EXTENSION GRANTED TO MAY 16, 2016

Form **990**

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.

2014
Open to Public Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 Check if applicable: C Name of organization D Employer identification number CHAMBER OF COMMERCE OF Address change SAN LUIS OBISPO, INC. Name change 95-1505534 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 895 MONTEREY STREET (805)781-2777termin-ated City or town, state or province, country, and ZIP or foreign postal code 1,240,924. G Gross receipts \$ Amended return SAN LUIS OBISPO, CA 93401 H(a) Is this a group return Applica-F Name and address of principal officer: ERMINA KARIM for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: 501(c)(3) X 501(c) () (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1905 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE ECONOMIC AND Governance COMMUNITY WELL-BEING OF SAN LUIS OBISPO VIA PROGRAMS AND PROJECTS TO oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 21 ∞ Total number of individuals employed in calendar year 2014 (Part V, line 2a) 23 5 Total number of volunteers (estimate if necessary) 150 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34. 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 505,813 516,302. Revenue Program service revenue (Part VIII, line 2g) 650,660. 718,453. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 954 4,180. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,763. 11 1,969. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,179,190. 1,240,904. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 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) 623,875 728,448. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 481,491. 508,088. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,105,366. 1,236,536. 19 Revenue less expenses. Subtract line 18 from line 12 73,824. 4,368. Beginning of Current Year End of Year 1,083,188. 1,131,169. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 312,097. 357,511. Vet 22 Net assets or fund balances. Subtract line 21 from line 20 773,658. 771,091. 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. Signature of officer Sign ERMINA KARIM, PRESIDENT/CEO Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid MICAL W. BOVEE, CPA P01023187 Firm's name GLENN BURDETTE Preparer 95-2772601 Firm's EIN Firm's address 1150 PALM STREET Use Only SAN LUIS OBISPO, CA 93401 Phone no. 805-544-1441

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE THE ECONOMIC AND COMMUNITY WELL-BEING OF SAN LUIS OBISPO
	VIA PROGRAMS AND PROJECTS TO EDUCATE THE PUBLIC, PROVIDE CREATIVE
	BUSINESS LEADERSHIP AND FACILIATE EFFECTIVE COORDINATION IN SOLVING
	COMMUNITY PROBLEMS AND INITIATING CONSTRUCTIVE ACTION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Pid the approximation access conducting or make significant changes in how it conducts any program services? Yes X No
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 \$ including grants of \$) (Revenue \$)
	PROMOTIONAL.
	I ROMOTIONIE.
0	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ POPLE ATTEND)
	ANNUAL DINNER-ANNUAL INSTALLATION OF THE BOARD ABOUT 400 PEOPLE ATTEND
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	DODINEDD HEOCHITON NEEDSTANDED IEIE
4d	Other program services (Describe in Schedule O.)
50 <u>-</u>	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2014)

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)? If "Yes," complete Schedule A			х
2	াr "Yes," complete Schedule A	1		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	-	21
	public office? If "Yes," complete Schedule C, Part I	3		х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	一		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1934		
	as applicable.	9559		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		.,	
h		11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-	_X
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		Х
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	11c	-+	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b	Х	
	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?	14a		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			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			37
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	\rightarrow	<u>X</u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		1	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	\rightarrow	<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-1/	-+	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	\dashv	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\neg	
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CHAMBER OF COMMERCE OF SAN LUIS OBISPO, INC.

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a 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 24c 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 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 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? 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 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes." complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of 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 exempt non-charitable related organization? 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

