TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-31-09 FORM

2009

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Colondar Voc	2000 or fined year hasinging month .TITLV day	L year 2009	and andian man	AL TIME	day 30 year 2010.		
			, and ending mor	CORP#	day 30 year 2010.		
A First Retur	First Return Filed? Yes B Type of organization Exempt under Section 23701 C (insert letter) IRC Section 4947(a)(1) trust						
					0212757		
Corporation/Org	anization Name			FEIN			
CHAMBE	R OF COMMERCE OF SAN LUIS OBIS	SPO,					
INC.		955A		95-	1505534		
Address							
1039 C	HORRO STREET						
City	HORKO BIKEEI			State	ZIP Code		
- 100 CO AND CO - AND					A MARKET CONTROL CONTR		
SAN LU	IS OBISPO			CA	93401		
C Amended R	eturn?	X No H Ac	counting method use	d (1) X Cash	(2) Accrual (3) Other		
D Are you a st	bordinate/affiliate in a group exemption?	X No					
(a) Is this	a group filing for affiliates? See General Instruction L Yes	No I If e	exempt under B&TC S	TC Section 23701d, has the organization			
		The state of the s	ring the year: (1) parti				
0.000 to 0.0	res, enter the number of armitates (2) attempted to influence legisla						
(C) Are all	te all alimates included t				&TC Section 23704.5 charities)? If "Yes," complete		
(If "No	" attach a list. See instructions.)	l and			olitical or Legislative Activities		
(d) Is this a	parate return liled by an organization covered by a group ruling? Yes No by Section 23701d Organizations						
(e) Federa	! Group Exemption Number	J Did	d the organization hav	e any changes in its	changes in its activities, governing instrument, laws that have not been reported to the complete an explanation ocuments		
(f) Is a ro	ster of subordinates attached?	No art	ticles of incorporation,	or bylaws that have			
E Final return	50,000,000,000,000,000,000,000,000,000,						
	ssolved Surrendered (Withdrawn)	- ASSES	the organization exem				
		COST WAS			2		
	erged/Reorganized (attach explanation)			W	from nonmember sources \$		
	necked, enter date		the organization unde				
F Check the b	ox if the organization filed the following federal forms or schedule:	• Yes X No					
(1)	990T (2) ●990PF (3) ●(Schedule H) 990	M is i	the organization a Lin	nited Liability Compa	any? Yes X No		
	on is exempt under R&TC Section 23701d and is exclusively religious,	N Die	d the organization file	Form 100 or Form 1	109 to report		
	or charitable, and is supported primarily (50% or more) by public s, check box. See General Instruction F. No filing fee is required.	tax	xable income?		• Yes X No		
	Complete Part I unless not required to file this form. See General						
- urer	1 Gross sales or receipts from other sources. From Side 2, Par				1 472,903.00		
	2 Gross dues and assessments from members and affiliates				2 443,214.00		
	3 Gross contributions, gifts, grants, and similar amounts recei	······• L	3 179,364.00				
Receipts	4 Total gross receipts for filing requirement test. Add line 1 thr						
and	This line must be completed. If the result is less than \$25,0	100, see General In	struction C	•	4 1,095,481.00		
Revenues	5 Cost of goods sold	•	5	00			
	6 Cost or other basis, and sales expenses of assets sold		6	00			
			20		7 00		
	8 Total gross income. Subtract line 7 from line 4				8 1,095,481.00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line	***************************************		•	9 1,057,329.00		
Ехропосо	10 Excess of receipts over expenses and disbursements. Subtra				10 38,152.00		
Santana Paga Paga	11 Filing fee \$10 or \$25. See General Instruction F				11 10.00		
***************************************	12 Total payments				12 00		
Filing	TARREST SERVICES AND				13 00		
Fee				_			
	17 S. 17 TO THE STATE OF THE ST						
	15 Balance due. Add line 11, line 13, and line 14. Then subtrac		15 10.00				
	Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) i	g accompanying sched is based on all informa	dules and statements ation of which prepare	, and to the best of t r has any knowledg	my knowledge and belier, e.		
Sign	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Here	Title			Date	 Telephone 		
	Signature of officer	OFFICE	ICER		9805)781-2777		
		Date		Check if	Preparer's SSN/PTIN		
	Preparer's signature	1		self-employed	P00129718		
				aen-employed	F00123718		
Paid	Firm's name	annii	T376		TOTAL SECTION		
Preparer's	(or yours, if self-	SERVICES	, INC.		95-2772601		
Use Only	employed) 1150 PALM STREET				Telephone		
	and address SAN LUIS OBISPO, CA 93401				805-544-1441		
	May the FTB discuss this return with the preparer shown above?	Yes No					
				• X			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

