

Board of Directors

Bruce Spangler, President (Oroville)
 Brooke Isenberg, Vice President (Chico)
 Analise Uhrig Secretary (Chico)
 Mohammad Billah, Treasurer (Chico)
 Jasmin Wilson, (Oroville)
 Haroon Saddique (Paradise)
 Nicole Johansson, (At Large)
 John Pearson, (At Large)

**Advisory Board**

Victoria Anton, Oroville
 Melanie Bassett, Chico
 Colette Curtis, Paradise
 Sarah Boesen, Chico
 Jennifer Leonard, Unincorporated
 Holly Jorgensen, Oroville
 Melissa Schuster, Paradise
 Marci Shadd, Biggs

EXPLORE BUTTE COUNTY BOARD MEETING

July 8, 2021

Time: 12:00 – 2:00 pm

Meeting will be a hybrid with in-person and zoom options.

In-person meeting

326 Huss Lane, Suite 100, Chico
 Large Meeting Room

Join Zoom Meeting

<https://us02web.zoom.us/j/84507793000?pwd=c2dqL0hDbG9LOGFXc2gza0QzZkFuQT09>

Dial in: 669-900-9128

Meeting ID: 845 0779 3000

Passcode: 670630

AGENDA

PURPOSE: The purpose of this corporation shall be to promote Butte County tourism through the development and operation of a tourism business improvement district and other programs and initiatives.

1. Call to order and roll call – virtual meeting, votes will be considered aye, unless individual members abstain or verbally vote no.

2. **CONSENT AGENDA**

2.1 Approval of Board [Meeting Minutes](#) of May 13 and [Special Meeting](#) May 6

2.2 Approval of [May](#) and [June](#) 2021 financials

3. **PUBLIC COMMENT**

The public is invited to address the Board regarding any non-agenda items at this time. Time is limited to 3 minutes per speaker. The Board may not take any action on public comment.

4. **REGULAR AGENDA**

- 4.1 **CONSIDERATION OF MID-YEAR BUDGET REVIEW AND ADJUSTMENT**

[Link to Proposed Budget](#)

[Link to Narrative](#)

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After reviewing the final P&L for 2020 and looking at the first 4 months of 2021 it is anticipated that we will receive \$39,000 more from Program Income. A proposal for where that additional income should be allocated is attached and includes increases to: Advertising, Advertising Agency, Printing, Marketing Staff & related expenses, General Administration, Insurance (auto), Admin Staff, Subscriptions.

Recommendation: *To approve the recommended budget adjustment for 2021.*

4.2 CONSIDERATION OF 2020 990s FOR APPROVAL

[Link to Final 2020 Financials](#)

[Link to 990s](#)

EBC's CPA finalized 2020 990s. They are required to be reviewed by the BOD.

Recommendation: *To approve the 990s as submitted.*

4.3 OROVILLE TOURISM COMMITTEE UPDATE

[Link to committee meeting minutes](#)

Strategic Goal: Build Brand Momentum & Strong Local Partnerships

Committee met to do a final review of the mapping project and budget. Budget cost was increased because committee wants the final editable creative when project is done and the web-formatted map was also additional budget. There will be costs associated with EBC's work to format the map for EBC website. Committee also reviewed budget to consider supporting the Oroville 4th of July fireworks. Committee confident budget will be available and \$1,000 was offered as sponsorship for the event.

Recommendation: *Information only.*

4.4 CHICO TOURISM COMMITTEE UPDATE – Analise Uhrig

Strategic Goal: Build Brand Momentum & Strong Local Partnerships

[Link to committee meeting notes](#)

Update on funding opportunities and how to use zone marketing. Committee would like to allocate up to \$3,000 to have a booth at the Louie Vermeil sprint car races, create collateral, and hand out items for this group of visitors. Committee would also like to use Chico Zone Marketing funds to hire a contractor to help accomplish Chico goals, specifically around special events and coordination of Chico business support.

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Recommendation: Consideration of the committee's recommendations

1. Allocate \$3,000 to support activities and activations around the Louie Vermeil Classic Labor Day Weekend;
 2. Approval of zone marketing to be used for funding a contract position specifically to support Chico zone activities
5. **REPORTS AND COMMUNICATIONS**
- 5.1 **MARKETING COMMITTEE REPORT** *John Pearson*
- 5.2 **EXECUTIVE DIRECTOR REPORT** *Carolyn Denero*
- 5.3 **ITEMS FOR SEPTEMBER BOARD MEETING** *Board Suggestions*
6. **CLOSED SESSION**
- 6.1 **DISCUSSION OF EXECUTIVE DIRECTOR POSITION AND STAFF FUNDING**
7. **ADJOURNMENT**

Next regular board meeting is scheduled for September 9, 2021.

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EXPLORE BUTTE COUNTY SPECIAL BOARD MEETING

May 6, 2021
 Time: 1:00pm

Join Zoom Meeting

<https://us02web.zoom.us/j/82616292656?pwd=bkVxSmRsNmxybzNQUHczUG5YM2IKZz09>

MINUTES

1. Call to order and roll call – virtual meeting, votes will be considered aye, unless individual members abstain or verbally vote no.

Meeting was called to order at 1:02 p.m.

Present: Bruce Spangler, Brooke Isenberg, Mohammad Billah, Jasmin Wilson, Haroon Saddique, John Pearson, Victoria Anton, Sarah Boesen, Carolyn Denero.

Absent: Analise Uhlrig, Nicole Johansson.

2. **SPECIAL MEETING AGENDA**

2.1 CONSIDERATION OF PURCHASING SPRINTER VAN FOR MOBILE VISITOR CENTER

Strategic Goal: Build Brand Momentum

Board President Spangler has requested a special meeting to approve the purchase of a specific vehicle for the Mobile Visitor Center. The marketing committee was prepared to recommend the purchase of a 2021 new Mercedes Sprinter Van at the May 13, 2021 board meeting as sourced by the committee. There are only 3 said vans available in a 250-mile radius that meet the specifications and it is imperative that the van be secured as soon as possible.

A motion was made by Director Pearson and seconded by Director Spangler to approve the purchase of a 2021 Mercedes Sprinter Van 2500 not to exceed a total price of \$60,000.

Note: There may be special depreciation available through the CARES act; Director Wilson to follow up with EBC CPA.

Motion carried by the following vote:

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AYES: Spangler, Isenberg, Billah, Wilson, Saddique, Pearson.

NOES: None

ABSTENTIONS: None

3. **ADJOURNMENT**

Meeting adjourned at 1:10 p.m.

Minutes respectfully submitted by Carolyn Denero

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EXPLORE BUTTE COUNTY BOARD MEETING

May 13, 2021

Time: 12:00 – 2:00 pm

Meeting Via Zoom

MINUTES

-
1. Call to order and roll call – virtual meeting, votes will be considered aye, unless individual members abstain or verbally vote no. Meeting called to order by President Spangler at 12:08pm.

Present – Directors: Spangler, Isenberg, Uhrig, Wilson, Johansson, Pearson, Billah*, Saddique*. Advisors: Anton, Boesen, Leonard, Jorgensen, Schuster, Shadd.

Absent – Advisors: Bassett, Curtis.

Guests – Kathryn Mathis: City of Chico, Amber Marron: Oroville Chamber, Shelly James & Tami Travis: PorterCo, Travis Gee: State Parks

Staff: Denero, Baer, Salas

*directors present for some portion of meeting, neither voted

2. **CONSENT AGENDA**

2.1 Approval of Board Meeting Minutes of March 11, 2021

2.2 Approval of March and April 2021 financials

A motion was made by Director Johansson and seconded by Director Uhrig to approve the consent agenda items.

The motion carried by the following vote:

AYES: Spangler, Isenberg, Uhrig, Wilson, Johansson, Pearson

NOES: None

Abstentions: None

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3. **PUBLIC COMMENT**

The public is invited to address the Board regarding any non-agenda items at this time. Time is limited to 3 minutes per speaker. The Board may not take any action on public comment.

4. **REGULAR AGENDA**

4.1 PRESENTATION BY STATE PARKS

Projections of State Park usage as we move into the height of summer travel. How might this affect EBC's efforts?

Travis Gee from California State Parks presented the most up to date information about the State Recreation Area around Lake Oroville. Of note; visitation has been up and a new "glamping" site will be available this season. No action required.

4.2 CONSIDERATION OF OROVILLE TOURISM COMMITTEE RECOMMENDATION – presented by Victoria Anton

Strategic Goal: Build Brand Momentum & Strong Local Partnerships

The Oroville Tourism Committee decided that the entire budget should be used to create an Oroville-specific attractions map that can be handed out to visitors and potential visitors. It should be focused around Downtown and the Feather River. The map will not include individual businesses, but instead it will focus on attractions, museums, outdoor recreation spaces. The front side will be the map, the back side will be narrative options for building itineraries and/or additional information valuable to visitors. Map will also be available with a digital component so that it is not only in print form.

Motion was made by Director Spangler and seconded by Director Wilson to allow the Oroville Tourism Committee to utilize all Oroville zone marketing funds to the creation of the Oroville Area Attractions map as needed.

The motion carried by the following vote:

AYES: Spangler, Isenberg, Uhrig, Wilson, Johansson, Pearson

NOES: None

Abstentions: None

4.3 CHICO TOURISM COMMITTEE UPDATE – presented by Analise Uhrig

The Chico Tourism Committee met to discuss the current projects and any on the horizon for the remainder of the funds for 2021. After review of the State's plan to

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reopen with very little restriction, the committee felt that the QR program for restaurants would be a wasted effort and instead would like to allocate \$5,000 of that \$10,000 to reprinting the Bidwell Park maps. The Chico Chamber will pay the difference in the total invoice. At this time no other recommendation has been made for Chico Zone Marketing

A motion was made by Director Uhrig and seconded by Director Spangler to approve a \$5,000 allocation to reprint the Bidwell Park map.

The motion carried by the following vote:

AYES: Spangler, Isenberg, Uhrig, Wilson, Johansson, Pearson

NOES: None

Abstentions: None

4.4 CONSIDERATION OF THE MOBILE VISITOR CENTER CONVERSION PLAN AND FUNDING APPROVAL

The Board of Directors has already approved a \$150,000 budget for the purchase and outfitting of a mobile visitor center. At a special board meeting on May 6th, the Board approved the purchase of a 2021 Mercedes Sprinter Cargo Van. The conversion will need to be completed by a conversion company.

A motion was made by Director Pearson and seconded by Director Johansson to allow the Marketing Committee to continue the process and build out of the mobile visitor center not to exceed the already-approved budget of \$150,000 minus the cost of the vehicle.

The motion carried by the following vote:

AYES: Spangler, Isenberg, Uhrig, Wilson, Johansson, Pearson

NOES: None

Abstentions: None

4.5 CONSIDERATION OF MOVING TO IN-PERSON BOARD MEETINGS BEGINNING JULY 8

As the State of California expects to remove most COVID-19 related restrictions for businesses around the state, this Board is asked to consider moving back to in-person board meetings at the EBC main office with distancing and masking requirements in place.

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Board offered Denero direction to research a hybrid model for the July meeting. If possible, many would like to meet in person while a few are still hesitant.

5. **REPORTS AND COMMUNICATIONS**

5.1 **MARKETING COMMITTEE REPORT** *John Pearson*

5.2 **EXECUTIVE DIRECTOR REPORT** *Carolyn Denero*

5.3 **ITEMS FOR MAY BOARD MEETING** *Board Suggestions*

6. **CLOSED SESSION – Board entered closed session at 1:42 p.m.**

6.1 ANNUAL REVIEW OF EBC EXECUTIVE DIRECTOR CAROLYN DENERO AND CONSIDERATION OF ANNUAL BONUS STRUCTURE

Board returned from closed session at 2:33 with the following action: Board offered Denero a 5% pay increase and follow up to create a bonus program for all staff.

