

EXTENDED TO MAY 15, 2019
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHAMBER OF COMMERCE OF SAN LUIS OBISPO, INC.		D Employer identification number 95-1505534
	Doing business as		E Telephone number (805) 781-2777
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 895 MONTEREY STREET		G Gross receipts \$ 1,644,941.
	City or town, state or province, country, and ZIP or foreign postal code SAN LUIS OBISPO, CA 93401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	F Name and address of principal officer: JIM DANTONA SAME AS C ABOVE		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1905 M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE ECONOMIC AND COMMUNITY WELL-BEING OF SAN LUIS OBISPO VIA PROGRAMS AND PROJECTS TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	175
Revenue	7a 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	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	505,995.	556,871.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	885,624.	1,071,116.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,509.	16,954.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,409,128.	1,644,941.
	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)	0.	0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	567,858.	702,121.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,411,270.	1,609,457.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-2,142.	35,484.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,340,593.	1,219,167.
	22 Net assets or fund balances. Subtract line 21 from line 20	489,626.	337,984.
		850,967.	881,183.

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.

Sign Here	Signature of officer JIM DANTONA, PRESIDENT/CEO		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MICAL W. BOVEE, CPA	Preparer's signature	Date
	Firm's name ▶ GLENN BURDETTE	Check if self-employed <input type="checkbox"/>	PTIN P01023187
	Firm's address ▶ 1150 PALM STREET SAN LUIS OBISPO, CA 93401	Firm's EIN ▶ 95-2772601	Phone no. 805-544-1441

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**CHAMBER OF COMMERCE OF
SAN LUIS OBISPO, INC.**

Form 990 (2017)

95-1505534 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSICA STEELY DIRECTOR	1.00	X						0.	0.	0.
(19) CINDY VILLA DIRECTOR	1.00	X						0.	0.	0.
(20) STACEY WHITE DIRECTOR	1.00	X						0.	0.	0.
(21) DEBORAH WULFF DIRECTOR	1.00	X						0.	0.	0.
(22) ERMINA KARIM PRESIDENT/CEO (FINAL YEAR)	40.00			X				0.	.	
1b Sub-total								0.	.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Form **990** (2017)

**CHAMBER OF COMMERCE OF
SAN LUIS OBISPO, INC.**

Form 990 (2017)

95-1505534 Page 10

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 response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,530.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	95,862.			
12 Advertising and promotion	350.			
13 Office expenses	93,018.			
14 Information technology	36,681.			
15 Royalties				
16 Occupancy	142,258.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,558.			
20 Interest	5,334.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,307.			
23 Insurance	50,608.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS/SPECIAL PROJEC	145,157.			
b STAFF EXPENSE	31,297.			
c MANAGEMENT EXPENSES	9,618.			
d COUNTY PROPERTY TAXES	4,612.			
e All other expenses	39,931.			
25 Total functional expenses. Add lines 1 through 24e	1,609,457.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

732010 11-28-17

Form 990 (2017)