tale Enter the number reported in Box 3 of From 1096. Enter -0-if not applicable be Enter the number of Forms W2G included in line 1a. Enter -0-if not applicable		Check if Schedule O contains a response or note to any line in this Part V			,					
b Enter the number of Forms W2G included in line 1a. Enter -0 if not applicable						Yes	No			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1 L000 or more during the year? 3a Did the organization have unrelated business gross income of \$1 L000 or more during the year? 3a At any time during the calendary 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 At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If 1'Yes, "there the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization should be a provided at the was a spartly to a prohibited tax shelter transaction? 5c If 'Yes," to line 5a or 5b, did the organization file Form 8886.1? 5c If 'Yes," to line 5a or 5b, did the organization file Form 8886.1? 5c If 'Yes," to line 5a or 5b, did the organization file Form 8886.1? 5c If 'Yes," to line 5a or 5b, did the organization file Form 8886.1? 5c If 'Yes, and the work and a country of the second secon	1a			9	100					
gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary are and ming with or within the year covered by this return. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 At any time during the calendary 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 At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," inter the name of the foreign ocuntry (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file form 888617 5c If "Yes," to line 5a or 5b, did the organization file form 888617 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the ween of tax deductible as charitable contributions? 5c If "Yes," to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization stat may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a If the organization selection apayment in excess of \$75 made party as a contribution on party for goods and services provided to the payor? 7b If "Yes," did the organization more expressed subjects that pay the payor payor payor payor payor payor payo	С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportal	ble gaming						
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary are and ming with or within the year covered by this return. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 At any time during the calendary 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 At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," inter the name of the foreign ocuntry (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file form 888617 5c If "Yes," to line 5a or 5b, did the organization file form 888617 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the ween of tax deductible as charitable contributions? 5c If "Yes," to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization stat may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a If the organization selection apayment in excess of \$75 made party as a contribution on party for goods and services provided to the payor? 7b If "Yes," did the organization more expressed subjects that pay the payor payor payor payor payor payor payo		(gambling) winnings to prize winners?			1c	X				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 3b If "Yes," has it filed a form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A 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 At any time during the calendar year, did the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," to the the remain of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization had the organization that it was or is a party to a prohibited tax shelter transaction? 6c Was a Was the organization solicit any contributions of the value of the good of the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Was the "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization section of the value of the good or services provided? 7d Did the organization section apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," direct the number of Forms \$282 filed during the year 9 Did the organization section and the provide section \$	2a				Filling		M			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returnes? 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 urrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990." For this year? If "No." to line 3b, provide an explanation in Schedule O 3b 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 X X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5b Was the organization bary to a prohibited tax shelter transaction? 5c Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts? 5c Was the organization selection of the foreign country (such as a bank account, securities account, or other financial accounts? 5c Was the organization selection of the foreign country (such as a bank account, securities account, or other financial accounts? 5d Was the organization will also a shelf transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited ax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation and express statement that such contributions orgitis were not tax deductible? 5c If "Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). a bit the organization section and the donor of the value of the goods or services provided? 5c Did the organization section and the contribution of qualified intellectual property,		filed for the calendar year ending with or within the year covered by this return	2a	23						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b				2b	X				
3a						est o				
b If "Yes," has it field a Form 990-T for this year" // "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary 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)? 4b If "Yes," enter the name of the foreign country; !P See instructions for filing requirements for FincOR 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 Did any staxble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886T? 5c Did she 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 chantalea contributions? 5c Diff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c Diff the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Diff the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 2c Diff the organization neelies are north than the organization file or services provided to the payor or the example of the payor of the organization file or any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization, during the year, pay premiums, directly or indirectly, to a personal benefit contract? 7d Did the organization with a service provided funds. 8 Did the organization make a distribution of	3a	Did the experientian have very let all business in the COO.			3a		X			
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)? b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization aper ty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation and express statement that such contributions oscillation and contributions or did the organization solicit any contributions that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Test Te	b				3b					
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 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 in Schedule O. 14b	9			********************	10,98					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 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 in Schedule O. 14b	а	Did the appropriate arganization make any tayable distributions under castion 40000			9a	OLD TOWNS				
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12										
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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	а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			-	MARINE DE						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a							
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a 14b					Color.					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				12a					
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? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			1 1		1887	16.6				
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 c Enter the amount of reserves on hand 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 in Schedule O	13	AND THE PROPERTY OF THE PROPER				5555				
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 c Enter the amount of reserves on hand 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 in Schedule O	а				13a					
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 c Enter the amount of reserves on hand 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 in Schedule O 14b										
organization is licensed to issue qualified health plans 13b	b									
c Enter the amount of reserves on hand			13b							
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 in Schedule O 14b	С	Enter the amount of reserves on hand								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the examination receive any neuments for indeed tenning consists during the territory			14a		X			
					Distance of the last	990 (2014)			

Form 990 (2014)

SAN LUIS OBISPO, INC.

