### EXTENSION GRANTED UNTIL 2/15/13

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 black lung

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For th		g JUN 30, 2012	2
В	Check if applicat	CHAMBER OF COMMERCE OF SAN LUIS OBISPO.	D Employer identif	fication number
L	Addr chan	ess INC.		
	Name chan	ge Doing Business As	95-1	L505534
E	Initia returi Term ated		suite E Telephone numb	
	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,088,215.
	Appli	Ca- SAN LUIS OBISPO, CA 93401	H(a) Is this a group	
	pend	F Name and address of principal officer: ERMINA KARIM	for affiliates?	Yes X No
_		1039 CHORRO STREET, SAN LUIS OBISPO, CA	934 H(b) Are all affiliates in	cluded? Yes No
		empt status: 501(c)(3) _X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	a list. (see instructions)
_		te: N/A	H(c) Group exemption	
		forganization: X Corporation Trust Association Other ► L	Year of formation: 1905	M State of legal domicile: CA
P	art I			
e	1	Briefly describe the organization's mission or most significant activities: TO PROMO	OTE THE ECONOM	IIC AND
Activities & Governance		COMMUNITY WELL-BEING OF SAN LUIS OBISPO VIA	PROGRAMS AND	PROJECTS TO
ern	2	Check this box	more than 25% of its net a	issets.
õ	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
les	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	24
Σ	6	Total number of volunteers (estimate if necessary)	16	150
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		
	1		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	458,193.	477,884.
	9	Program service revenue (Part VIII, line 2g)	533,854.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,873.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,988.	
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,043,908.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	715,983.	· · · · · · · · · · · · · · · · · · ·
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.00,000
be	Ь	Total fundraising expenses (Part IX, column (D), line 25)	What come and the common than	THE ELECTRICATE AND ADDRESS
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	347,385.	351,832.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,063,368.	1,031,898.
	19	Revenue less expenses. Subtract line 18 from line 12	-19,460.	
P 89		Total de le composition de la composition della composition de la composition della	Beginning of Current Year	
Net Assets of Fund Balance	20	Total assets (Part X, line 16)	476,291.	End of Year
Ass	21	T-4-1 (1-1-0)(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	4,444.	639,989.
ĕĕ	22	Net assets or fund balances. Subtract line 21 from line 20	471,847.	106,730.
	art II	Signature Block	4/1,04/.	533,259.
EL 1501	Market process.	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	stomasta and to the best of	
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	atements, and to the best of m	y knowledge and belief, it is
,	001100	than complete, becaute on property (other than officer) is based on all information of which pre-	narer has any knowledge.	The state of the s
Sig		Signature of officer	Date	
Her		ERMINA KARIM, PRESIDENT/CEO	Date	
пег	•	Type or print name and title		
			I Data	II DTIN
Paid		Print/Type preparer's name  MTCAT, W BOXEE CDA	Date Check L	PTIN
		MICAL W. BOVEE, CPA	self-employ	
900 PA	arer	Firm's name GLENN BURDETTE	Firm's EIN ▶	95-2772601
use	Only	Firm's address 1150 PALM STREET	1000	200 00 00
		SAN LUIS OBISPO, CA 93401	Phone no. 8	05-544-1441
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

### CHAMBER OF COMMERCE OF SAN LUIS OBISPO,

	n 990 (2011) INC. 95-1505534	Page 2
Pa	rt III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response to any question in this Part III	Ц
1	Briefly describe the organization's mission:	
	TO PROMOTE THE ECONOMIC AND COMMUNITY WELL-BEING OF SAN LUIS OBISPO	<u>o</u>
	VIA PROGRAMS AND PROJECTS TO EDUCATE THE PUBLIC, PROVIDE CREATIVE	
	BUSINESS LEADERSHIP AND FACILIATE EFFECTIVE COORDINATION IN SOLVING	G
	COMMUNITY PROBLEMS AND INITIATING CONSTRUCTIVE ACTION.	
2	Did the organization undertake any significant program services during the year which were not listed on	72-15-983
	the prior Form 990 or 990-EZ?	s X 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?	s X 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 expense	20
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	
	others, the total expenses, and revenue, if any, for each program service reported.	10
4a	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$	
16.075	GOOD MORNING SLO-BUSINESS BREAKFAST PROGRAM THAT IS INFORMATIONAL	AND
	PROMOTIONAL.	
4b	(Code:) (Expenses S including grants of S) (Revenue S	)
	ANNUAL DINNER-ANNUAL INSTALLATION OF THE BOARD ABOUT 400 PEOPLE AT	FEND
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	GREEN AWARDS LUNCHEON	
		11. 5. 10. 10. 10.
		<del>er 1</del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶	10000000
132002 02-09-		990 (2011)