	1	business activities. See instruction			1 00			
					2 8,071.00			
					3 00			
Receipts					4 00			
from	5 Gross royalties			•	5 00			
Other	6 Gross amount received from sal	le of assets (See instructions)	***************************************	•	6 00			
Sources	7 Other income	7 464,832.00						
	8 Total gross sales or receipts fro	3 Total gross sales or receipts from other sources. Add line 1 through line 7.						
	Enter here and on Side 1, Part I,	8 472,903.00						
	9 Contributions, gifts, grants, and	Contributions, gifts, grants, and similar amounts paid						
	10 Disbursements to or for member							
	11 Compensation of officers, direct	tors, and trustees	stees SEE STATEMENT 2 •					
Expenses	12 Other salaries and wages	aries and wages •						
and	13 Interest		12 578,077.00 13 00					
Disburse-		terest ixes						
ments	15 Rents	14 50,952.00 15 60,079.00						
monto	16 Depreciation and depletion (See		16 7,757.00					
	17 Other		פשש פח	אחביאיביאים 2 -	17 360,464.00			
	17 Other	7 Other SEE STATEMENT 3 • 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9						
Cobodu					18 1,057,329.00			
Schedu	Ile L Balance Sheets	Beginning of taxa			of taxable year			
Assets		(a)	(b)	(c)	(d)			
1 Cash			399,935.		• 445,774.			
	counts receivable			and the second second	•			
	tes receivable				7 61 •			
4 Invent	ories				•			
5 Federa	Il and state government obligations				•			
6 Investi	ments in other bonds				•			
7 Investi	ments in stock			and the second s	•			
	age loans (number of loans)				•			
	investments STMT 4		3,730.		• 3,730.			
	reciable assets	165,497.		164,75				
b Less	s accumulated depreciation	(116,027.)	49,470.					
		and the control of the second control of	25/2/00		• 42,005.			
12 Other assets			453,135.		NOW SEE			
13 Total assets			400,100.		491,507.			
	and net worth							
	nts payable							
	butions, gifts, or grants payable				程度 •			
	and notes payable				拉克 •			
17 Mortga	ages payable							
18 Other I	liabilities STMT 5		270.		200.			
19 Capita	I stock or principle fund				indi •			
20 Pald-in	or capital surplus. Attach reconciliation							
21 Retain	ed earnings or income fund		452,865.		• 491,307.			
	abilities and net worth		453,135.		491,507.			
Schedu		per books with income per return		of All Commission Comm				
		dule if the amount on Schedule L,		s than \$25,000				
1 Net inc	come per books							
	Il income tax							
	s of capital losses over capital gains			is return				
			not included in ti					
	e not recorded on books this							
				s return not charged				
	ses recorded on books this year not	图145世代表表示的		ome this year STMT				
	ted in this return	n this return 9 Total. Add line 7 and line 8						
6 Total.	otal. 10 Net income per return.			eturn.				
Add lin	ne 1 through line 5	38,442	Subtract line 9 fr	om line 6	38,152.			
			1000 TO 1000 T					