

TAXABLE YEAR  
**2017**

**California Exempt Organization  
Annual Information Return**

**COPY**  
728941 12-06-17  
FORM

**199**

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name  
**CHAMBER OF COMMERCE OF  
SAN LUIS OBISPO, INC.**

California corporation number  
**0212757**

Additional information. See instructions.

FEIN  
**95-1505534**

Street address (suite or room)  
**895 MONTEREY STREET**

City  
**SAN LUIS OBISPO**

State  
**CA**

ZIP code  
**93401**

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 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  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 If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
- M Is the organization a Limited Liability Company?  Yes  No
- N Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- P 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	1,088,070.00
	2	Gross dues and assessments from members and affiliates	2	556,871.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	0.00
	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	1,644,941.00
	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
	8	Total gross income. Subtract line 7 from line 4	8	1,644,941.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,650,476.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-5,535.00
Filing Fee	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	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties and 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.

Signature of officer: **COPY** Title: **PRESIDENT/CEO** Date: \_\_\_\_\_ Telephone: **(805) 781-2777**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P01023187**

Firm's name (or yours, if self-employed) and address: **GLENN BURDETTE  
1150 PALM STREET  
SAN LUIS OBISPO, CA 93401** FEIN: **95-2772601** Telephone: **805-544-1441**

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

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CHAMBER OF COMMERCE OF  
SAN LUIS OBISPO, INC.

95-1505534

**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.

728951 12-06-17

Receipts from Other Sources                 Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	191.00
	3	Dividends	3	6,184.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	6	10,579.00
	7	Other income SEE STATEMENT 2	7	1,071,116.00
	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	1,088,070.00
	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	00
	12	Other salaries and wages	12	00
	13	Interest	13	5,334.00
	14	Taxes	14	63,841.00
	15	Rents	15	142,258.00
	16	Depreciation and depletion (See instructions)	16	25,307.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	590,656.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,650,476.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		696,354.		575,932.
2	Net accounts receivable		49,184.		92,005.
3	Net notes receivable STMT 5		158,670.		159,135.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 6		3,730.		3,730.
10 a	Depreciable assets	523,404.		530,025.	
b	Less accumulated depreciation	(136,175.)	387,229.	(161,480.)	368,545.
11	Land				
12	Other assets STMT 7		45,426.		19,820.
13	<b>Total assets</b>		1,340,593.		1,219,167.
<b>Liabilities and net worth</b>					
14	Accounts payable		174,690.		128,933.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		93,367.		83,477.
18	Other liabilities STMT 8		221,569.		125,574.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		850,967.		881,183.
22	<b>Total liabilities and net worth</b>		1,340,593.		1,219,167.

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	•	-5,535.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total. Add line 1 through line 5</b>		-5,535.
7	Income recorded on books this year not included in this return		
8	Deductions in this return not charged against book income this year		
9	<b>Total. Add line 7 and line 8</b>		
10	Net income per return.		
	Subtract line 9 from line 6		-5,535.