Page 3

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 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? If "Yes," complete Schedule C, Part II 4 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? If "Yes," complete Schedule C, Part III X 5 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? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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? If "Yes," complete Schedule D, Part VII X 11b 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? If "Yes," complete Schedule D, Part VIII X 11c 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? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

## Form 990 (2011) INC . Part IV Checklist of Required Schedules (continued)

100				
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22	-	-21
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		х
24a	but the organization have a tax-exempt borld issue with an outstanding principal amount of more than \$100,000 as of the			F1077071174
	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 25	24a		х
b	bid the diganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	bid the organization act as an "on benaif of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
~.	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	Table and	X
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	MINER DE	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
01	If "Yes " complete Schedule N. Part I			1022
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II  Did the organization own 100% of an artiful disconnel of a artiful disconnel of	32		X
33	bid the digalization own 100% of all entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	000		
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an account.	35b		X
	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	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	-	<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form 9		011)

INC.

_	990 (2011) INC.	95-15	505534	: P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V	<u></u>			
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		9		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	15 ASS SEC	1c	x	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		tion at	四层	Hall-
	filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret		2b	X	Participation (Cont.)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		50.0		N. L.
За	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," provide an explanation in Schedule O		Зь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	I account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	28 REPUBLICATION TO THE PROPERTY OF THE PROPER			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				
	any contributions that were not tax deductible?		6а		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices provided to the pa	yor? <b>7</b> a		
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
21	to file Form 8282?		7с		
	If "Yes," indicate the number of Forms 8282 filed during the year				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con				
	If the organization received a contribution of qualified intellectual property, did the organization file is				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the cars of cars, and cars of cars		-C? 7h	\$40,000 and	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		Harri		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any time during the year	? 8		terror et a
9_	Sponsoring organizations maintaining donor advised funds.		RESIDE		
	Did the organization make any taxable distributions under section 4966?				-
10 D	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	95396	a allegues
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
1	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	APRIL OF	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	este m	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5			
	Is the organization licensed to issue qualified health plans in more than one state?		13a	J-22, 154	
10.E	Note. See the instructions for additional information the organization must report on Schedule O.			EDES	
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		N. S.	100	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			•••••			LX
Sec	tion A. Governing Body and Management		· · · · · · · · · · · · · · · · · · ·				
		1 . 1		21	AV SHALL	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing			ı			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ا ،			
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		A MAN - N PARAGON A LIGHT MAN				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			_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 a			- [			
	more members of the governing body?				7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or	- 1			
	persons other than the governing body?				7b_	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•		- 1			
а	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 re						0.000
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	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 of						
	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 boo	dy befo	e filing the form	? [	11a	X	00 -83
b							
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 ris			[	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	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 approve		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
	The organization's CEO, Executive Director, or top management official			[	15a	X	
b	Other officers or key employees of the organization			[	15b	X	-31
0.000	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 arrange						
	taxable entity during the year?			]	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					Y.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					21.05C-26U-11	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s on	ly) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict c	f interest policy	anc	l finar	icial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	ind reco	ords of the organ	nizati	ion: 🕨		
	JAZMIN CORTEZ @ CHAMBER OF COMMERCE - (805) 781-27	777	×				
132006	1039 CHORRO STREET, SAN LUIS OBISPO, CA 93401						

