

TAXABLE YEAR  
**2010****California Corporation  
Franchise or Income Tax Return**FORM  
**100**For calendar year 2010 or fiscal year beginning month **JULY** day **1** year **2010**, and ending month **JUNE** day **30** year **2011**

Corporation name <b>SAN LUIS OBISPO CHAMBER OF COMMERCE SERVICES INC</b>		California corporation number <b>D1439764</b>
Address (suite, room, or PMB no.) <b>1039 CHORRO STREET</b>		FEIN <b>77-0195633</b>
City <b>SAN LUIS OBISPO</b>	State <b>CA</b>	ZIP Code <b>93401</b>

**Schedule Q Questions**

- A 1. **FINAL RETURN?** • ☐ Dissolved ☐ Surrendered (withdrawn)  
☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election.  
Enter date • \_\_\_\_\_
2. **DEFERRED INCOME.** Did this corporation elect to defer income from the discharge of indebtedness as described in IRC Section 108(i) for federal purposes? • ☐ Yes ☒ No  
If "Yes," enter the federal deferred income from discharge of indebtedness • \$ \_\_\_\_\_
- B 1. Is income incl in a combined report of a unitary group? • ☐ Yes ☒ No
2. If "Yes," indicate: ☐ wholly within CA (R&TC 25101.15)  
☐ within and outside of CA
3. Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☐ No
4. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax. • \_\_\_\_\_
5. Is form FTB 3544 and/or 3554A attached to the return? • ☐ Yes ☒ No

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	7,952.00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2	00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3	314.00
	4 Interest on government obligations	• 4	00
	5 Net California capital gain from Side 5, Schedule D, line 11	• 5	00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6	00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7	00
	8 Other additions. Attach schedule(s)	• 8	00
	9 Total. Add line 1 through line 8	• 9	8,266.00
	10 Intercompany dividend deduction. Attach Schedule H (100)	• 10	00
	11 Dividends received deduction. Attach Schedule H (100)	• 11	00
	12 Additional depreciation allowed under CA law. Attach form FTB 3885	• 12	00
	13 Capital gain from federal Form 1120, line 8	• 13	00
	14 Contributions	• 14	00
	15 EZ, LAMBRA, or TTA business expense and EZ net interest deduction	• 15	00
	16 Other deductions. Attach schedule(s)	• 16	00
	17 Total. Add line 10 through line 16	• 17	00
	18 Net income (loss) after state adjustments. Subtract line 17 from line 9.	• 18	8,266.00
CA Net Income	19 Net income (loss) for state purposes. Complete Sch. R if apportioning income. See instructions	• 19	8,266.00
	20 Net operating loss (NOL) carryover deduction. See instructions	• 20	8,266.00
	21 Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instructions	• 21	00
	22 Disaster loss carryover deduction. See instructions	• 22	00
Taxes	23 Net income for tax purposes. Combine line 20 through line 22. Then, subtract from line 19	• 23	0.00
	24 Tax. <b>8.8400</b> % x line 23 (not less than minimum franchise tax, if applicable)	• 24	800.00
	25 New jobs credit a) amount generated b) amount claimed	• 25b	00
	26a Credit name _____ code no. _____ amount	▶ 26a	00
	26b Credit name _____ code no. _____ amount	▶ 26b	00
	27 To claim more than two credits, see instructions	• 27	00
	28 Add line 25b through line 27	• 28	00
	29 Balance. Subtract line 28 from line 24 (not less than minimum franchise tax, if applicable)	• 29	800.00
	30 Alternative minimum tax. Attach Schedule P (100). See instructions	• 30	00
	31 Total tax. Add line 29 and line 30	• 31	800.00
Payments	32 Overpayment from prior year allowed as a credit	• 32	486.00
	33 2010 Estimated tax payments. See instructions	• 33	314.00
	34 2010 Withholding (Form 592-B, and/or 593). See instructions	• 34	00
	35 Amount paid with extension of time to file tax return	• 35	00
	36 Total payments. Add line 32 through line 35	• 36	800.00

