

Form **990**
 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB # 1545-0047
2015
 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Sanibel-Captiva Islands Chamber of Commerce, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1159 Causeway Road
 City or town, state or province, country, and ZIP or foreign postal code
Sanibel FL 33957

D Employer identification number: **59-1146636**

E Telephone number: **239-472-1080**

F Name and address of principal officer:
RIC BASE
1159 Causeway Blvd
Sanibel FL 33957

G Gross receipts \$: **371,865**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SANIBEL-CAPTIVA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1962** **M** State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE THE PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE IN OUR COMMUNITY.

2 Check this box 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	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	379,533	370,925
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	888	940
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	380,421	371,865
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
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	284,882	348,429
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	284,882	348,429
19 Revenue less expenses. Subtract line 18 from line 12	95,539	23,436
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	579,820	565,256
21 Total liabilities (Part X, line 26)	38,000	0
22 Net assets or fund balances. Subtract line 21 from line 20	541,820	565,256

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: **RIC BASE** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **Michael P Miller, CPA** Preparer's signature: **Michael P Miller, CPA** Date: **07/19/16** Check if self-employed PTIN: **P00223492**
 Firm's name: **Michael P. Miller CPA, PL** Firm's EIN: _____
 Firm's address: **1648 Periwinkle Way Ste D Sanibel, FL 33957** Phone no.: **239-472-1323**

Part 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 PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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?

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 \$)

TO PROMOTE THE PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	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
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		
5	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
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	
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
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
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	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV		X
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 end 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	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
19	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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 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 Schedule J		X
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 Schedule K. If "No," go to line 25a		X
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 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		
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		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 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		X
28 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):		
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		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at 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?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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 the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 or note to any line in this Part VI

Section 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 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.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: **Ric Base**
Sanibel **1159 Causeway Road** **FL 33957** **239-472-1080**

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 dotted 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			
(12) MARY BONDURANT	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) JOHN LAI	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) DAVID WRIGHT	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) EDIE GLEASON	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) CHRIS DAVISON	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) SONJA SMITH SUITOR	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total							55,693	83,539		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							55,693	83,539		

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		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		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		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

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**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a <u>Membership Dues</u>	241,134	241,134			
	b <u>Visitors Guide Income</u>	60,000	60,000			
	c <u>Fourth of July</u>	30,050	30,050			
	d <u>Business Luncheon</u>	20,195	20,195			
	e <u>Advertising/Sponsorships</u>	10,796	10,796			
	f All other program service revenue	8,750	8,750			
	g Total. Add lines 2a-2f	370,925				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	940	940			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental exps.				
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		371,865	371,865	0	0	

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	85			
c Accounting	4,927			
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 Schedule O.)	143,702			
12 Advertising and promotion	75,816			
13 Office expenses	10,227			
14 Information technology	2,110			
15 Royalties				
16 Occupancy	4,791			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,934			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,697			
23 Insurance	6,084			
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 Fourth of July	19,197			
b Luncheon Expenses	16,934			
c Other Membership Services	14,576			
d Luminary Trail Expense	7,615			
e All other expenses	11,734			
25 Total functional expenses. Add lines 1 through 24e	348,429	0	0	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	500	1	500
	2	Savings and temporary cash investments	226,000	2	230,577
	3	Pledges and grants receivable, net	131,817	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	709,343		
	b	Less: accumulated depreciation	504,533		
			213,390	10c	204,810
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,113	15	129,369	
16	Total assets. Add lines 1 through 15 (must equal line 34)	579,820	16	565,256	
Liabilities	17	Accounts payable and accrued expenses	38,000	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	38,000	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	71,121	30	71,121
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	470,699	32	494,135
33	Total net assets or fund balances	541,820	33	565,256	
34	Total liabilities and net assets/fund balances	579,820	34	565,256	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	371,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,429
3	Revenue less expenses. Subtract line 2 from line 1	3	23,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	541,820
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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))	10	565,256

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	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?		X
3b	If "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.		

Statement 1 - Form 3115, Page 3, Part II, Line 15 - Description of Applicant's Trade or BusinessDescription

The Applicant is a 501(c)(6) corporation that serves as a chamber of commerce membership organization serving the Sanibel and Captiva communities of Florida. The Applicant's primary revenue source is annual dues charged to its members. In addition, it provides other events intended to promote its members throughout the year.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Employer identification number

59-1146636

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- | | Yes | No |
|--|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		659,343	504,533	154,810
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				204,810

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from Visitors Center	129,369
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	129,369

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Includes categories like 'Total revenue, gains, and other support per audited financial statements' and 'Amounts included on Form 990, Part VIII, line 12, but not on line 1'.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Includes categories like 'Total expenses and losses per audited financial statements' and 'Amounts included on Form 990, Part IX, line 25, but not on line 1'.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Employer identification number

59-1146636

Form 990, Part III, Line 4d - All Other Accomplishment

TO PROMOTE THE PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Organization consists of Members

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Organization is provided a copy of the Form 990 to review and sign the Form 8879 prior to filing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Compliance with policies and procedures are monitored and enforced on an on-going basis by management

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Subject to review and approval by the executive committee of the Board.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation levels for key employees is determined by the President based on an evaluation of performance and comparable levels of compensation for similar positions in the market.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are made available upon request

Name of the organization

Employer identification number

Sanibel-Captiva Islands Chamber

59-1146636

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Program Service

Mgt & General

Fundraising

Leased employees and benefits

\$ 143,702

\$ 0

\$ 0

Form 990, Part XII, Line 1 - Change in Accounting Method Explanation

The accounting method changed in the current year from modified cash basis to cash basis. As a result, there are no accounts receivable or liabilities on the taxpayers books as of the end of 2015.