132006 01-23-12

Form	gan i	(2011)	
1 01111	יטכט	120111	

95-1505534 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat		orga	aniza			mpe	nsa			
(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average	(do	(do not check		ot check more than one			Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	(describe	Ē					Ė	from the	from related	other
	hours for	trustee or director				9		organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 (**100)	organization
	organizations	frust	nal tru		oyee	эшис				and related
	in Schedule	Individual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
72.5	0)	皇	E	Officer	Key	골름	먑			
(1) RUSS LEVANWAY	F 00	۱.,							72	
CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(2) DONNA LEWIS		7.		**						_
VICE CHAIR COMMUNITY AFFAI	5.00	X		X		_		0.	0.	0.
(3) HILLARY TROUT	F 00	7.7		7.7						_
VICE CHAIR MEMBERSHIP/OPER (4) PIERRE RADEMAKER	5.00	X		X		_		0.	0.	0.
VICE CHAIR ECONOMIC DEVEL	5.00	x		x				0	0	
(5) TIM WILLIAMS	3.00	Δ		Δ		_		0.	0.	0.
VICE CHAIR, LEGISLATIVE AF	5.00	x		х				0.	0.	0
(6) KRISTEN YETTER	3.00			22		$\vdash$		U •		0.
TREASURER/CHAIR APPOINTEE	5.00	X	7	Х				0.	0.	0.
(7) BRUCE RAY	3,00								0.	0.
BOARD COUNSEL	2.00	x		x				0.	0.	0.
(8) MICHAEL GUNTHER		-				$\vdash$		- 0.		
PAST CHAIR	2.00	x						0.	0.	0.
(9) AMY KARDEL				_					0.	
DIRECTOR	1.00	X					ì	0.	0.	0.
(10) ANITA ROBINSON										
DIRECTOR	1.00	Х						0.	0.	0.
(11) BARRY VANDERKELEN										
DIRECTOR	1.00	X		İ				0.	0.	0.
(12) CANDY MARKWITH										
DIRECTOR	1.00	X						0.	0.	0.
(13) CHERYL CUMING										
DIRECTOR	1.00	Х						. 0.	0.	0.
(14) ERIK JUSTESEN										
DIRECTOR	1.00	X					_	0.	0.	. 0.
(15) JOHN SPATAFORE										
DIRECTOR	1.00	X					a latest	0.	0.	0.
(16) KATHY EPPRIGHT	820 4									
DIRECTOR	1.00	X						0.	0.	0.
(17) MARCO RIZZO			I						ever any 400 per to the control of t	
DIRECTOR	1.00	X						0.	0.	0.

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INC.

95-1505534

Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
(A)	(B)			2000	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimate	
	hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount	
	(describe	-	Г	Г	Π	Ī	<u> </u>	from the	from related	other	
	hours for	trustee or director				Į,		Contract Con	organizations (W-2/1099-MISC)	compense from th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organizat	
	organizations	trust	al fr		yee	эшы	l	( ) - ) - )		and relat	
	in Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	'		organizati	ons
(18) MATTHEW WOODS	O)	르	135	岩	Key	물통	횬				
DIRECTOR	1.00	X	1					0.	0.		0.
(19) MISSY REITNER-CAMERON	1.00	21	$\vdash$					0.	<u> </u>		<u> </u>
DIRECTOR	1.00	x	İ					0.	0.		0.
(20) RICK STOLIMEYER								*** S			
DIRECTOR	1.00	X						0.	0.		0.
(21) SUSAN OPAVA	1 00					ĺ			11		
DIRECTOR	1.00	X			_	_	_	0.	0.		0.
(21) ERMINA KARIM PRESIDENT/CEO	40.00	1		x					0	. 1	
PRESIDENT/CEO	40.00		<del>                                     </del>	Δ		<u> </u>	_		0.		
2											5 15
		_									
1h Cub total						┕			0.	_	
1b Sub-total  c Total from continuation sheets to Part V	I Section Δ	•••••				<b>&gt;</b>		0.	0.	<u> </u>	0.
d Total (add lines 1b and 1c)						<b>\</b>			0.	١	•
Total number of individuals (including but n							no re	eceived more than \$100			
compensation from the organization											1
										Yes	No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											v
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>	accuse compe	uu neat	ion f	rom	anv	uun	olot	or such individual	dual for convince	4	X
rendered to the organization? If "Yes," com							cial	ed organization of indivi	dual for services	5	X
Section B. Independent Contractors										<u> </u>	
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	ation from	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithir	the organization's tax y	/ear.		
(A) Name and business	addrana	37/	<b>3377</b>	-				(B)		(C)	
Traine and business	addiess	TAC	ONI	5			-	Description of s	ervices	Compensatio	n
									İ		
					7.00		1				
								5			
			15.00							W W 1 30 1 0	
							_				
						1					
2 Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	thos	se lis	sted	above) who received m	ore than		
\$100,000 of compensation from the organi.					(				100 mg 200		
		1.4-35								Form 990 (	2011/