7. **ADJOURNMENT**

Meeting was adjourned at 2:35 p.m.

Minutes respectfully submitted by Carolyn Denero.

Explore Butte County
Balance Sheet
As of May 31, 2021

	May 31, 21
ASSETS	
Current Assets	
Checking/Savings	
1000 · Tri Counties Bank	978,723.27
Total Checking/Savings	978,723.27
Total Current Assets	978,723.27
Fixed Assets	
1550 · Vehicle	55,572.41
1500 · Furniture and Equipment	15,393.73
1600 · Accumulated depreciation	-5,766.00
Total Fixed Assets	65,200.14
TOTAL ASSETS	1,043,923.41
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2100 · TCB Credit Card #1238-Carolyn D	6,885.42
2101 · Credit Card #3044-Ashley Baer	1,676.88
2102 · Credit Card #3036 -Alicia Salas	471.22
Total Credit Cards	9,033.52
Other Current Liabilities	
2400 · Payroll Liabilities	3,910.62
Total Other Current Liabilities	3,910.62
Total Current Liabilities	12,944.14
Total Liabilities	12,944.14
Equity	
3200 · Unrestricted Net Assets	1,027,576.15
3300 · Net Assets - Reserved	
3360 · Reserved - Zone Marketing	167,369.68
Total 3300 · Net Assets - Reserved	167,369.68
Net Income	-163,966.56
Total Equity	1,030,979.27
TOTAL LIABILITIES & EQUITY	1,043,923.41

Explore Butte County

Profit & Loss

May 2021

	May 21
Ordinary Income/Expense	
Income	
4000 · Program Income	
4300 · Chico	60,441.92
Total 4000 · Program Income	60,441.92
4800 · Other Types of Income	
4810 · Interest Income	8.23
4870 · Visitor Guide Advertising	3,000.00
Total 4800 · Other Types of Income	3,008.23
Total Income	63,450.15
Cost of Goods Sold	
5000 · 2% Fee	
5300 · 2% Fee - Chico	1,208.83
Total 5000 · 2% Fee	1,208.83
Total COGS	1,208.83
Gross Profit	62,241.32
Expense	
6000 · Sales and Marketing Expense	
6010 · Advertising	2,796.07
6050 · Creative Services	7,338.07
6070 · Dues and Memberships	770.50
6100 · Marketing contracts	
6110 · Advertising Agencies	7,782.50
6130 · Public Relations expense	600.00
Total 6100 · Marketing contracts	8,382.50
6310 · Postage	743.66
6360 · Sponsorships	-10.00
6400 · Staffing - Marketing	
6410 · Staffing - Marketing payroll	11,008.51
6420 · Staffing - Payroll Taxes - Mktg	835.82
6440 · Health insurance	1,179.01
Total 6400 · Staffing - Marketing	13,023.34
6655 · Vehicle Maintenance	47.32
6700 · Website	1,060.60
Total 6000 · Sales and Marketing Expense	34,152.06
7000 · Administration Expenses	
7030 · Conference, Convention, Meeting	308.96
7100 · Insurance	1,821.00
7300 · Office supplies	233.63
7330 · Professional fees - Accounting	750.00
7360 · Rent/ Office Space	525.00
7400 · Staffing - Admin	
7410 · Staffing - Admin Payroll	2,323.19
7420 · Payroll taxes - admin	176.39
7440 · Health insurance	182.82
Total 7400 · Staffing - Admin	2,682.40
7500 · Subscriptions	117.69
7560 · Telephone, Telecommunications	312.34
7570 · Travel	94.08
Total 7000 · Administration Expenses	6,845.10

Explore Butte County
Profit & Loss
May 2021

	May 21
Total Expense	40,997.16
Net Ordinary Income	21,244.16
Net Income	21,244.16

Explore Butte County Profit & Loss January through May 2021

	Jan - May 21
Ordinary Income/Expense	
Income	
4000 · Program Income	
4300 · Chico	157,341.63
4400 · Oroville	45,780.48
Total 4000 · Program Income	203,122.11
4800 · Other Types of Income	
4810 · Interest Income	43.89
4815 · CTA Registrations	275.00
4850 · Non-Lodging Participation	2,000.00
4870 · Visitor Guide Advertising	3,000.00
4800 · Other Types of Income - Other	894.06
Total 4800 · Other Types of Income	6,212.95
Total Income	209,335.06
Cost of Goods Sold	
5000 · 2% Fee	
5300 · 2% Fee - Chico	3,146.82
5400 · 2% Fee - Oroville	915.61
Total 5000 · 2% Fee	4,062.43
Total COGS	4,062.43
Gross Profit	205,272.63
Expense	
6000 · Sales and Marketing Expense	
6010 · Advertising	33,107.02
6050 · Creative Services	36,284.87
6070 · Dues and Memberships	770.50
6100 · Marketing contracts	
6110 · Advertising Agencies	157,538.60
6120 · Jack Rabbit	2,973.75
6130 · Public Relations expense	3,600.00
6140 · CrowdRiff	3,412.50
Total 6100 · Marketing contracts	167,524.85
6310 · Postage	1,807.83
6320 · Printing	21,563.83
6340 · Public Relations	1,903.76
6350 · Sales and Marketing Exp. -Other	42.00
6360 · Sponsorships	250.00
6400 · Staffing - Marketing	
6410 · Staffing - Marketing payroll	55,651.78
6420 · Staffing - Payroll Taxes - Mktg	4,814.56
6430 · Workers comp insurance	462.25
6440 · Health insurance	5,868.77
Total 6400 · Staffing - Marketing	66,797.36
6655 · Vehicle Maintenance	47.32
6700 · Website	2,051.16
Total 6000 · Sales and Marketing Expense	332,150.50
6900 · Zone and Micro-Marketing	
6910 · Chico Zone	10,000.00
Total 6900 · Zone and Micro-Marketing	10,000.00
7000 · Administration Expenses	
7020 · Bank fees	1.00
7025 · Credit card fees	3.20
7030 · Conference, Convention, Meeting	308.96

Explore Butte County

Profit & Loss

January through May 2021

	Jan - May 21
7050 · Education	75.00
7070 · General Administration	34.77
7100 · Insurance	1,821.00
7200 · Meals	6.00
7300 · Office supplies	523.08
7310 · Postage	163.99
7320 · Printing and Copying	41.12
7330 · Professional fees - Accounting	4,425.00
7360 · Rent/ Office Space	2,625.00
7400 · Staffing - Admin	
7410 · Staffing - Admin Payroll	11,730.59
7420 · Payroll taxes - admin	1,019.65
7430 · Workers comp insurance	94.25
7440 · Health insurance	1,032.47
Total 7400 · Staffing - Admin	13,876.96
7500 · Subscriptions	484.53
7560 · Telephone, Telecommunications	1,548.17
7570 · Travel	890.02
7900 · Admin Expense- Other	4.89
Total 7000 · Administration Expenses	26,832.69
Total Expense	368,983.19
Net Ordinary Income	-163,710.56
Other Income/Expense	
Other Expense	
9500 · COVID-19	256.00
Total Other Expense	256.00
Net Other Income	-256.00
Net Income	-163,966.56

Explore Butte County

Profit & Loss Budget Overview

January through May 2021

	Jan - May 21	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
4000 · Program Income			
4200 · Butte County	0.00	2,914.00	-2,914.00
4300 · Chico	157,341.63	229,458.00	-72,116.37
4350 · Gridley	0.00	2,914.00	-2,914.00
4400 · Oroville	45,780.48	72,844.00	-27,063.52
4500 · Paradise	0.00	4,370.00	-4,370.00
Total 4000 · Program Income	203,122.11	312,500.00	-109,377.89
4800 · Other Types of Income			
4810 · Interest Income	43.89		
4815 · CTA Registrations	275.00	2,084.00	-1,809.00
4816 · CTA Renewal Fees	0.00	187.00	-187.00
4850 · Non-Lodging Participation	2,000.00	2,084.00	-84.00
4870 · Visitor Guide Advertising	3,000.00	4,166.00	-1,166.00
4885 · Unspent Income from Previous Yr	0.00	129,166.00	-129,166.00
4890 · Zone Marketing from Previous Yr	0.00	84,166.00	-84,166.00
4800 · Other Types of Income - Other	894.06		
Total 4800 · Other Types of Income	6,212.95	221,853.00	-215,640.05
Total Income	209,335.06	534,353.00	-325,017.94
Cost of Goods Sold			
5000 · 2% Fee			
5200 · 2% Fee - Butte County	0.00	59.00	-59.00
5300 · 2% Fee - Chico	3,146.82	4,590.00	-1,443.18
5350 · 2% Fee - Gridley	0.00	58.00	-58.00
5400 · 2% Fee - Oroville	915.61	1,456.00	-540.39
5500 · 2% Fee - Paradise	0.00	87.00	-87.00
5618 · CTA Renewal paid to Mickey	0.00	125.00	-125.00
Total 5000 · 2% Fee	4,062.43	6,375.00	-2,312.57
Total COGS	4,062.43	6,375.00	-2,312.57
Gross Profit	205,272.63	527,978.00	-322,705.37
Expense			
6000 · Sales and Marketing Expense			
6010 · Advertising	33,107.02	39,365.00	-6,257.98
6020 · Capital Display	0.00	625.00	-625.00
6030 · Conferences	0.00	2,084.00	-2,084.00
6050 · Creative Services	36,284.87	41,666.00	-5,381.13
6070 · Dues and Memberships	770.50	1,666.00	-895.50
6100 · Marketing contracts			
6110 · Advertising Agencies	157,538.60	116,666.00	40,872.60
6120 · Jack Rabbit	2,973.75		
6130 · Public Relations expense	3,600.00	7,500.00	-3,900.00
6140 · CrowdRiff	3,412.50	5,687.00	-2,274.50
6150 · Bandwango	0.00	6,041.00	-6,041.00
Total 6100 · Marketing contracts	167,524.85	135,894.00	31,630.85
6200 · Meals	0.00	416.00	-416.00
6310 · Postage	1,807.83	1,666.00	141.83
6320 · Printing	21,563.83	8,334.00	13,229.83
6340 · Public Relations	1,903.76	15,000.00	-13,096.24
6350 · Sales and Marketing Exp. -Other	42.00	2,500.00	-2,458.00
6360 · Sponsorships	250.00	2,500.00	-2,250.00
6400 · Staffing - Marketing			
6410 · Staffing - Marketing payroll	55,651.78	60,156.00	-4,504.22
6420 · Staffing - Payroll Taxes - Mktg	4,814.56	5,416.00	-601.44
6430 · Workers comp insurance	462.25	584.00	-121.75
6440 · Health insurance	5,868.77	6,500.00	-631.23
6450 · Commission CTA Program	0.00	84.00	-84.00
Total 6400 · Staffing - Marketing	66,797.36	72,740.00	-5,942.64
6655 · Vehicle Maintenance	47.32	2,084.00	-2,036.68
6700 · Website	2,051.16	10,000.00	-7,948.84
Total 6000 · Sales and Marketing Expense	332,150.50	336,540.00	-4,389.50
6800 · Destination Management Activity			
6810 · CTA Program	0.00	8,312.00	-8,312.00
6820 · Film Commission	0.00	28,541.00	-28,541.00
6830 · See Source	0.00	11,459.00	-11,459.00