Refund or Amount Due	37 Franchise or income tax due. If line 31 is more than line 36, subtract line 36 from line 31. Go to line 40	• 37	0.00
	38 Overpayment. If line 36 is more than line 31, subtract line 31 from line 36	• 38	00
	39 Amount of line 38 to be credited to 2011 estimated tax	• 39	00
	40 Use Tax. This is not a total line. See instructions	• 40	00
	41 Refund. If the sum of line 39 and line 40 is less than line 38, then subtract the result from line 38.	• 41	00
	See instructions to have the refund directly deposited. a. Routing number	• 41a	
b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account number	• 41c		
42 a Penalties and interest	• 42	00	
b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C. See instructions			
43 Total amount due. Add line 37, line 39, line 40, and line 42a. Then, subtract line 38 from the result	43	00	

**Schedule Q Questions (continued from Side 1)**

**C** If the corporation filed on a water's edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's edge election ended •

**D** Was the corporation's income included in a consolidated federal return? • ☐ Yes ☒ No

**E** Principal business activity code. (Do not leave blank): • 541800  
Business activity **ADVERTISING**  
Product or service **SERVICE**

**F** Date incorporated: 07/01/1988 • Where: State **CA** Country

**G** Date business began in California or date income was first derived from California sources • 07/01/1988

**H** First return? • ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.  
• (1) ☐ sole proprietorship (2) ☐ partnership (3) ☐ joint venture (4) ☐ corporation (5) ☐ other  
(attach statement showing name, address and FEIN/SSN/ITIN of previous business)

**I** "Doing business as" name: • **SAN LUIS OBISPO CHAMBER O**

**J** 1. For this taxable year, was there a change in control or majority ownership for this corporation or any of its subsidiaries that owned or (under certain circumstances) leased real property in California? • ☐ Yes ☒ No  
2. For this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership of any other legal entity that owned or (under certain circumstances) leased real property in California? • ☐ Yes ☒ No  
3. If this corporation or any of its subsidiaries owned or (under certain circumstances) leased real property in California, has more than 50 % of the voting stock of any one of them cumulatively transferred in one or more transactions since March 1, 1975, which was not reported on a previous year's tax return? • ☐ Yes ☒ No  
(Penalties may apply - see instructions.)

**K** At any time during the taxable year, was more than 50% of the voting stock:  
1. Of the corporation owned by any single interest? **STMT 2** • ☒ Yes ☐ No  
2. Of another corporation owned by this corporation? • ☐ Yes ☒ No

**3.** Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • ☐ Yes ☒ No  
If 1 or 3 is "Yes" enter the country of the ultimate parent •  
If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the SSN/ITIN.

**L** Has the corp included a reportable transaction or listed transaction within this return? (See instructions for definitions.) If yes, complete and attach federal Form 8866 for each transaction. • ☐ Yes ☒ No

**M** Is this corporation apportioning income to California using Schedule R? • ☐ Yes ☒ No

**N** How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? •

**O** Corporation headquarters are: • (1) ☒ Within California  
(2) ☐ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

**P** Location of principal accounting records **SEE STATEMENT 1**

**Q** Accounting method: • (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**R** Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • ☐ Yes ☒ No  
Is "Yes," enter the total balance of all DISAs • \$

**S** Is this corporation or any of its subsidiaries a RIC? • ☐ Yes ☒ No

**T** Is this corporation treated as a REMIC for California purposes? • ☐ Yes ☒ No

**U** Is this corporation a REIT for California purposes? • ☐ Yes ☒ No

**V** Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • ☐ Yes ☒ No

**W** Is this corporation to be treated as a credit union? • ☐ Yes ☒ No

**X** Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • ☐ Yes ☒ No

**Y** Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? ☐ N/A ☒ Yes ☐ No

**Z** Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? • ☐ Yes ☒ No

**AA** Did this corporation file the federal Schedule UTP (Form 1120)? • ☐ Yes ☒ No

**BB** Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • ☐ Yes ☒ No

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

**Sign Here** Signature of officer \_\_\_\_\_ Title **OFFICER** Date \_\_\_\_\_ Telephone **(805) 781-2671**  
Officer's email address (optional) \_\_\_\_\_

**Paid Preparer's Use Only** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN/PTIN **P00129718**  
Firm's name (or yours, if self-employed) and address **GLENN BURDETTE**  
**1150 PALM STREET**  
**SAN LUIS OBISPO, CA 93401**  
• FEIN **95-2772601**  
May the FTB discuss this return with the preparer shown above? See instructions ... • ☒ Yes ☐ No • Telephone **805-544-1441**