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

Sect	ion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
14	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 in Schedule O.										
	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 relationship with any other										
2	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the										
3	of officers, directors, or trustees, or key employees to a management company or other person?										
4	The state of the s										
	the second secon										
5	Did the organization become aware during the year of a significant arrestor of the organization have members or stockholders?			6	X						
6	Did the organization have members of stockholders, or other persons who had the power to elect or as	point	one or								
7a	more members of the governing body?			7a	Х						
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders. or								
D				7b	X						
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	in a							
8				8a	X	SECULO SECULO					
a	The governing body?			8b	X						
b	Each committee with authority to act on behalf of the governing body?	d	at the	0.5							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	crieu	at tile	9		х					
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	01/00/	o Code I	3							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		Yes	No					
				10a	163	X					
10a	Did the organization have local chapters, branches, or affiliates?			IUa							
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of	napte	rs, amiliates,	40h							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		filis a Ab a farma?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ly bei	ore ming the form?	Ha	21	15/529					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	х	PACKAGE.					
12a			officto?	12a	X						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40-	х						
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?				Λ	Х					
14	Did the organization have a written document retention and destruction policy?			14	0.5743	A					
15	Did the process for determining compensation of the following persons include a review and approv		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	X	THE REAL PROPERTY.					
а	The organization's CEO, Executive Director, or top management official			15a	X	_					
b	Other officers or key employees of the organization			15b	A	TOTAL S					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	55		1							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			100	Marie 1	X					
	taxable entity during the year?			16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					100					
	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										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sed	tion 501(c)(3)s only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Upon request										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial						
	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 be	ooks a	and records:								
	JAZMIN CORTEZ @ CHAMBER OF COMMERCE - (805) 781-2	777									
	895 MONTEREY STREET, SAN LUIS OBISPO, CA 93401										

432006 11-07-14

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	c) ition more		one th an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHERYL CUMING	5.00									
CHAIR OF THE BOARD	0.00	X		X	_	_		0.	0.	0.
(2) DEBBY NICKLAS	2.00	.,		7.				_		_
VICE CHAIR MEMBERSHIP	2 00	Х		X	_			0.	0.	0.
(3) BETSY KINSLEY VICE CHAIR VISION	2.00	х		х				0	0.	•
(4) CHRIS RICHARDSON	2.00	Δ	Н	Λ				0.	0.	0.
VICE CHAIR ECONOMIC DEV.	2.00	x		х				0.	0.	0.
(5) DAN O'HARE	2.00	Δ		Λ	_			0.	0.	0.
VICE CHAIR LEGISLATIVE	2.00	x		Х				0.	0.	0.
(6) BOB STETS	2.00					Н		0.	0.	0.
TREASURER		x		х				0.	0.	0.
(7) TOM JONES	2.00									
BOARD COUNSEL		X						0.	0.	0.
(8) TIM WILLIAMS	2.00									
PAST CHAIR		X						0.	0.	0.
(9) ANDY PEASE	1.00									
DIRECTOR		X						0.	0.	0.
(10) BRAIN CLAUSEN	1.00									
DIRECTOR		X	_					0.	0.	0.
(11) CLINT PEARCE	1.00								400	
DIRECTOR	1 00	Х	\Box	_				0.	0.	0.
(12) DAVE JUHNKE	1.00									_
DIRECTOR	1 00	Х	\dashv	_		\Box	_	0.	0.	0.
(13) DAWNA DAVIES	1.00	,,,								•
DIRECTOR	1 00	X	\dashv	\dashv	\dashv		_	0.	0.	0.
(14) DONNA LEWIS DIRECTOR	1.00	x						0.	0	0
(15) GERI LACHANCE	1.00	Δ	\dashv	-	\dashv		\dashv	0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(16) JILL BOLSTER-WHITE	1.00	22	\dashv	\dashv	-		\dashv	0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(17) KATHY EPPRIGHT	1.00		\dashv	\dashv	\dashv		\dashv		J.	<u> </u>
DIRECTOR		x						0.	0.	0.
420007 44 07 44			_	_			_			F 000 (004.4)

432007 11-07-14

Form 990 (2014)

432008

Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

CHAMBER OF COMMERCE OF

Page 9

SAN LUIS OBISPO, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 516,302. 1b Membership dues c Fundraising events 10 d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 516,302. h Total. Add lines 1a-1f Business Code 395,784. 377,252. 302,354. 18,532. 541610 2 a TOURISM/MANAGEMENT CON Program Service Revenue 561499 302,354. PROGRAMS/SPEC PROJECTS 561499 20,315. 20,315. c MEETING INCOME f All other program service revenue 718,453. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,200. 4,200. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 20 and sales expenses -20. c Gain or (loss) -20. -20d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 1,969 11 a MISCELLANEOUS 1,969 d All other revenue 1,969. Total. Add lines 11a-11d 701,890. 0. 22,712. 1,240,904. Total revenue. See instructions. Form 990 (2014)

