds not in the pos	•	ntion th	at are hold and	administero	d for the			
	•	session of the organiza	ation th	at are nero and	aummatere	u ioi tiie			Yes No
	rganization by								
•) unrelated organizations								3a(i)
-	i) related organizations			Cabadula D2					3a(ii)
	"Yes" on line 3a(II), are the related organ	·							3b
Married Control of the Control of th	escribe in Part XIII the intended uses of the		wment	tunas					
Part		-	" as [orm 000 D-	m+1\/ 1im.c.:	110 0	. Co	000 0-4	V line 10
	Complete if the organization								
	Description of property	(a) Cost or other ((b) Cost or (ccumulate	a	(d) Book value
		(investment)		(oth	о)	de	preciation		
1a La				+					
b B	uildings			 					
c Le	easehold improvements			ļ					
d E	quipment								
<u>e O</u>					24,474		<u> 15</u>	,668	8,806
Total. A	Add lines 1a through 1e (Column (d) mus	st equal Form 99 <u>0, P</u> ar	t X, coli	<u>umn (B), line 10</u>	0c)			•	<u>8,806</u>

Page	2

Part VII	Investments—Other Securities.	1 - 5 - 000 D- 4 N/ E-	141 O F 200 D 1 V II 10
	Complete if the organization answered "Yes"		
	(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			Cost of Charactypea Market Value
• •	eld equity interests	 	
(3) Other	era equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ◆		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
		ŀ	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
			
(7)			<u> </u>
(8)			
(9)	- (1) (5) (5) - (6) -		
	n (b) must equal Form 990, Part X, col. (B) line 13) ◆		
Part IX	Other Assets.	Lan Farma 000 Dant IV line	444 O F 000 D-4V P 45
	Complete if the organization answered "Yes"		
	(a) Description		(b) Book value
(1)			
_(2)			
(3)		<u></u>	
(4)		····	
(5)			
(6)			
_(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.	, ,	, ,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
_(6)			
(8)			
(9)			
	in (b) must equal Form 990, Part X, col. (B) line 25.) ◆		
	uncertain tax positions. In Part XIII, provide the text of the		
organization's	liability for uncertain tax positions under FIN 48 (ASC 740	D). Check here if the text of the for	ootnote has been provided in Part XIII

ch <u>e</u>	dule D (Form 990) 2017 PLEASANTON CHAMBER OF COMME	RCE	74-177028	5	Page 4
Pa	rt'XI Reconciliation of Revenue per Audited Financial State		•	urn.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, lın	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		ļ	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		- 1	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990	, Part IV, lin	ie 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		1	
d	Other (Describe in Part XIII)	_2d		- 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-	- 1	
С	Add lines 4a and 4b			4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017 PLEASANTON CHAMBER OF COMMERCE

74-1770285

Page 5

Part XIII Supplemental Information (continued)

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SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

(a) Name and address of organization or government

Ξ

Part II

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

♦ Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

Open to Public Inspection 2017

Employer identification number

OMB No 1545-0047

ŝ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes 74-1770285 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section (if applicable) PLEASANTON CHAMBER OF COMMERCE General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance?

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table ~

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

Schedule I (Form 990) (2017)

on the design	CALACTURE CONTRACT DIFASANTON CHAMBER OF COMMERCE	HAMBER OF COM		74-1770285		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	o Domestic Individua	is. Complete if the o	rganization answere	1 "Yes" on Form 990, Part	V, line 22.
	Part III can be duplicated if additional space is needed.	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of noncash assistance FMV, appraisal, other)
1 SCHOI	1 SCHOLARSHIPS	7	6,750			
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information re	equired in Part I, line	2; Part III, column (b	; and any other additional	nformation.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

◆ Attach to Form 990 or 990-EZ. ◆ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLEASANTON CHAMBER OF COMMERCE

74-1770285

Employer identification number

Form 990, Part III, Line 4d - All Other Accomplishment PROMOTION OF COMMON ECONOMIC INTERESTS OF ALL LOCAL BUSINESS IN OUR COMMUNITY, STRIVING TO MAINTAIN AND IMPROVE THE AREA'S QUALITY OF LIFE.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

BRAD MUMM

CINDY MUM

2ND VP

DIRECTOR

MARRIED

Form 990, Part VI, Line 6 - Classes of Members or Stockholders ORGANIZED WITH MEMBERS

Form 990, Part VI, Line 7a - Election of Members and Their Rights ANNUAL ELECTION HELD FOR GOVERNING BODY BY MEMBERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 REVIEWED BY OFFICERS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE AT OFFICE

Form 990, Part IX, Line 24e - Other Expenses Description

Program Service

Mgt & General

Fundraising

TEMPORARY WORKERS

me of the organization					Employer identificat	
PLEASANTON CH	LAMBER	OF COMMERCE			74-177028	5
	\$	5,806	\$	0	\$	0
SET UP EXPEN	ISE					
		E 221		•		
	\$	5,331	\$	0	\$	0
COOK OFF EXPE	INSE					
	\$	4,454	\$	0	\$	0
COURT WARDROB	BE					
	\$	3,417	\$	0	\$	0
RENT	•	•	•	-	•	· ·
KENI						
	\$	3,000	\$	0	\$	0
PRIZES						
	\$	2,232	\$	0	\$	0
FLOAT						
	\$	1,727	\$	0	\$	0
AWARDS BANQUE		_,	•	· ·	*	J
AWARDS BANQUE						
	\$	1,616	\$	0	\$	0
SPONSORSHIP E	XPENSE	:				
	\$	1,179	\$	0	\$	0
RENT						
	\$	967	\$	0	\$	0
		307	4	O .	÷	U
LICENSE/PERMI						
	\$	753	\$	0	\$	0
ICE						
	\$	744	\$	0	\$	0
MEMBER EXP						
	\$	0	\$	480		^
	4	U	ş	200	\$	0
SUPPLIES						
	\$	381	\$	0	\$	0
					Page 1 of	3

hedule O (Form 990 or 990-EZ) (201				Employer identifica	
PLEASANTON CHAMBER	OF COMMERCE			74-177028	35
MILEAGE EXP					
\$	0	\$	344	\$	0
COWBOY OF THE YEAR					
\$	336	\$	0	\$	0
ENDOR EXPENSE					
\$	325	\$	0	\$	0
ENTERTAINMENT					
\$	300	\$	0	\$	0
IC/PERMITS					
\$	0	\$	207	\$	0
SECURITY					
\$	200	\$	0	\$	0
START UP MONEY					
\$	200	\$	0	\$	0
CHRISTMAS BASH					
\$	150	\$	0	\$	0
IL MR AND MRS EXP	ENSE				
\$	120	\$	0	\$	0
PARTY					
\$	119	\$	0	\$	0
LOWERS AND GIFTS					
\$	0	\$	95	\$	0
PARADE					
\$	54	\$	0	\$	0
BRUSH COUNTRY CHRI	STMAS				
\$	50	\$	0	\$	0
IBCA FEE					
				Page 2 of	: ૧

thedule O_(Form_990 time of the organization					Employer identifica	Pa tion number
PLEASANTON	CHAMBER	OF COMMERCE			74-177028	35
•	\$	0	\$	35	\$	0
Total				1		
	Ś	33,461	Ś	1,161	Ś	0