Explore Butte County
Profit & Loss Budget Overview
 January through May 2021

	Jan - May 21	Budget	\$ Over Budget
6840 · Wayfinding Signage	0.00	28,541.00	-28,541.00
Total 6800 · Destination Management Activity	0.00	76,853.00	-76,853.00
6900 · Zone and Micro-Marketing			
6910 · Chico Zone	10,000.00	21,666.00	-11,666.00
6930 · Oroville Zone	0.00	5,416.00	-5,416.00
Total 6900 · Zone and Micro-Marketing	10,000.00	27,082.00	-17,082.00
7000 · Administration Expenses			
7010 · Advertising	0.00	312.00	-312.00
7020 · Bank fees	1.00	41.00	-40.00
7025 · Credit card fees	3.20		
7030 · Conference, Convention, Meeting	308.96	2,084.00	-1,775.04
7050 · Education	75.00	2,084.00	-2,009.00
7060 · Filing fees/ taxes	0.00	41.00	-41.00
7070 · General Administration	34.77	3,750.00	-3,715.23
7100 · Insurance	1,821.00	1,250.00	571.00
7200 · Meals	6.00	520.00	-514.00
7210 · Membership dues	0.00	1,041.00	-1,041.00
7300 · Office supplies	523.08	1,000.00	-476.92
7310 · Postage	163.99	209.00	-45.01
7320 · Printing and Copying	41.12	416.00	-374.88
7330 · Professional fees - Accounting	4,425.00	7,500.00	-3,075.00
7340 · Professional fees - Legal	0.00	1,444.00	-1,444.00
7350 · Promotion	0.00	41.00	-41.00
7360 · Rent/ Office Space	2,625.00	3,500.00	-875.00
7400 · Staffing - Admin			
7410 · Staffing - Admin Payroll	11,730.59	8,551.00	3,179.59
7420 · Payroll taxes - admin	1,019.65	1,166.00	-146.35
7430 · Workers comp insurance	94.25	125.00	-30.75
7440 · Health insurance	1,032.47	1,000.00	32.47
Total 7400 · Staffing - Admin	13,876.96	10,842.00	3,034.96
7500 · Subscriptions	484.53	4,166.00	-3,681.47
7560 · Telephone, Telecommunications	1,548.17	1,525.00	23.17
7570 · Travel	890.02	2,604.00	-1,713.98
7900 · Admin Expense- Other	4.89	2,500.00	-2,495.11
Total 7000 · Administration Expenses	26,832.69	46,870.00	-20,037.31
Total Expense	368,983.19	487,345.00	-118,361.81
Net Ordinary Income	-163,710.56	40,633.00	-204,343.56
Other Income/Expense			
Other Expense			
9500 · COVID-19	256.00		
Total Other Expense	256.00		
Net Other Income	-256.00	0.00	-256.00
Net Income	-163,966.56	40,633.00	-204,599.56

Explore Butte County

Balance Sheet

As of June 30, 2021

	Jun 30, 21
ASSETS	
Current Assets	
Checking/Savings	
1000 · Tri Counties Bank	945,817.22
Total Checking/Savings	945,817.22
Total Current Assets	945,817.22
Fixed Assets	
1550 · Vehicle	55,572.41
1500 · Furniture and Equipment	15,393.73
1600 · Accumulated depreciation	-5,766.00
Total Fixed Assets	65,200.14
TOTAL ASSETS	1,011,017.36
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2100 · TCB Credit Card #1238-Carolyn D	-103.73
2101 · Credit Card #3044-Ashley Baer	1,594.15
2102 · Credit Card #3036 -Alicia Salas	494.30
Total Credit Cards	1,984.72
Other Current Liabilities	
2400 · Payroll Liabilities	4,040.05
Total Other Current Liabilities	4,040.05
Total Current Liabilities	6,024.77
Total Liabilities	6,024.77
Equity	
3200 · Unrestricted Net Assets	1,043,439.76
3300 · Net Assets - Reserved	
3360 · Reserved - Zone Marketing	167,369.68
Total 3300 · Net Assets - Reserved	167,369.68
Net Income	-205,816.85
Total Equity	1,004,992.59
TOTAL LIABILITIES & EQUITY	1,011,017.36

Explore Butte County Profit & Loss June 2021

	Jun 21
Ordinary Income/Expense	
Income	
4000 · Program Income	
4300 · Chico	62,043.13
4400 · Oroville	17,784.42
Total 4000 · Program Income	79,827.55
4800 · Other Types of Income	
4810 · Interest Income	9.15
4815 · CTA Registrations	25.00
4870 · Visitor Guide Advertising	1,000.00
4825 · Credit card points (non-cash)	1,600.00
Total 4800 · Other Types of Income	2,634.15
Total Income	82,461.70
Cost of Goods Sold	
5000 · 2% Fee	
5300 · 2% Fee - Chico	1,240.86
5400 · 2% Fee - Oroville	355.69
Total 5000 · 2% Fee	1,596.55
Total COGS	1,596.55
Gross Profit	80,865.15
Expense	
6000 · Sales and Marketing Expense	
6010 · Advertising	3,032.60
6050 · Creative Services	5,613.82
6100 · Marketing contracts	
6110 · Advertising Agencies	59,257.00
6130 · Public Relations expense	600.00
Total 6100 · Marketing contracts	59,857.00
6310 · Postage	400.00
6340 · Public Relations	15.98
6350 · Sales and Marketing Exp. -Other	98.90
6360 · Sponsorships	5,000.00
6400 · Staffing - Marketing	
6410 · Staffing - Marketing payroll	11,306.12
6420 · Staffing - Payroll Taxes - Mktg	858.60
6430 · Workers comp insurance	829.53
6440 · Health insurance	1,179.01
Total 6400 · Staffing - Marketing	14,173.26
6700 · Website	250.60
Total 6000 · Sales and Marketing Expense	88,442.16
6800 · Destination Management Activity	
6810 · CTA Program	25.00
Total 6800 · Destination Management Activity	25.00
6900 · Zone and Micro-Marketing	
6910 · Chico Zone	7,175.00
6930 · Oroville Zone	3,099.20
Total 6900 · Zone and Micro-Marketing	10,274.20
7000 · Administration Expenses	
7070 · General Administration	71.95
7100 · Insurance	2,886.76
7300 · Office supplies	0.00

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Accrual Basis

Explore Butte County

Profit & Loss

June 2021

	Jun 21
7330 · Professional fees - Accounting	750.00
7360 · Rent/ Office Space	525.00
7400 · Staffing - Admin	
7410 · Staffing - Admin Payroll	2,379.84
7420 · Payroll taxes - admin	180.73
7430 · Workers comp insurance	174.61
7440 · Health insurance	182.82
Total 7400 · Staffing - Admin	2,918.00
7500 · Subscriptions	555.69
7560 · Telephone, Telecommunications	310.69
7570 · Travel	92.38
Total 7000 · Administration Expenses	8,110.47
Total Expense	106,851.83
Net Ordinary Income	-25,986.68
Net Income	-25,986.68

Explore Butte County Profit & Loss January through June 2021

	Jan - Jun 21
Ordinary Income/Expense	
Income	
4000 · Program Income	
4300 · Chico	219,384.76
4400 · Oroville	47,377.54
Total 4000 · Program Income	266,762.30
4800 · Other Types of Income	
4810 · Interest Income	53.04
4815 · CTA Registrations	300.00
4850 · Non-Lodging Participation	2,000.00
4870 · Visitor Guide Advertising	4,000.00
4825 · Credit card points (non-cash)	1,600.00
4800 · Other Types of Income - Other	894.06
Total 4800 · Other Types of Income	8,847.10
Total Income	275,609.40
Cost of Goods Sold	
5000 · 2% Fee	
5300 · 2% Fee - Chico	4,387.68
5400 · 2% Fee - Oroville	947.55
Total 5000 · 2% Fee	5,335.23
Total COGS	5,335.23
Gross Profit	270,274.17
Expense	
6000 · Sales and Marketing Expense	
6010 · Advertising	36,139.62
6050 · Creative Services	41,898.69
6070 · Dues and Memberships	770.50
6100 · Marketing contracts	
6110 · Advertising Agencies	216,795.60
6120 · Jack Rabbit	2,973.75
6130 · Public Relations expense	4,200.00
6140 · CrowdRiff	3,412.50
Total 6100 · Marketing contracts	227,381.85
6310 · Postage	2,207.83
6320 · Printing	21,563.83
6340 · Public Relations	1,919.74
6350 · Sales and Marketing Exp. -Other	140.90
6360 · Sponsorships	5,250.00
6400 · Staffing - Marketing	
6410 · Staffing - Marketing payroll	66,957.90
6420 · Staffing - Payroll Taxes - Mktg	5,673.16
6430 · Workers comp insurance	1,291.78
6440 · Health insurance	7,047.78
Total 6400 · Staffing - Marketing	80,970.62
6655 · Vehicle Maintenance	47.32
6700 · Website	2,301.76
Total 6000 · Sales and Marketing Expense	420,592.66
6800 · Destination Management Activity	
6810 · CTA Program	25.00
Total 6800 · Destination Management Activity	25.00
6900 · Zone and Micro-Marketing	
6910 · Chico Zone	17,175.00

Explore Butte County

Profit & Loss

January through June 2021

	Jan - Jun 21
6930 · Oroville Zone	3,099.20
Total 6900 · Zone and Micro-Marketing	20,274.20
7000 · Administration Expenses	
7020 · Bank fees	1.00
7025 · Credit card fees	3.20
7030 · Conference, Convention, Meeting	308.96
7050 · Education	75.00
7070 · General Administration	106.72
7100 · Insurance	4,707.76
7200 · Meals	6.00
7300 · Office supplies	523.08
7310 · Postage	163.99
7320 · Printing and Copying	41.12
7330 · Professional fees - Accounting	5,175.00
7360 · Rent/ Office Space	3,150.00
7400 · Staffing - Admin	
7410 · Staffing - Admin Payroll	14,110.43
7420 · Payroll taxes - admin	1,200.38
7430 · Workers comp insurance	268.86
7440 · Health insurance	1,215.29
Total 7400 · Staffing - Admin	16,794.96
7500 · Subscriptions	1,040.22
7560 · Telephone, Telecommunications	1,858.86
7570 · Travel	982.40
7900 · Admin Expense- Other	4.89
Total 7000 · Administration Expenses	34,943.16
Total Expense	475,835.02
Net Ordinary Income	-205,560.85
Other Income/Expense	
Other Expense	
9500 · COVID-19	256.00
Total Other Expense	256.00
Net Other Income	-256.00
Net Income	-205,816.85