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						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts			Federated campaigns	1a	155			- Programme Control of the Control o	
P. E.			Membership dues		477,884.				
ffs, r Ai		C	Fundraising events	1c					
igin Jigi		d		1d					
Sir			Government grants (contributions)						
ig je		T	All other contributions, gifts, grants, an similar amounts not included above						
다 다		~	Noncash contributions included in lines 1a-1f:						
일등			Total. Add lines 1a-1f			177 001			
		••	Total. Add lines 18-11		Business Code	477,884.			
e l	2	а	TOURISM/MANAGEMEN	r con	541610	424,046.	107 611		16 425
돌		b	PROGRAMS/SPEC PRO	JECTS	561499	119,061.	407,611.		16,435.
S		С					110,001.		
eve eve		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
			Total. Add lines 2a-2f			543,107.			
	3		Investment income (including divide						
		other similar amounts)			▶ [	2,851.			2,851.
	4		Income from investment of tax-exer						
	5		Royalties		<b>&gt;</b>				
			AND THE RESERVE OF THE PARTY OF	i) Real	(ii) Personal				
]			Gross rents						
			Less: rental expenses						
- 1			Rental income or (loss)						
	- '	a -	Net rental income or (loss)		The state of the s				
	/ 1		The state of the s	ecurities	(ii) Other				
- 1			assets other than inventory						
			Less: cost or other basis						
	,		and sales expenses						
ı			Net gain or (loss)						
	8 8	9	Gross income from fundraising ever	nts (not					
une			including \$	87	100				
Other Reve			contributions reported on line 1c). S	- 51					
표			Part IV, line 18		Į.				
ğ	t	ا ر	Less: direct expenses	b					
9			Net income or (loss) from fundraisin					LANGE PROPERTY.	are showed page
	9 a		Gross income from gaming activities		5				
		ŀ	Part IV, line 19	а					
	t	) l	Less: direct expenses	b	7.				
			Net income or (loss) from gaming ac		<b>&gt;</b>			A THE LANGUE ESTATE	Per a mezameza a mezamenta
	10 a		Gross sales of inventory, less return						
	120	8	and allowances	a	i i				
			Less: cost of goods sold						
-		<u> </u>	Net income or (loss) from sales of in	entory	<b>&gt;</b>				
H		-	Miscellaneous Revenue REIMBURSEMENTS		Business Code	24 242			
- 1	11 a		MEETING INCOME		900099	31,940.	31,940.		
	b		481 ADJUSTMENT		900099	27,005.	27,005.		
	d	_			900099	5,425.	5,425.		
		7	All other revenue		900099	3.	3.		
	е 12	T	Fotal. Add lines 11a-11d  Total revenue. See instructions.			64,373.	E01 045		
1		-	o.z		▶ ↓⊥	,088,215.	591,045.	0.1	19,286.