Form 990 (2014) SAN LUIS OBIST 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 respons	se or note to any line in	this Part IX		
	Check if Schedule O contains a response tinclude amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to domestic organizations				AND THE PARTY OF
a	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign		***		
o	organizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			ASSESS FOR SERVICE	
	Compensation of current officers, directors,		1000		
	rustees, and key employees	152,092.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
		473,980.			
7 (Other salaries and wages	4/3,900.			
	section 401(k) and 403(b) employer contributions)	44 205			
	Other employee benefits	44,305.			
	Payroll taxes	58,071.			
	Fees for services (non-employees):				
	Management				
b L	_egal				
c A	Accounting	4,554.			
d L	_obbying				
e P	Professional fundraising services. See Part IV, line 17				
f li	nvestment management fees				
gC	Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A) amount, list line 11g expenses on Sch 0.)	57,146.			
12 A	Advertising and promotion				
	Office expenses	19,146.			
14 lr	nformation technology	30,010.			30.83 U
	Royalties				
	Occupancy	123,749.			
	ravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	8,355.			
RESIDENT CARD		7,857.			
	nterest	7,057.			
21 F	Payments to affiliates	23,110.			
	Depreciation, depletion, and amortization	39,718.			
	nsurance	33,118.			
24 0	Other expenses, Itemize expenses not covered bove. (List miscellaneous expenses in line 24e, If line				
2	4e amount exceeds 10% of line 25, column (A)			Supering to the same	
a	mount, list line 24e expenses on Schedule 0.)	464			
	PROGRAMS/SPECIAL PROJEC	111,968.	107-00		
10000	STAFF EXPENSE	30,247.			V = 1800 M C
10000	MANAGEMENT EXPENSES	6,764.			
d C	COUNTY PROPERTY TAXES	4,207.			
e A	All other expenses	41,257.			7
	otal functional expenses. Add lines 1 through 24e	1,236,536.			
26 J	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11-07-14				Form 990 (2014

Form 990 (2014)
Part X | Balance Sheet

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	·	201.		250	
	2	Savings and temporary cash investments		487,286.	2	494,746	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			51,663.	4	56,266
- 1	5	Loans and other receivables from current and f				755	
		trustees, key employees, and highest compens	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual				6390	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Sie		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net			73,726.	7	80,325
۱ ۱	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			36,712.	9	70,560
	10a	Land, buildings, and equipment: cost or other					arzen an Rosault an
		basis. Complete Part VI of Schedule D	10a	511,890.		10.00	
	b	Less: accumulated depreciation		86,598.	429,870.	10c	425,292
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11		3,730.	12	3,730
- 1	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			1,083,188.	16	1,131,169
- 1	17	Accounts payable and accrued expenses		129,485.	17	113,978.	
	18	Grants payable				18	
- 1	19	Deferred revenue			42,756.	19	122,068
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
1	22	Loans and other payables to current and former		The state of the s			
		key employees, highest compensated employee					
		Complete Part II of Schedule L			440 500	22	
		Secured mortgages and notes payable to unrela			119,722.	23	111,458.
		Unsecured notes and loans payable to unrelated			20,134.	24	10,007.
- 2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		8			
Ι,	ne	Schedule D			212 007	25	257 514
+	26	Total liabilities. Add lines 17 through 25		V .	312,097.	26	357,511.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🕰 and			
1,		complete lines 27 through 29, and lines 33 an			747 472	150013	772 (50
	28	Unrestricted net assets		747,472.	27	773,658.	
1		Temporarily restricted net assets	23,019.	28	0.		
1		Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		29			
		and complete lines 30 through 34.	50 958), CI	neck nere			
1,				45		00	
	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq	inment for	nd		30	
2		Retained earnings, endowment, accumulated inc			The state of the s	31	
1 2	33	Total net assets or fund belongs	ome, or ot	rier tunas	771,091.	32	772 650
1	34	Total liabilities and not assets/fund belances	•••••		1,083,188.	33	773,658.
		Total liabilities and net assets/fund balances			T,003,100.	34	1,131,169.

Par	t XI Reconciliation of Net Assets	-							
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	1,240		36.				
3									
4									
5	Net unrealized gains (losses) on investments	6	_	L,8	01.				
6	Donated services and use of facilities	7							
7	Investment expenses	8							
8	Prior period adjustments	9			0.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))								
Pai	rt XIII Financial Statements and Reporting								
Check if Schedule O contains a response or note to any line in this Part XII									
	CHOOK III SANGER			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	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	A SECOND	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			v					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	1000000				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis	•••							
C	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?		2c	i eda	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		3a		x				
	Act and OMB Circular A-133?		Sa						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uirea auait	3b						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		UU	990	(2014				