Explore Butte County Profit & Loss Budget Overview

January through June 2021

	Jan - Jun 21	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
4000 · Program Income			
4200 · Butte County	0.00	3,497.00	-3,497.00
4300 · Chico	219,384.76	275,350.00	-55,965.24
4350 · Gridley	0.00	3,497.00	-3,497.00
4400 · Oroville	47,377.54	87,412.00	-40,034.46
4500 · Paradise	0.00	5,245.00	-5,245.00
Total 4000 · Program Income	266,762.30	375,001.00	-108,238.70
4800 · Other Types of Income			
4810 · Interest Income	53.04		
4815 · CTA Registrations	300.00	2,500.00	-2,200.00
4816 · CTA Renewal Fees	0.00	225.00	-225.00
4850 · Non-Lodging Participation	2,000.00	2,500.00	-500.00
4870 · Visitor Guide Advertising	4,000.00	5,000.00	-1,000.00
4885 · Unspent Income from Previous Yr	0.00	155,000.00	-155,000.00
4890 · Zone Marketing from Previous Yr	0.00	101,000.00	-101,000.00
4825 · Credit card points (non-cash)	1,600.00		
4800 · Other Types of Income - Other	894.06		
Total 4800 · Other Types of Income	8,847.10	266,225.00	-257,377.90
Total Income	275,609.40	641,226.00	-365,616.60
Cost of Goods Sold			
5000 · 2% Fee			
5200 · 2% Fee - Butte County	0.00	70.00	-70.00
5300 · 2% Fee - Chico	4,387.68	5,507.00	-1,119.32
5350 · 2% Fee - Gridley	0.00	70.00	-70.00
5400 · 2% Fee - Oroville	947.55	1,748.00	-800.45
5500 · 2% Fee - Paradise	0.00	105.00	-105.00
5618 · CTA Renewal paid to Mickey	0.00	150.00	-150.00
Total 5000 · 2% Fee	5,335.23	7,650.00	-2,314.77
Total COGS	5,335.23	7,650.00	-2,314.77
Gross Profit	270,274.17	633,576.00	-363,301.83
Expense			
6000 · Sales and Marketing Expense			
6010 · Advertising	36,139.62	47,238.00	-11,098.38
6020 · Capital Display	0.00	750.00	-750.00
6030 · Conferences	0.00	2,500.00	-2,500.00
6050 · Creative Services	41,898.69	50,000.00	-8,101.31
6070 · Dues and Memberships	770.50	2,000.00	-1,229.50
6100 · Marketing contracts			
6110 · Advertising Agencies	216,795.60	140,000.00	76,795.60
6120 · Jack Rabbit	2,973.75		
6130 · Public Relations expense	4,200.00	9,000.00	-4,800.00
6140 · CrowdRiff	3,412.50	6,825.00	-3,412.50
6150 · Bandwango	0.00	7,250.00	-7,250.00
Total 6100 · Marketing contracts	227,381.85	163,075.00	64,306.85
6200 · Meals	0.00	500.00	-500.00
6310 · Postage	2,207.83	2,000.00	207.83
6320 · Printing	21,563.83	10,000.00	11,563.83
6340 · Public Relations	1,919.74	18,000.00	-16,080.26
6350 · Sales and Marketing Exp. -Other	140.90	3,000.00	-2,859.10
6360 · Sponsorships	5,250.00	3,000.00	2,250.00
6400 · Staffing - Marketing			
6410 · Staffing - Marketing payroll	66,957.90	72,187.00	-5,229.10
6420 · Staffing - Payroll Taxes - Mktg	5,673.16	6,500.00	-826.84
6430 · Workers comp insurance	1,291.78	700.00	591.78
6440 · Health insurance	7,047.78	7,800.00	-752.22
6450 · Commission CTA Program	0.00	100.00	-100.00
Total 6400 · Staffing - Marketing	80,970.62	87,287.00	-6,316.38
6655 · Vehicle Maintenance	47.32	2,500.00	-2,452.68
6700 · Website	2,301.76	12,000.00	-9,698.24
Total 6000 · Sales and Marketing Expense	420,592.66	403,850.00	16,742.66
6800 · Destination Management Activity			
6810 · CTA Program	25.00	9,975.00	-9,950.00
6820 · Film Commission	0.00	34,250.00	-34,250.00

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Accrual Basis

Explore Butte County
Profit & Loss Budget Overview
 January through June 2021

	Jan - Jun 21	Budget	\$ Over Budget
6830 · See Source	0.00	13,750.00	-13,750.00
6840 · Wayfinding Signage	0.00	34,250.00	-34,250.00
Total 6800 · Destination Management Activity	25.00	92,225.00	-92,200.00
6900 · Zone and Micro-Marketing			
6910 · Chico Zone	17,175.00	26,000.00	-8,825.00
6930 · Oroville Zone	3,099.20	6,500.00	-3,400.80
Total 6900 · Zone and Micro-Marketing	20,274.20	32,500.00	-12,225.80
7000 · Administration Expenses			
7010 · Advertising	0.00	375.00	-375.00
7020 · Bank fees	1.00	50.00	-49.00
7025 · Credit card fees	3.20		
7030 · Conference, Convention, Meeting	308.96	2,500.00	-2,191.04
7050 · Education	75.00	2,500.00	-2,425.00
7060 · Filing fees/ taxes	0.00	50.00	-50.00
7070 · General Administration	106.72	4,500.00	-4,393.28
7100 · Insurance	4,707.76	1,500.00	3,207.76
7200 · Meals	6.00	625.00	-619.00
7210 · Membership dues	0.00	1,250.00	-1,250.00
7300 · Office supplies	523.08	1,200.00	-676.92
7310 · Postage	163.99	250.00	-86.01
7320 · Printing and Copying	41.12	500.00	-458.88
7330 · Professional fees - Accounting	5,175.00	9,000.00	-3,825.00
7340 · Professional fees - Legal	0.00	1,733.00	-1,733.00
7350 · Promotion	0.00	50.00	-50.00
7360 · Rent/ Office Space	3,150.00	4,200.00	-1,050.00
7400 · Staffing - Admin			
7410 · Staffing - Admin Payroll	14,110.43	10,262.00	3,848.43
7420 · Payroll taxes - admin	1,200.38	1,400.00	-199.62
7430 · Workers comp insurance	268.86	150.00	118.86
7440 · Health insurance	1,215.29	1,200.00	15.29
Total 7400 · Staffing - Admin	16,794.96	13,012.00	3,782.96
7500 · Subscriptions	1,040.22	5,000.00	-3,959.78
7560 · Telephone, Telecommunications	1,858.86	1,830.00	28.86
7570 · Travel	982.40	3,125.00	-2,142.60
7900 · Admin Expense- Other	4.89	3,000.00	-2,995.11
Total 7000 · Administration Expenses	34,943.16	56,250.00	-21,306.84
Total Expense	475,835.02	584,825.00	-108,989.98
Net Ordinary Income	-205,560.85	48,751.00	-254,311.85
Other Income/Expense			
Other Expense			
9500 · COVID-19	256.00		
Total Other Expense	256.00		
Net Other Income	-256.00	0.00	-256.00
Net Income	-205,816.85	48,751.00	-254,567.85

Ordinary Income/Expense				Proposed Update 7/1/2021			
Income		Total Budget		Income		Total Budget	
		Jan-Dec 21				Jan-Dec 21	
						Changes	
4000 - Program Income				4000 - Program Income			
	4200	Butte County	\$6,993.01		4200	Butte County	\$0.00
	4300	Chico	\$550,699.30		4300	Chico	\$29,300.70
	4350	Gridley	\$6,993.01		4350	Gridley	\$0.00
	4400	Oroville	\$174,825.17		4400	Oroville	\$10,174.83
	4500	Paradise	\$10,489.51		4500	Paradise	\$0.00
Total 4000 - Program Income			\$750,000.00	Total 4000 - Program Income			\$39,475.52
4800 - Other Types of Income				4800 - Other Types of Income			
	4815	CTA Registrations	\$5,000.00		4815	CTA Registrations	\$5,000.00
	4816	CTA Renewal Fees	\$450.00		4816	CTA Renewal Fees	\$450.00
	4850	Non-Lodging Participation	\$5,000.00		4850	Non-Lodging Participation	\$5,000.00
	4860	Co-Op Advertising Income	\$0.00		4860	Co-Op Advertising Income	\$0.00
	4870	Visitor Guide Advertising	\$10,000.00		4870	Visitor Guide Advertising	\$10,000.00
	4880	Unspent Income from Previous Year	\$310,000.00		4880	Unspent Income from Previous Year	\$0.00
	4890	Zone Marketing from Previous Year	\$202,000.00		4890	Zone Marketing from Previous Year	\$0.00
Total 4800 - Other Types of Income			\$532,450.00	Total 4800 - Other Types of Income			\$0.00
Total Income			\$1,282,450.00	Total Income			\$39,475.52
Cost of Goods Sold				Cost of Goods Sold			\$0.00
5000 - 2% Fee				5000 - 2% Fee			\$0.00
	5200	2% Fee Butte County	\$139.86		5200	2% Fee Butte County	\$0.00
	5300	2% Fee Chico	\$11,013.99		5300	2% Fee Chico	\$822.74
	5350	2% Fee Gridley	\$139.86		5350	2% Fee Gridley	\$0.00
	5400	2% Fee Oroville	\$3,496.50		5400	2% Fee Oroville	\$279.01
	5500	2% Fee Paradise	\$209.79		5500	2% Fee Paradise	\$0.00
	5618	CTA Renewal paid to Mickey	\$300.00		5618	CTA Renewal paid to Mickey	\$0.00
Total 5000 - 2% Fee			\$15,300.00	Total 5000 - 2% Fee			\$1,101.75
Total COGS			\$15,300.00	Total COGS			\$1,101.75
Gross Profit			\$1,267,150.00	Gross Profit			\$38,373.77
Expense				Expense			
6000 - Sales and Marketing Expense				6000 - Sales and Marketing Expense			
	6010	Advertising	\$94,475.00		6010	Advertising	\$5,525.00

6020	Captial Display		\$1,500.00		6020	Captial Display		\$1,500.00		\$0.00
6030	Conferences		\$5,000.00		6030	Conferences		\$5,000.00		\$0.00
6050	Creative Services		\$100,000.00		6050	Creative Services		\$100,000.00		\$0.00
6070	Dues and Memberships		\$4,000.00		6070	Dues and Memberships		\$4,000.00		\$0.00
6100	Marketing Contracts				6100	Marketing Contracts				
	6110 - Advertising Agencies	\$280,000.00				6110 - Advertising Agencies	\$287,395.00			\$7,395.00
	6120 - Jack Rabbit	\$0.00				6120 - Jack Rabbit	\$0.00			\$0.00
	6130 - Public Relations	\$18,000.00				6130 - Public Relations	\$18,000.00			\$0.00
	6140 - CrowdRiff	\$13,650.00				6140 - CrowdRiff	\$13,650.00			\$0.00
	6150 - Bandwango	\$14,500.00				6150 - Bandwango	\$14,500.00			\$0.00
	Total 6100 Marketing Contracts		\$326,150.00			Total 6100 Marketing Contracts		\$333,545.00		\$7,395.00
	6200 Meals		\$1,000.00			6200 Meals	\$1,000.00			\$0.00
	6310 Postage		\$4,000.00			6310 Postage	\$4,000.00			\$0.00
	6320 Printing		\$20,000.00			6320 Printing	\$22,000.00			\$2,000.00
	6340 Public Relations		\$36,000.00			6340 Public Relations	\$36,000.00			\$0.00
	6350 Sales & Marketing Exp. Other		\$6,000.00			6350 Sales & Marketing Exp. Other	\$6,000.00			\$0.00
	6360 Sponsorship		\$6,000.00			6360 Sponsorship	\$6,000.00			\$0.00
	6400 Staffing - Marketing					6400 Staffing - Marketing				
	6410 - Staffing - Marketing payroll	\$144,375.00				6410 - Staffing - Marketing payroll	\$154,375.00			\$10,000.00
	6420 - Staffing - Payroll Taxes - Mktg	\$13,000.00				6420 - Staffing - Payroll Taxes - Mktg	\$15,000.64			\$2,000.64
	6430 - Workers comp insurance	\$1,400.00				6430 - Workers comp insurance	\$1,800.00			\$400.00
	6440 - Health Insurance	\$15,600.00				6440 - Health Insurance	\$15,600.00			\$0.00
	6450 - Commission CTA Program	\$200.00				6450 - Commission CTA Program	\$200.00			\$0.00
	Total 6400 Staffing - Marketing		\$174,575.00			Total 6400 Staffing - Marketing		\$186,975.64		\$12,400.64
	6600 State Fair Exhibit		\$0.00			6600 State Fair Exhibit	\$0.00			\$0.00
	6655 Vehicle Maintenance		\$5,000.00			6655 Vehicle Maintenance	\$5,000.00			\$0.00
	6700 Website		\$24,000.00			6700 Website	\$24,000.00			\$0.00
	Total 6000 - Sales and Marketing Expense		\$807,700.00			Total 6000 - Sales and Marketing Expense		\$835,020.64		\$27,320.64
	6800 - Destination Management Activity					6800 - Destination Management Activity				
	6810 CTA Program		\$19,950.00			6810 CTA Program	\$19,950.00			\$0.00
	6820 Film Commission		\$68,500.00			6820 Film Commission	\$68,500.00			\$0.00
	6830 See Source		\$27,500.00			6830 See Source	\$27,500.00			\$0.00
	6840 Wayfinding Signage		\$68,500.00			6840 Wayfinding Signage	\$68,500.00			\$0.00
	6880 Destination Management Activity - Other		\$0.00			6880 Destination Management Activity - Other	\$0.00			\$0.00
	Total 6800 - Destination Management Activity		\$184,450.00			Total 6800 - Destination Management Activity		\$184,450.00		\$0.00

