

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 South Orange County Regional Chambers of Commerce Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 27758 Santa Margarita Parkway 378

City or town, state or province, country, and ZIP or foreign postal code
 Mission Viejo, CA 92691

D Employer identification number
 95-2668003

E Telephone number
 (949) 600-5470

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.socchambers.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 152,484

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	50,394
	3 Membership dues and assessments	3	102,090
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	152,484	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	77,398
	14 Occupancy, rent, utilities, and maintenance	14	5,020
	15 Printing, publications, postage, and shipping	15	576
	16 Other expenses (describe in Schedule O)	16	62,491
17 Total expenses. Add lines 10 through 16 ▶	17	145,485	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,999
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38,498
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	45,497

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
CommunicationsLAB 701 E Chapman Ave Orange, CA 92866	Management Services	56,917
Thomas Communications Group LLC 20532 El Toro Rd Ste 210-A Mission Viejo, CA 92692	Management Services	5,567

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2018-11-29 Date
Kristen Camuglia Chair Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jon M LaVine CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00518678
	Firm's name ► LaVine & Associates CPAs Inc			Firm's EIN ► 33-0948616	
	Firm's address ► 26691 Plaza Drive Suite 222 Mission Viejo, CA 926916348			Phone no (949) 367-1935	

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

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 95-2668003

Name: South Orange County Regional Chambers of
Commerce Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Program services and events contribute for networking to build and support a strong local economy, promote job creation, education and retention (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Name of the organization

South Orange County Regional Chambers of Commerce Inc

Employer identification number

95-2668003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2089

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$1636

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2273

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Events Expense \$33112

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Events Consultants \$15500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Program services \$1931

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Bank Credit Card Fees \$1787

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Equipment Lease & Maintenance \$1762

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Member services \$1345

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	EconPAC Expenses \$1056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$23971 Accounts Payable and Accrued Expenses - Ending \$1315