

Form **990EZ**  
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)

OMB No. 1545-1150  
**2019**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**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) \_\_\_\_\_

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

**I** Website: [www.socchambers.com](http://www.socchambers.com)  
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527

**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 . . . . . **\$ 126,950**

**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 . . . . .

Table with 9 rows for Revenue. Columns include line numbers, descriptions, and amounts. Total revenue is 126,950.

Table with 13 rows for Expenses and Net Assets. Columns include line numbers, descriptions, and amounts. Total expenses are 80,373. Net assets at end of year are 134,495.

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	87,938	<b>22</b> 122,784
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b> 16,000
<b>25</b> Total assets . . . . .	87,938	<b>25</b> 138,784
<b>26</b> Total liabilities (describe in Schedule O). . . . .	20	<b>26</b> 4,289
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,918	<b>27</b> 134,495

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 To promote business, civic, and economic growth in the Saddleback Valley area; supporting necessary public improvements, education, libraries, together with the locating, developing, and expanding of businesses, services, professions, commerce and related industries.

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.)

**28**  
 See Additional Data Table

(Grants \$ ) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>		<b>29a</b>
(Grants \$ ) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b>		<b>30a</b>
(Grants \$ ) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) . . . . .	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .		<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mike Balsamo	2.00	0		
Chair-Elect				
Kristen Camuglia	2.00	0		
Advocacy				
Paul Simons	2.00	0		
Past-Chair				
Amanda Hughes	2.00	0		
Treasurer				
Steve LaMotte	2.00	0		
Chairman				

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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of CommunicationsLAB Telephone no. (949) 600-5470
Located at 27758 Santa Margarita Pkwy 378 Mission Viejo, CA ZIP + 4 92691

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	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 . . . . .

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

**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	67,470

**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.

<b>Sign Here</b> Signature of officer	2020-11-30 Date
Steve LaMotte Chairman Type or print name and title	

<b>Paid Preparer Use Only</b>	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 ▶ 25201 Paseo De Alicia Ste 120 Laguna Hills, CA 92653			Phone no. (949) 367-1935	

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

## Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**EIN:** 95-2668003  
**Name:** South Orange County Regional Chambers of  
Commerce Inc

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

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p><b>28</b> Program services and events contribute for networking to build and support a strong local economy, promote job creation, education and retention.</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Internal Revenue Service

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.1003	Information Technology \$364

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.1012	Insurance \$856

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.1	Events Expense \$5210



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	Administrative & Overhead Exp \$2001

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.3	Storage \$1353

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	Bank Credit Card Fees \$948

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.5	Member services \$721

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets.1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$16000

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$20 Accounts Payable and Accrued Expenses - Ending \$0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities.1	Credit Card Payable - Beginning \$0 Credit Card Payable - Ending \$4289