6900 - Zone and Micro-Marketing						6900 - Zone and Micro-Marketing					
	6910	Chico Zone		\$52,000.00			6910	Chico Zone		\$52,000.00	\$0.00
	6920	Paradise Zone		\$0.00			6920	Paradise Zone		\$0.00	\$0.00
	6930	Oroville Zone		\$13,000.00			6930	Oroville Zone		\$13,000.00	\$0.00
	6940	Other Zone		\$0.00			6940	Other Zone		\$0.00	\$0.00
Total 6900 - Zone and Micro-Marketing				\$65,000.00		Total 6900 - Zone and Micro-Marketing				\$65,000.00	\$0.00
7000 - Administration						7000 - Administration					
	7010	Advertising		\$750.00			7010	Advertising		\$750.00	\$0.00
	7020	Bank Fees		\$100.00			7020	Bank Fees		\$100.00	\$0.00
	7030	Conference, Convention, Meeting		\$5,000.00			7030	Conference, Convention, Meeting		\$5,000.00	\$0.00
	7040	Contract Services		\$0.00			7040	Contract Services		\$0.00	\$0.00
	7050	Education		\$5,000.00			7050	Education		\$5,000.00	\$0.00
	7060	Filing Fees/Taxes		\$100.00			7060	Filing Fees/Taxes		\$100.00	\$0.00
	7070	General Administration		\$9,000.00			7070	General Administration		\$10,000.00	\$1,000.00
	7100	Insurance		\$3,000.00			7100	Insurance		\$6,000.00	\$3,000.00
	7200	Meals		\$1,250.00			7200	Meals		\$1,250.00	\$0.00
	7210	Membership Dues		\$2,500.00			7210	Membership Dues		\$2,500.00	\$0.00
	7300	Office Supplies		\$2,400.00			7300	Office Supplies		\$2,400.00	\$0.00
	7310	Postage		\$500.00			7310	Postage		\$500.00	\$0.00
	7320	Printing and Copying		\$1,000.00			7320	Printing and Copying		\$1,000.00	\$0.00
	7330	Professional Fees - Accounting		\$18,000.00			7330	Professional Fees - Accounting		\$18,000.00	\$0.00
	7340	Professional Fees - Legal		\$3,465.00			7340	Professional Fees - Legal		\$3,465.00	\$0.00
	7350	Promotion		\$100.00			7350	Promotion		\$100.00	\$0.00
	7360	Rent / Office Space		\$8,400.00			7360	Rent / Office Space		\$8,400.00	\$0.00
	7400	Staffing - Admin					7400	Staffing - Admin			
		7410 - Staffing - Admin Payroll	\$20,525.00					7410 - Staffing - Admin Payroll	\$21,446.32		\$921.32
		7420 - Payroll taxes - admin	\$2,800.00					7420 - Payroll taxes - admin	\$2,800.00		\$0.00
		7430 - workers comp insurance	\$300.00					7430 - workers comp insurance	\$300.00		\$0.00
		7440 - health insurance	\$2,400.00					7440 - health insurance	\$2,400.00		\$0.00
Total 7400 - Staffing Admin				\$26,025.00		Total 7400 - Staffing Admin				\$26,946.32	\$921.32
	7500	Subscriptions		\$10,000.00			7500	Subscriptions		\$11,000.00	\$1,000.00
	7560	Telephone, Telecommunications		\$3,660.00			7560	Telephone, Telecommunications		\$3,660.00	\$0.00
	7570	Travel		\$6,250.00			7570	Travel		\$6,250.00	\$0.00
	7900	Admin Expense Other		\$6,000.00			7900	Admin Expense Other		\$6,000.00	\$0.00
Total 7000 - Administration Expense				\$112,500.00		Total 7000 - Administration Expense				\$118,421.32	\$5,921.32

Total Expense				\$1,169,650.00	Total Expense				\$1,202,891.96	\$33,241.96
Net Ordinary Income				\$97,500.00	Net Ordinary Income				\$102,631.81	\$5,131.81
Net Income				\$0.00					\$0.00	\$0.00
3% Reserve				\$22,500.00	3% Reserve				\$23,684.27	\$1,184.27
10% Zone				\$75,000.00	10% Zone				\$78,947.55	\$3,947.55
				\$97,500.00					\$102,631.82	\$5,131.82

Explore Butte County Balance Sheet As of December 31, 2020

	Dec 31, 20
ASSETS	
Current Assets	
Checking/Savings	
1000 · Tri Counties Bank	1,050,117.98
Total Checking/Savings	1,050,117.98
Accounts Receivable	
1100 · Accounts Receivable	200,938.80
Total Accounts Receivable	200,938.80
Total Current Assets	1,251,056.78
Fixed Assets	
1500 · Furniture and Equipment	14,257.95
1600 · Accumulated depreciation	-5,766.00
Total Fixed Assets	8,491.95
TOTAL ASSETS	1,259,548.73
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	38,327.17
Total Accounts Payable	38,327.17
Credit Cards	
2100 · TCB Credit Card #1238-Carolyn D	4,055.21
2101 · Credit Card #3044-Ashley Baer	1,069.80
2102 · Credit Card #3036 -Alicia Salas	1,307.84
Total Credit Cards	6,432.85
Other Current Liabilities	
2400 · Payroll Liabilities	3,979.27
Total Other Current Liabilities	3,979.27
Total Current Liabilities	48,739.29
Total Liabilities	48,739.29
Equity	
3200 · Unrestricted Net Assets	941,502.12
3300 · Net Assets - Reserved	
3360 · Reserved - Zone Marketing	167,369.68
Total 3300 · Net Assets - Reserved	167,369.68
Net Income	101,937.64
Total Equity	1,210,809.44
TOTAL LIABILITIES & EQUITY	1,259,548.73

Explore Butte County

Profit & Loss Budget Overview

January through December 2020

	Jan - Dec 20	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
4000 · Program Income			
4200 · Butte County	4,643.71	4,842.00	-198.29
4300 · Chico	599,127.86	381,298.00	217,829.86
4400 · Oroville	203,564.31	121,047.00	82,517.31
4500 · Paradise	24,297.62	7,363.00	16,934.62
Total 4000 · Program Income	831,633.50	514,550.00	317,083.50
4800 · Other Types of Income			
4810 · Interest Income	121.38		
4815 · CTA Registrations	800.00	2,750.00	-1,950.00
4816 · CTA Renewal Fees	0.00	412.00	-412.00
4850 · Non-Lodging Participation	5,943.50	1,750.00	4,193.50
4860 · Co-Op Advertising Income	0.00	1,250.00	-1,250.00
4870 · Visitor Guide Advertising	5,850.00	2,500.00	3,350.00
4880 · Zone marketing income	25.00		
Total 4800 · Other Types of Income	12,739.88	8,662.00	4,077.88
Total Income	844,373.38	523,212.00	321,161.38
Cost of Goods Sold			
5000 · 2% Fee			
5200 · 2% Fee - Butte County	92.88	97.00	-4.12
5300 · 2% Fee - Chico	11,982.56	7,626.00	4,356.56
5400 · 2% Fee - Oroville	4,071.30	2,421.00	1,650.30
5500 · 2% Fee - Paradise	485.95	145.00	340.95
5618 · CTA Renewal paid to Mickey	0.00	375.00	-375.00
Total 5000 · 2% Fee	16,632.69	10,664.00	5,968.69
Total COGS	16,632.69	10,664.00	5,968.69
Gross Profit	827,740.69	512,548.00	315,192.69
Expense			
6000 · Sales and Marketing Expense			
6010 · Advertising	113,326.58	61,400.00	51,926.58
6020 · Capital Display	0.00	375.00	-375.00
6030 · Conferences	0.00	3,750.00	-3,750.00
6050 · Creative Services	26,429.77	41,750.00	-15,320.23
6060 · CTA Program	6,163.22	13,037.00	-6,873.78
6070 · Dues and Memberships	1,160.00	5,000.00	-3,840.00
6100 · Marketing contracts			
6110 · Advertising Agencies	194,287.06	118,250.00	76,037.06
6120 · Jack Rabbit	8,921.25	15,000.00	-6,078.75
6130 · Public Relations expense	1,200.00	12,000.00	-10,800.00
6140 · CrowdRiff	6,825.00	3,250.00	3,575.00
6100 · Marketing contracts - Other	27,464.00		
Total 6100 · Marketing contracts	238,697.31	148,500.00	90,197.31
6200 · Meals	335.56	750.00	-414.44
6310 · Postage	1,868.58	1,900.00	-31.42
6320 · Printing	421.00	7,500.00	-7,079.00
6340 · Public Relations	5,189.76	15,485.00	-10,295.24
6350 · Sales and Marketing Exp. -Other	2,100.15	5,000.00	-2,899.85
6400 · Staffing - Marketing			
6410 · Staffing - Marketing payroll	119,357.82	123,754.00	-4,396.18
6420 · Staffing - Payroll Taxes - Mktg	10,276.17	11,772.00	-1,495.83
6430 · Workers comp insurance	1,969.39	1,262.00	707.39
6440 · Health insurance	11,894.56	14,613.00	-2,718.44
Total 6400 · Staffing - Marketing	143,497.94	151,401.00	-7,903.06
6600 · State Fair Exhibit	0.00	1,250.00	-1,250.00
6700 · Website	12,369.74	7,500.00	4,869.74
Total 6000 · Sales and Marketing Expense	551,559.61	464,598.00	86,961.61
6900 · Zone and Micro-Marketing			
6905 · Outside Contract Services	27,750.00	58,945.00	-31,195.00
Total 6900 · Zone and Micro-Marketing	27,750.00	58,945.00	-31,195.00
7000 · Administration Expenses			
7010 · Advertising	555.11	187.00	368.11
7020 · Bank fees	0.00	125.00	-125.00
7030 · Conference, Convention, Meeting	204.39	2,000.00	-1,795.61

Explore Butte County
Profit & Loss Budget Overview
 January through December 2020

	Jan - Dec 20	Budget	\$ Over Budget
7040 · Contract services	4,885.73	312.00	4,573.73
7045 · Depreciation expense	2,788.00		
7050 · Education	400.00	1,250.00	-850.00
7060 · Filing fees/ taxes	10.00	35.00	-25.00
7070 · General Administration	15,257.82	17,500.00	-2,242.18
7100 · Insurance	1,921.00	3,750.00	-1,829.00
7200 · Meals	929.44	250.00	679.44
7210 · Membership dues	3,170.00	1,250.00	1,920.00
7300 · Office supplies	999.36	1,400.00	-400.64
7310 · Postage	168.50	180.00	-11.50
7320 · Printing and Copying	153.17	650.00	-496.83
7330 · Professional fees - Accounting	10,670.00	15,575.00	-4,905.00
7340 · Professional fees - Legal	50,232.76	14,375.00	35,857.76
7350 · Promotion	0.00	25.00	-25.00
7360 · Rent/ Office Space	7,375.00	9,515.00	-2,140.00
7400 · Staffing - Admin			
7410 · Staffing - Admin Payroll	25,069.49	30,391.00	-5,321.51
7420 · Payroll taxes - admin	1,743.55	2,888.00	-1,144.45
7430 · Workers comp insurance	414.61	318.00	96.61
7440 · Health insurance	2,926.17	2,810.00	116.17
7400 · Staffing - Admin - Other	0.00	0.00	0.00
Total 7400 · Staffing - Admin	30,153.82	36,407.00	-6,253.18
7500 · Subscriptions	9,376.59	3,750.00	5,626.59
7560 · Telephone, Telecommunications	3,323.19	2,400.00	923.19
7570 · Travel	3,087.56	517.00	2,570.56
7900 · Admin Expense- Other	0.00	250.00	-250.00
Total 7000 · Administration Expenses	145,661.44	111,703.00	33,958.44
Total Expense	724,971.05	635,246.00	89,725.05
Net Ordinary Income	102,769.64	-122,698.00	225,467.64
Other Income/Expense			
Other Expense			
9500 · COVID-19	832.00		
Total Other Expense	832.00		
Net Other Income	-832.00	0.00	-832.00
Net Income	101,937.64	-122,698.00	224,635.64