### 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) but are not required to complete columns (B), (C), and (D).

Do not	Check if Schedule O contains a respo include amounts reported on lines 6b,	(A)	(B)	(C)	/D/
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
or	ants and other assistance to governments and ganizations in the United States. See Part IV, line 21				
2 Gr	rants and other assistance to individuals in				
	e United States. See Part IV, line 22				
	rants and other assistance to governments,				
	ganizations, and individuals outside the				
Ur	nited States. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
5 Cc	ompensation of current officers, directors,			Management of the second section of the second seco	William Designation Company
tru	ıstees, and key employees	128,357.			
<b>6</b> Co	mpensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and		.90		
per	rsons described in section 4958(c)(3)(B)				
<b>7</b> Oti	her salaries and wages	456,901.			
8 Per	nsion plan accruals and contributions (include				
	tion 401(k) and section 403(b) employer contributions)				
9 Otl	her employee benefits	41,891.			
O Pa	yroll taxes	52,917.			
	es for services (non-employees):				
a Ma	nagement				
	gal				
c Acc	counting	6,495.			
d Lot	bbying				
e Pro	fessional fundraising services. See Part IV, line 17			STEP AND THE SERVICE PROPERTY.	
f Inv	estment management fees		The state of the s		
g Oth	ner				
2 Adv	vertising and promotion				
3 Offi	ice expenses		***		
4 Info	ormation technology				
5 Roy	/alties				
6 Occ	cupancy	59,646.	Mass Carry Constant		
7 Trav	vel				
3 Pay	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
	nferences, conventions, and meetings	7,843.			
) Inte	rest	120.			
Pay	ments to affiliates				
Dep	preciation, depletion, and amortization	8,007.			
	ırance				
abov 24e a	er expenses. Itemize expenses not covered ve. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule O.)		95 TE		
a PR	OGRAMS/SPECIAL PROJEC	75,640.			Your And Service
	SURANCE	46,206.			
	AFF EXPENSE	23,632.			
	NCTIONAL EXPENSES	23,136.			
	ther expenses	101,107.			
	I functional expenses. Add lines 1 through 24e	1,031,898.			
	t costs. Complete this line only if the organization	T,031,030.			
	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.		Ŕ		
	there if following SOP 98-2 (ASC 958-720)				
	3-12				

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Form 990 (2011)
Part X | Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			197.	1	200
	2	Savings and temporary cash investments		431,005.	2	507,376	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	22,614
	5	Receivables from current and former officers, d	irectors, tru	stees, key			
		employees, and highest compensated employe	es. Comple	ete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
)		employees' beneficiary organizations (see instru		6			
2000	7	Notes and loans receivable, net				7	50,153
č	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	14,407
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		129,344.			
	b	Less: accumulated depreciation		87,835.	41,359.	10c	41,509
	11	Investments - publicly traded securities			,	11	
	12	Investments - other securities. See Part IV, line	11		3,730.	12	3,730
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	•••••			15	
_	16	Total assets. Add lines 1 through 15 (must equ			476,291.	16	639,989
	17	Accounts payable and accrued expenses	4,444.	17	71,495		
	18	Grants payable			18		
	19	Deferred revenue			19	35,235	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Payables to current and former officers, director					
		highest compensated employees, and disqualifi					
		of Schedule L				22	
-		Secured mortgages and notes payable to unrela	ited third pa	arties		23	
	24	Unsecured notes and loans payable to unrelated	d third parti	es		24	
- 1	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X of		- 1	
	00	Schedule D				25	
+	26	Total liabilities. Add lines 17 through 25		7	4,444.	26	106,730.
		Organizations that follow SFAS 117, check he	ere ▶ ⊔	and complete			
		lines 27 through 29, and lines 33 and 34.					
I	27	Unrestricted net assets		471,847.	27	533,259.	
	28	Temporarily restricted net assets				28	
		Permanently restricted net assets			The same of the sa	29	
		Organizations that do not follow SFAS 117, ch	eck here	▶ ☐ and			
		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq	uipment fur	nd		31	
	32	Retained earnings, endowment, accumulated inc	come, or otl	ner funds	484 045	32	
- [	33	Total net assets or fund balances	********		471,847.	33	533,259.
	34	Total liabilities and net assets/fund balances			476,291.	34	639,989.

Form 990 (2011)

Form	1990 (2011) INC.	95-150	5534	Pac	ge <b>12</b>
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI					X
			10 1(00707		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08	8,2	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,031,898.		
3	Revenue less expenses, Subtract line 2 from line 1	3	56,317.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	471,847.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,095.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	533,259.		
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII					
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		2a		X
b	Nere the organization's financial statements audited by an independent accountant?		2b	X	
C	by the design of the dudit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		100		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	a 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?		За		X
b	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	***************************************	3b		
For					2011)