Explore Butte County

Profit & Loss

January through December 2020

	Jan - Dec 20
Ordinary Income/Expense	
Income	
4000 · Program Income	
4200 · Butte County	4,643.71
4300 · Chico	599,127.86
4400 · Oroville	203,564.31
4500 · Paradise	24,297.62
Total 4000 · Program Income	831,633.50
4800 · Other Types of Income	
4810 · Interest Income	121.38
4815 · CTA Registrations	800.00
4850 · Non-Lodging Participation	5,943.50
4870 · Visitor Guide Advertising	5,850.00
4880 · Zone marketing income	25.00
Total 4800 · Other Types of Income	12,739.88
Total Income	844,373.38
Cost of Goods Sold	
5000 · 2% Fee	
5200 · 2% Fee - Butte County	92.88
5300 · 2% Fee - Chico	11,982.56
5400 · 2% Fee - Oroville	4,071.30
5500 · 2% Fee - Paradise	485.95
Total 5000 · 2% Fee	16,632.69
Total COGS	16,632.69
Gross Profit	827,740.69
Expense	
6000 · Sales and Marketing Expense	
6010 · Advertising	113,326.58
6050 · Creative Services	26,429.77
6060 · CTA Program	6,163.22
6070 · Dues and Memberships	1,160.00
6100 · Marketing contracts	
6110 · Advertising Agencies	194,287.06
6120 · Jack Rabbit	8,921.25
6130 · Public Relations expense	1,200.00
6140 · CrowdRiff	6,825.00
6100 · Marketing contracts - Other	27,464.00
Total 6100 · Marketing contracts	238,697.31
6200 · Meals	335.56
6310 · Postage	1,868.58
6320 · Printing	421.00
6340 · Public Relations	5,189.76
6350 · Sales and Marketing Exp. -Other	2,100.15
6400 · Staffing - Marketing	
6410 · Staffing - Marketing payroll	119,357.82
6420 · Staffing - Payroll Taxes - Mktg	10,276.17
6430 · Workers comp insurance	1,969.39
6440 · Health insurance	11,894.56
Total 6400 · Staffing - Marketing	143,497.94
6700 · Website	12,369.74
Total 6000 · Sales and Marketing Expense	551,559.61
6900 · Zone and Micro-Marketing	
6905 · Outside Contract Services	27,750.00

Explore Butte County

Profit & Loss

January through December 2020

	Jan - Dec 20
Total 6900 · Zone and Micro-Marketing	27,750.00
7000 · Administration Expenses	
7010 · Advertising	555.11
7030 · Conference, Convention, Meeting	204.39
7040 · Contract services	4,885.73
7045 · Depreciation expense	2,788.00
7050 · Education	400.00
7060 · Filing fees/ taxes	10.00
7070 · General Administration	15,257.82
7100 · Insurance	1,921.00
7200 · Meals	929.44
7210 · Membership dues	3,170.00
7300 · Office supplies	999.36
7310 · Postage	168.50
7320 · Printing and Copying	153.17
7330 · Professional fees - Accounting	10,670.00
7340 · Professional fees - Legal	50,232.76
7360 · Rent/ Office Space	7,375.00
7400 · Staffing - Admin	
7410 · Staffing - Admin Payroll	25,069.49
7420 · Payroll taxes - admin	1,743.55
7430 · Workers comp insurance	414.61
7440 · Health insurance	2,926.17
Total 7400 · Staffing - Admin	30,153.82
7500 · Subscriptions	9,376.59
7560 · Telephone, Telecommunications	3,323.19
7570 · Travel	3,087.56
Total 7000 · Administration Expenses	145,661.44
Total Expense	724,971.05
Net Ordinary Income	102,769.64
Other Income/Expense	
Other Expense	
9500 · COVID-19	832.00
Total Other Expense	832.00
Net Other Income	-832.00
Net Income	101,937.64

JUNE 22, 2021

EXPLORE BUTTE COUNTY
P.O. BOX 2154
CHICO, CA 95927

EXPLORE BUTTE COUNTY:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO MY OFFICE. I WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

HOLLY PLADSON

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

EXPLORE BUTTE COUNTY**81-0844170**

Name and title of officer or person subject to tax

**BRUCE SPANGLER
BOARD CHAIR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 827,741.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶

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.

68803422872**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. EXPLORE BUTTE COUNTY	Taxpayer identification number (TIN) 81-0844170
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2154	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICO, CA 95927	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► **P.O. BOX 2154 - CHICO, CA 95927**
Telephone No. ► **530-918-4596** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2020** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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.

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

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EXPLORE BUTTE COUNTY		D Employer identification number 81-0844170
	Doing business as		E Telephone number 530-918-4596
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 2154		G Gross receipts \$ 827,741.
	City or town, state or province, country, and ZIP or foreign postal code CHICO, CA 95927		
F Name and address of principal officer: BRUCE SPANGLER SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.EXPLOREBUTTECOUNTY.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2015 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF EXPLORE BUTTE COUNTY IS TO STRATEGICALLY MARKET THE REGION WITH THE GOAL OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	886,035.	815,001.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224.	121.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,393.	12,619.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	902,652.	827,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,500.	27,750.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,406.	171,268.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	849,689.	526,785.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,022,595.	725,803.
19 Revenue less expenses. Subtract line 18 from line 12	-119,943.	101,938.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,238,231.	1,259,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	129,359.	48,739.
		1,108,872.	1,210,810.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	BRUCE SPANGLER, BOARD CHAIR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	HOLLY PLADSON		
	Firm's name ▶ HOLLY B. PLADSON	Firm's EIN ▶ 27-1102219	Check if self-employed <input checked="" type="checkbox"/> PTIN P00735675
	Firm's address ▶ 70 DECLARATION DRIVE, SUITE 202 CHICO, CA 95973	Phone no. (530) 342-4002	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:
THE MISSION OF EXPLORE BUTTE COUNTY IS TO STRATEGICALLY MARKET THE REGION WITH THE GOAL OF PROMOTING TOURISM IN THE COUNTY AND INCREASING OVERNIGHT STAYS.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 579,310. including grants of \$ 27,750.) (Revenue \$ 827,620.)
PROMOTED TOURISM WITHIN BUTTE COUNTY BY IMPLEMENTING A MARKETING STRATEGY AND BRAND FOR THE ORGANIZATION. HOSTED COMMUNITY COLLABORATION MEETINGS TO EDUCATE THE COMMUNITY ON THE PROCESS, AS WELL AS THE IMPORTANCE OF TOURISM IN BUTTE COUNTY.
-
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)
- 4e** Total program service expenses **579,310.**

Form **990** (2020)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a 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		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a 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 3		
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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a 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)?	4a		X
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).			
5a 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?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
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?	7g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring 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	10a		
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	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	8			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	8			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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?	7a			X
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
8 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		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			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?	10a	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?	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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a 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	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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 with a taxable entity during the year?	16a	X
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

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 530-918-4596**
P.O. BOX 2154, CHICO, CA 95927

11

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a TOURISM MARKETING DIST	Business Code	900099	815,001.	815,001.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				815,001.		
	3 Investment income (including dividends, interest, and other similar amounts)				121.		121.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	12,619.	12,619.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d					12,619.		
12 Total revenue. See instructions					827,741.	827,620.	0.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,750.	27,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	144,427.	119,358.	25,069.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,821.	11,895.	2,926.	
10 Payroll taxes	12,020.	10,276.	1,744.	
11 Fees for services (nonemployees):				
a Management				
b Legal	50,233.		50,233.	
c Accounting	10,670.		10,670.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	270,013.	265,127.	4,886.	
12 Advertising and promotion	113,882.	113,327.	555.	
13 Office expenses	21,810.	4,390.	17,420.	
14 Information technology	12,370.	12,370.		
15 Royalties				
16 Occupancy	10,698.		10,698.	
17 Travel	3,088.		3,088.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	604.		604.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,788.		2,788.	
23 Insurance	1,921.		1,921.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND MEMBERSHIPS	13,707.	1,160.	12,547.	
b CTA PROGRAM	6,163.	6,163.		
c PUBLIC RELATIONS	5,190.	5,190.		
d WORKERS COMPENSATION	2,384.	1,969.	415.	
e All other expenses	1,264.	335.	929.	
25 Total functional expenses. Add lines 1 through 24e	725,803.	579,310.	146,493.	0.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,094,050.	1	1,050,118.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	134,031.	4	200,939.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,079.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,258.		
	b Less: accumulated depreciation	10b 5,766.	10c	8,492.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,238,231.	16	1,259,549.	
Liabilities	17 Accounts payable and accrued expenses	129,359.	17	48,739.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	129,359.	26	48,739.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,108,872.	27	1,210,810.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,108,872.	32	1,210,810.
	33 Total liabilities and net assets/fund balances	1,238,231.	33	1,259,549.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	827,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	725,803.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,108,872.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,210,810.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

EXPLORE BUTTE COUNTY

Employer identification number

81-0844170

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	626,469.	801,129.	808,946.	886,035.	815,001.	3937580.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	626,469.	801,129.	808,946.	886,035.	815,001.	3937580.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						3937580.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	626,469.	801,129.	808,946.	886,035.	815,001.	3937580.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35.	136.	207.	224.	121.	723.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	35.	136.	207.	224.	121.	723.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	626,504.	801,265.	809,153.	886,259.	815,122.	3938303.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.02 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization EXPLORE BUTTE COUNTY	Employer identification number 81-0844170
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

08570622 141814 40039

56 22
2020.03050 EXPLORE BUTTE COUNTY

40039__1

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

2020

Open to Public Inspection

Name of the organization

EXPLORE BUTTE COUNTY

Employer identification number

81-0844170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

032051 12-01-20

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		14,258.	5,766.	8,492.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,492.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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 11e or 11f. See Form 990, Part X, line 25.

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

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

Schedule D (Form 990) 2020

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
----------------	--

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

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

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
-----------------	--

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

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

Part XIII Supplemental Information.

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

[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

EXPLORE BUTTE COUNTY

Employer identification number
81-0844170

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DOWNTOWN CHICO BUSINESS ASSOCIATION - 539 FLUME STREET, #204 - CHICO, CA 95928	94-2310798	501C4	12,000.	0.			MARKETING TO ATTRACT MORE PUBLICITY AND TOURISM
CHICO ECONOMIC PLANNING 411 MAIN STREET CHICO, CA 95928	68-0069592	501C3	4,000.	0.			MARKETING TO ATTRACT MORE PUBLICITY AND TOURISM
PARADISE CHAMBER 6161 CLARK ROAD, #1 PARADISE, CA 95969	94-1197254	501C6	2,000.	0.			MARKETING TO ATTRACT MORE PUBLICITY AND TOURISM
UPSTATE COMMUNITY ENHANCEMENT FOUNDATION - 500 MAIN STREET - CHICO, CA 95928	68-0483892	501C3	9,750.	0.			MARKETING TO ATTRACT MORE PUBLICITY AND TOURISM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2020

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

EXPLORE BUTTE COUNTY

Employer identification number
81-0844170

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTING TOURISM IN THE COUNTY AND INCREASING OVERNIGHT STAYS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEW THE FORM 990 AND OTHER TAX FILINGS BEFORE THE
FORMS ARE FILED WITH THE APPROPRIATE REPORTING AGENCIES.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL BOARD MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS WITH THE
ORGANIZATION. THE BOARD REVIEWS THESE DISCLOSURES, IF ANY, AND DETERMINES
APPROPRIATE ACTION THAT MUST BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

IF/WHEN THE ORGANIZATION PAYS COMPENSATION TO KEY EMPLOYEES, IT WILL BE
BASED ON COMPARABLE COMPENSATION TO SIMILAR POSITIONS WITHIN THE AREA.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE
ORGANIZATION'S FORM 990 ARE AVAILABLE UPON REQUEST, OR AT GUIDESTAR.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MARKETING CONTRACTS:

PROGRAM SERVICE EXPENSES 238,697.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 238,697.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

EXPLORE BUTTE COUNTY

Employer identification number

81-0844170

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 4,886.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,886.

CREATIVE SERVICES:

PROGRAM SERVICE EXPENSES 26,430.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 26,430.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 270,013.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE FURNITURE	06/20/18	SL	5.00		16	2,445.				2,445.	734.		489.	1,223.
2	CHAIRS	07/05/18	SL	5.00		16	576.				576.	173.		115.	288.
3	OFFICE FURNITURE	07/10/18	SL	5.00		16	2,445.				2,445.	734.		489.	1,223.
4	PRINTER	07/11/18	SL	5.00		16	568.				568.	171.		114.	285.
5	NEW COMPUTER	07/13/18	SL	5.00		16	1,054.				1,054.	316.		211.	527.
6	PHONE SYSTEM	07/30/18	SL	7.00		16	1,128.				1,128.	228.		161.	389.
7	COMPUTER - MARKETING	09/27/18	SL	5.00		16	703.				703.	176.		141.	317.
8	2 OFFICE CHAIRS	09/27/18	SL	5.00		16	364.				364.	91.		73.	164.
9	TV MONITORS	01/23/19	SL	5.00		16	687.				687.	126.		137.	263.
10	DIGITAL CAMERA	02/04/19	SL	5.00		16	976.				976.	179.		195.	374.
11	LAPTOP COMPUTER	09/03/19	SL	5.00		16	400.				400.	27.		80.	107.
12	DESKTOP COMPUTER	11/07/19	SL	5.00		16	703.				703.	23.		141.	164.
13	OFFICE FURNITURE	01/01/20	SL	5.00		16	2,209.				2,209.			442.	442.
	* TOTAL 990 PAGE 10 DEPR						14,258.				14,258.	2,978.		2,788.	5,766.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12,049.			0.	12,049.	2,978.			5,324.
	ACQUISITIONS						2,209.			0.	2,209.	0.			442.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

[illegible]

JUNE 22, 2021

EXPLORE BUTTE COUNTY
P.O. BOX 2154
CHICO, CA 95927

EXPLORE BUTTE COUNTY:

I HAVE PREPARED AND ENCLOSED YOUR 2020 CALIFORNIA RETURN.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR
ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED
ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM
8453-EO TO MY OFFICE. I WILL THEN SUBMIT THE ELECTRONIC
RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN
TO THE FTB.

NO PAYMENT IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

HOLLY PLADSON

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

EXPLORE BUTTE COUNTY

Additional information. See instructions.

California corporation number

3841800

FEIN

81-0844170

Street address (suite or room)

P.O. BOX 2154

City

CHICO

State

CA

ZIP code

95927

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) •
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990)
- (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
- If "Yes," what is the parent's name?

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☐ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
- If "Yes," enter the gross receipts from nonmember sources \$
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
- Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	827,741	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.			
		This line must be completed. If the result is less than \$50,000, see General Information B	4	827,741	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	827,741	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	725,803	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	101,938	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer	Title BOARD CHAIR	Date	• Telephone 530-534-5566	
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	• PTIN P00735675	
	Firm's name (or yours, if self-employed) and address HOLLY B. PLADSON 70 DECLARATION DRIVE, SUITE 202 CHICO, CA 95973			• Firm's FEIN 27-1102219	
				• Telephone (530) 342-4002	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	121	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income SEE STATEMENT 1	•	7	827,620	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	827,741	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 2	•	9	27,750	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	0	00
	12	Other salaries and wages	•	12	144,427	00
	13	Interest	•	13		00
	14	Taxes	•	14	12,020	00
	15	Rents	•	15	10,698	00
	16	Depreciation and depletion (See instructions)	•	16	2,788	00
	17	Other expenses and disbursements SEE STATEMENT 4	•	17	528,120	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	725,803	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,094,050	•	1,050,118
2 Net accounts receivable		134,031	•	200,939
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	12,049		14,258	
b Less accumulated depreciation	(2,978	9,071	(5,766)	8,492
11 Land			•	
12 Other assets STMT 5		1,079	•	
13 Total assets		1,238,231		1,259,549
Liabilities and net worth				
14 Accounts payable		129,359	•	48,739
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		1,108,872	•	1,210,810
22 Total liabilities and net worth		1,238,231		1,259,549

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	101,938	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return. Subtract line 9 from line 6		101,938
5 Expenses recorded on books this year not deducted in this return	•				
6 Total. Add line 1 through line 5		101,938			

CA 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS INCOME		12,619.	
TOURISM MARKETING DISTRICT		815,001.	
TOTAL TO FORM 199, PART II, LINE 7		827,620.	

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: ZONE MARKETING

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DOWNTOWN CHICO BUSINESS ASSOC.	539 FLUME STREET - CHICO, CA 95928	NONE	12,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHICO ECONOMIC PLANNING	411 MAIN STREET - CHICO, CA 95928	NONE	4,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PARADISE CHAMBER	6161 CLARK ROAD #1 - PARADISE, CA 95969	NONE	2,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UPSTATE COMMUNITY ENHANCEMENT	500 MAIN STREET - CHICO, CA 95928	NONE	9,750.

TOTAL FOR THIS ACTIVITY 27,750.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 27,750.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRUCE SPANGLER P.O. BOX 2154 CHICO, CA 95927	PRESIDENT 1.00	0.
BROOKE ISENBERG P.O. BOX 2154 CHICO, CA 95927	VICE PRESIDENT 1.00	0.
MOHAMMAD BILLAH P.O. BOX 2154 CHICO, CA 95927	TREASURER 1.00	0.
ANALISE UHLRIG P.O. BOX 2154 CHICO, CA 95927	DIRECTOR 1.00	0.
KIRAN PARAGJI P.O. BOX 2154 CHICO, CA 95927	DIRECTOR 1.00	0.
HAROON SADDIQUE P.O. BOX 2154 CHICO, CA 95927	DIRECTOR 1.00	0.
NICOLE JOHANSSON P.O. BOX 2154 CHICO, CA 95927	DIRECTOR AT LARGE 1.00	0.
JOHN PEARSON P.O. BOX 2154 CHICO, CA 95927	DIRECTOR AT LARGE 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
DUES AND MEMBERSHIPS	13,707.
CTA PROGRAM	6,163.
PUBLIC RELATIONS	5,190.
WORKERS COMPENSATION	2,384.
OTHER EMPLOYEE BENEFITS	14,821.

LEGAL FEES	50,233.
ACCOUNTING FEES	10,670.
OTHER PROFESSIONAL FEES	270,013.
ADVERTISING AND PROMOTION	113,882.
OFFICE EXPENSES	21,810.
INFORMATION TECHNOLOGY	12,370.
TRAVEL	3,088.
CONFERENCES AND CONVENTIONS	604.
INSURANCE	1,921.
ALL OTHER EXPENSES	1,264.
TOTAL TO FORM 199, PART II, LINE 17	528,120.

CA 199	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	1,079.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,079.	0.

2020

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 81-0844170

Corporation name

California corporation number

EXPLORE BUTTE COUNTY

3841800

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	6	14,258.	2,978.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	2,788				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	2,788
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	2,788
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				

CA 3885	DEPRECIATION	STATEMENT	6
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ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 OFFICE FURNITURE	06/20/18	2,445.	734.	SL	5.00	489.	
2 CHAIRS	07/05/18	576.	173.	SL	5.00	115.	
3 OFFICE FURNITURE	07/10/18	2,445.	734.	SL	5.00	489.	
4 PRINTER	07/11/18	568.	171.	SL	5.00	114.	
5 NEW COMPUTER	07/13/18	1,054.	316.	SL	5.00	211.	
6 PHONE SYSTEM	07/30/18	1,128.	228.	SL	7.00	161.	
7 COMPUTER - MARKETING	09/27/18	703.	176.	SL	5.00	141.	
8 2 OFFICE CHAIRS	09/27/18	364.	91.	SL	5.00	73.	
9 TV MONITORS	01/23/19	687.	126.	SL	5.00	137.	
10 DIGITAL CAMERA	02/04/19	976.	179.	SL	5.00	195.	
11 LAPTOP COMPUTER	09/03/19	400.	27.	SL	5.00	80.	
12 DESKTOP COMPUTER	11/07/19	703.	23.	SL	5.00	141.	
13 OFFICE FURNITURE	01/01/20	2,209.		SL	5.00	442.	
TOTAL TO FORM 3885		14,258.	2,978.			2,788.	

TAXABLE YEAR

2020

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

Identifying number

EXPLORE BUTTE COUNTY

81-0844170

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	827,741
2	Total gross income (Form 199, line 8)	2	827,741
3	Total expenses and disbursements (Form 199, line 9)	3	725,803

Part II Settle Your Account Electronically for Taxable Year 2020

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 to 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 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here



Signature of officer

Date



BOARD CHAIR

Title

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

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, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00735675
	Firm's name (or yours if self-employed) and address	HOLLY B. PLADSON 70 DECLARATION DRIVE, SUITE 202 CHICO, CA			Firm's FEIN 27-1102219
					ZIP code 95973

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

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
	Firm's FEIN			
ZIP code				

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

Oroville Tourism Committee – EBC Zone Marketing
Fri. Jun 4,, 2021
10:00 am via Zoom
Minutes and Action Items

Attendance

Committee Members Present: Amber Milland, Victoria Anton, Ray Laager, Krysi Riggs, Carolyn Denero, Bruce Spangler, Aaron Wright

Committee Members Absent: Dawn Nevers,

Others in attendance: Eric Smith

Discussion Items

The final budget for Oroville Tourism Zone Marketing for 2021 is \$19,949.30

1. Review current budget project estimate:
 - a. Map design estimate – \$7,000. Increased cost is based on requirement to hand over source files once completed and request to have a print-ready file and a web-compatible file.
 - b. Printing estimate – \$3,325 for 10k printed maps
 - c. Additional budget required for the website work EBC will need to have done to incorporate the map onto the site – estimated at \$1,000. And the back of the printed piece will also need to be created and have additional design fees – estimated at \$1,000.
 - d. Remaining budget for 2021 is about \$7,624.30
2. \$1,000 sponsorship request for marketing the 2021 fireworks display at the Oroville Airport
 - a. Fly-in option is expecting to bring in overnight guests
 - b. If awarded, funds would be used for print, radio, and digital/social media ads

A motion was made by Bruce and seconded by Victoria to support the 4th of July event at the Oroville Airport with a \$1,000 sponsorship from Oroville Zone Marketing.

All in attendance voted for the sponsorship.
3. Oroville Attractions Tourism Map Update
 - a. EBC Board of Directors approved the funding of the map project at the May board meeting.
 - b. Committee reviewed the top votes for which attractions/locations should be included on the map. There is a cost associated with additional locations so we need to create the original map with the top locations.
 - i. Remove Bedrock Park, Skate Park, and Harrison Stadium.
 - ii. Add Lott Home
 - iii. Differentiate between North Forebay and South Forebay
 - iv. Final list for Main Map Attractions
 1. Downtown District
 2. Feather River
 3. Fish Hatchery

4. Chinese Temple
 5. State Theatre
 6. Brad Freeman Trail
 7. Pioneer Museum
 8. Feather River Nature Center
 9. Centennial Plaza
 10. Veteran's Memorial Park
 11. Lott Home
- v. Final list for map insert
1. Forebay Aquatic Center
 2. North Forebay
 3. South Forebay
 4. Lake Oroville
 5. Table Mountain
 6. Lake Oroville Visitors Center
 7. Dam/Spillway Bidwell Bar Suspension Bridge
 8. Oroville Wildlife Area
 9. Thermality Forebay/ Afterbay
- c. Additional work will need to be done to create content for and design the back of the print piece. Explore Butte County can help with this project based on content already written.

Notes respectfully submitted by C. Denero.

Chico Tourism Committee
June 10, 2021

Present: Analise Uhlig, Melanie Bassett, Jennifer Macarthy, Katy Thoma, Linda Herman, Carolyn Denero

The beginning budget for this committee at the beginning of the year was \$58,714.53. A total of \$20,000 was approved by the EBC BOD to spend on the following \$10K to support DCBA sponsorship for 2021, \$5K toward a reprint of the Bidwell Park map, \$5K toward wayfinding signage. Denero has moved forward with building the creative assets for the additional swimming hole signs for Bidwell Park. Additional budget can be used to print fade-resistant Bidwell Park maps to add to the kiosks in Upper Park for users to have better wayfinding signage while in the park. There will be an inclusion of a QR code for users to download on their device while hiking.

That leaves a balance of \$38,714.53 for this committee to plan and spend. As a reminder, the committee decided to hold off on committing funds to events because it was unclear what would be re-opening.

1. There was a request for sponsorship for the Louie Vermeil Classic that is coming to Silver Dollar Fairgrounds Labor Day Weekend (days before the Gold Cup of Champions also at the Fairgrounds). Hotels have already booked blocks of rooms for this event. The sponsorship levels don't really help promote Chico – instead can we reach racers and audience better?
 - a. Suggestion to have a physical booth at the wine tasting event to hand out visitor guides and share ideas for what to do while people are in town. This will be staffed by Denero and with the Explore Butte County booth. Can hand out Adventure Guides, stickers, bags, other swag items already owned.
 - b. The committee wants a way to engage this audience with the rest of the Chico community. Melanie offered that often the downtown businesses will offer discounts/specials for special events – she can work with downtown businesses to offer specials/discounts for the racers and race community.
 - i. Can we use an already pre-existing map and note those locations offering specials? Can hand these out at the wine-tasting booth and can offer the information to Chico hotels, as well as talking points for those checking in for the racing events.
 - ii. Katy would like to see this be more inclusive of the whole city, like Chico Marketplace, too.
 - c. \$3,000 maximum budget allocated to a) have a booth during the event, b) swag bags, c) a printed piece to promote Chico businesses offering a discount to racers/audience
2. California Nut Festival – there is a potential request for a sponsorship for the Nut Festival which will be September 25 at Patrick Ranch. Don't know what this looks like and/or how Chico would support this event. Per Analise, this is a locals event and vendors are the people who book rooms. Explore Butte County is hoping to already have a booth to promote the area and to talk about the Sierra Oro Farm Trail Pass – (a paid pass with tastings at all of the farms on the farm trail for the entire month).

3. As the group discussed the potential for sponsorships and all of the things already happening the question was raised whether or not a project manager could be hired with zone marketing to be involved with Chico-specific projects since all of our organizations are already stretched very thin. Those on the call voted to make a recommendation to the EBC BOD to hire a project manager who could operate in a sales & marketing capacity to promote Chico at local events.
 - a. Further development of what this could/would look like will need to be developed.
4. BMX Park – there was a request from the event organizer to see if EBC would have money to help sponsor events and build better marketing for the park. With the economic development funds that were approved from the American Rescue Plan funding there may be a better way to help sell the park.
5. Running with the Bears – race coming to Butte in 2022 –no new information.
6. Possible partnership with Chico State for Parents/Alumni weekend this October. Carolyn has a meeting with Jay and Shari on June 14 to discuss what this will look like. More to come if budget is going to be requested.

Additional items: Bandwango would be a great partnership project that would allow Chico-centered events to have a special pass built for their attendees that would push people into the visitor-serving businesses. Need to create a way to make that happen.

Action Items:

1. Create a draft outline for how these funds could be used for a Chico project manager. This will need to be presented to the EBC BOD at the July 8 board meeting.
2. Louie Vermeil Event
 - a. Denero to connect with Louie Vermeil folks to determine how we can have a booth during the event.
 - b. Melanie and Katy to determine how they'd like to connect with their visitor-serving business members to offer specials for the race groups coming to town in September.
3. Nut Festival
 - a. Katy to follow up with Patrick Ranch to ask what needs they may have for the event



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Victoria Anton
Oroville

EXPLORE BUTTE COUNTY – MARKETING COMMITTEE MEETING

Wednesday, May 26, 2021
12:00 p.m. – 1:00 p.m.
Via Zoom Meeting

MINUTES

COMMITTEE MEMBERS: Nicole Johansson (co-chair), John Pearson (co-chair) Bruce Spangler, Jennifer Leonard, Analise Uhrig, Colette Curtis, Holly Jorgensen, Marci Shadd, Melissa Schuster, Nicole Johansson, Carolyn Denero

Present: Marci, Bruce, Analise, Melissa, Shelly, Tami, Carolyn, Ashley, Nicole, John, Colette

Absent: Holly, Jennifer

AGENDA

1. Hike Butte – Giveback partnership proposal
 - a. Committee was asked to review the wearables proposal. A partnership with Upper Park Clothing would give 25% of collection sold to support Chico Velo Trail Works. After much research about who would offer the widest range of trail work, Velo's program already has existing programs and would offer an easy way to begin supporting trails.
2. Brand Work & Value Proposition
 - a. Public Survey Results – draft findings
 - b. Once survey results were analyzed further there were a lot of spam entries. The quantitative data was reviewed; those who follow Explore Butte County use the brand to stay up to date on things to do in outdoor recreation. Many of the users are new to the brand after the #HikeButteCA activation and may skew the data if we were to compare to long-time users of the brand.
 - c. Qualitative deep dive will be done in the next month for further discussion.
3. Brand refresh – revolution of the logo. Discussion.
 - a. As EBC continues to grow brand awareness there is a disconnect between the logo and the building of the destination. Many people think EBC is Butte County administration, and that leads to confusion on what we do

and who we are. There has also been stakeholder feedback that the logo is very governmental. As EBC moves into 2022 and continues to fine tune events, it is a good time to discuss the evolution of the branding.

- i. Not only do we need a new logo, we need to differentiate the EBC brand - the DMO tasked with promoting travel and tourism, and EBC the organization who manages a DMMO. The visitor-serving brand should always be on, fun, informative, represent the visitor-serving things to do in Butte County. The stakeholder/community focused organization should be defined so we can better interact with stakeholders in building the destination for travel and tourism. Those two sides of EBC need to be defined.
 - b. Denero has asked PorterCo to put together a proposal for a brand revolution that would include deliverables such as:
 - i. New/updated logo
 - ii. Brand style guide
 - iii. Key brand messages
4. Content
 - a. Written
 - i. [Rails to Trails](#)
 - ii. [Road Trip to #HikeButteCA](#)
 - iii. [6 Kid-Friendly Hiking Trails](#)
 - iv. [Top 15 Things to do in Oroville](#) (TripAdvisor List)
 - v. [Top 20 Things to do in Chico](#) (TripAdvisor List)
 - b. Video
 - i. [Thursday Night Market](#) video selects
 - ii. [Red Suspenders Day](#) video selects
5. Social Media Reports (Please send any questions prior to the meeting so we can be prepared to answer during meeting)
 - a. [Social Media Snapshot](#)
 - b. [Website Snapshot](#)
6. Other business not already agendaized

Adjourn Meeting



Board of Directors

Analise Uhrig
Chico - Secretary

Brooke Isenberg
Chico - Vice President

Bruce Spangler
Oroville - President

Haroon Saddique
Paradise

Jasmin Wilson
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Victoria Anton
Oroville

EXPLORE BUTTE COUNTY – MARKETING COMMITTEE MEETING

Wednesday, June 30, 2021
12:00 p.m. – 1:00 p.m.
Meeting via Zoom

MINUTES

COMMITTEE MEMBERS PRESENT: Nicole Johansson (co-chair), John Pearson (co-chair), Jennifer Leonard, Analise Uhrig, Holly Jorgensen, Marci Shadd, Melissa Schuster,
ABSENT: Bruce Spangler, Colette Curtis
Staff: Denero, Baer, Salas

AGENDA

1. Crisis Communication
 - a. Visit California has now recognized “wildfire season” and Explore Butte has been invited to be a part of the conversation and preparation.
 - b. EBC team is working with partners to have both wildfire and drought communications prepared that offer our perspective as it related to travel and tourism
 - c. Agreement that the conversation should remain positive about the ability to visit the area and link to the best sources for real information. We should stay out of the negative conversations and only offer hard data if requested.
 - d. T-Rock Communications will be drafting information for EBC’s use.
2. #Freedom Campaign – ([deck](#))
 - a. Advertising through the month of July will focus on Road Trips and updated creative from last year’s Buy One Get One #Freedom campaign.
 - b. Outdoor recreation is difficult to sell when it’s so hot outside, so pulsing in a more holistic, summer-fun campaign will drive traffic to our road trips page and re-engage with our audience.
 - c. The same target audience as the out-of-market #HikeButte campaign will be targeted with social and digital ads.
3. Lodging outreach update
 - a. Alicia has been working to get rack card holders ordered for all lodging so we have a designated place to put

- Adventure Guides and additional branded collateral.
Orders are being placed for those.
- b. Part of the 2021 activation with lodging is the offer of EBC-branded “swag” items that can be handed to guests; staff is looking for new ideas.
- 4. Partnership with SOFT for October ([profile](#))
 - a. Month-long pass vs farm trail weekend
 - b. Creation of lodging packages
 - c. Ad campaign to accompany
- 5. 2022 #BikeButteCA – discussion ([work in progress](#))
 - a. Asked committee for ideas on how to create this new pass. Cost of entry is much higher than it is for Hike Butte and we need to come up with a program that will work for any type of cyclists.
 - b. Potential to create a subcommittee specific for building out this framework.
- 6. EBC was asked to create custom itineraries for Chico State for Parent/Alumni Weekend. They would be happy to link to the content that we develop for them specifically.
- 7. #HikeButteCA update
 - a. Activations / participation ([updated numbers](#))
 - b. We plan to launch the wearables giveback collection mid-July with Upper Park Clothing and Chico Velo Trail Works. The one HikeButte branded item for the promotion will be a hooded sweatshirt.
- 8. Content
 - a. Written
 - i. [Hike Like a Local: Bidwell Canyon](#)
 - ii. [National Forest Campgrounds in Butte County](#)
 - iii. [5 Kid-Friendly Water Spots](#)
 - b. Video
 - i. [Downtown Oroville & The Union](#) video selects
 - ii. [Gale Vineyards](#) video selects
- 9. Brand Work & Value Proposition
 - a. Public Survey Results – [updated analysis](#)
 - b. Ashley updated the public survey results to distill the quantitative information about the brand.
- 10. Social Media Reports (Please send any questions prior to the meeting so we can be prepared to answer during meeting)
 - a. [Social Media Snapshot](#)
 - b. [Website Snapshot](#)
 - c. [Reporting Q&A from May’s data](#)

Adjourn Meeting