Application for Change in Accounting Method

▶ Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

Name of filer (name of parent corporation if a consolidated group) (see instructions) Sanibel-Captiva Islands Chamber	Identification number (see instructions) 59-1146636
Number, street, and room or suite no. If a P.O. box, see the instructions. 1159 Causeway Road	Principal business activity code number (see instructions) 900099
City or town, state, and ZIP code Sanibel FL 33957	Tax year of change begins (MM/DD/YYYY) 01/01/2015 Tax year of change ends (MM/DD/YYYY) 12/31/2015
Name of contact person (see instructions)	

Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Contact person's telephone number 239-472-1080
--	--

If the applicant is a member of a consolidated group, check this box

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

Check the box to indicate the type of applicant. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ 501(c)(6)	<input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Insurance co. (Sec. 816(a)) <input type="checkbox"/> Insurance co. (Sec. 831) <input type="checkbox"/> Other (specify) ▶
Check the appropriate box to indicate the type of accounting method change being requested. See instructions. <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify) ▶ Accrual to Cash	

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

Part I Information for Automatic Change Request

	Yes	No
1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions. a (1) DCN: <u>32</u> (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____ b Other <input type="checkbox"/> Description ▶ _____		
2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation		X
3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions. Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.	X	

Part II Information for All Requests

	Yes	No
4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions.		X
5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)? If "No," go to line 6a. If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.		X

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

Signature of filer (and spouse, if joint return) Sign Here ▶	Date	Name and title (print or type) Ric Base President
--	------	---

Preparer (other than filer/applicant)	Print/type preparer's name Michael P Miller, CPA	Preparer's signature _____	Date 07/19/16
Firm's name ▶ Michael P. Miller CPA, PL			

Part II Information for All Requests (continued)		Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions.		
c	Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ _____ Telephone no. ▶ _____ Tax year(s) ▶ _____		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions. If "No," attach an explanation.	X	
b	If "Yes," check the applicable box and attach the required statement. <input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended ▶ _____ <input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group ▶ _____ <input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions. If "Yes," attach an explanation.		
c	If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name ▶ _____ Telephone no. ▶ _____ Tax year(s) ▶ _____		
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity?		X
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the five tax years ending with the tax year of change? If "No," go to line 12.		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s).		X
13	Is the applicant requesting to change its overall method of accounting? If "Yes," complete Schedule A on page 4 of the form.	X	

Part II Information for All Requests (continued)	Yes	No						
<p>14 If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions):</p> <p>a The item(s) being changed.</p> <p>b The applicant's present method for the item(s) being changed.</p> <p>c The applicant's proposed method for the item(s) being changed.</p> <p>d The applicant's present overall method of accounting (cash, accrual, or hybrid).</p> <p>15a Attach a detailed and complete description of the applicant's trade(s) or business(es).</p> <p>b If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application. See Statement 1</p> <p>Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete Lines 16a-c.</p> <p>16a Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method.</p> <p>b Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.</p> <p>c Include either a discussion of the contrary authorities or a statement that no contrary authority exists.</p> <p>17 Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions. X</p> <p>If "No," attach an explanation.</p> <p>18 Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response? X</p> <p>19a If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 33%;">1st preceding year ended: mo./yr. 12/31/14</td> <td style="width: 33%;">2nd preceding year ended: mo./yr. 12/31/13</td> <td style="width: 33%;">3rd preceding year ended: mo./yr. 01/23/12</td> </tr> <tr> <td style="text-align: right;">\$ 380,421</td> <td style="text-align: right;">\$ 317,817</td> <td style="text-align: right;">\$ 341,427</td> </tr> </table> <p>b If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo./yr. _____ \$ _____</p>	1st preceding year ended: mo./yr. 12/31/14	2nd preceding year ended: mo./yr. 12/31/13	3rd preceding year ended: mo./yr. 01/23/12	\$ 380,421	\$ 317,817	\$ 341,427		
1st preceding year ended: mo./yr. 12/31/14	2nd preceding year ended: mo./yr. 12/31/13	3rd preceding year ended: mo./yr. 01/23/12						
\$ 380,421	\$ 317,817	\$ 341,427						
Part III Information for Non-Automatic Change Request	Yes	No						
<p>20 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? X</p> <p>If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.</p> <p>21 Attach a copy of all documents related to the proposed change (see instructions).</p> <p>22 Attach a statement of the applicant's reasons for the proposed change.</p> <p>23 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? X</p> <p>If "No," attach an explanation.</p> <p>24a Enter the amount of user fee attached to this application (see instructions). ▶ \$ _____</p> <p>b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).</p>								

Part IV Section 481(a) Adjustment	Yes	No
25 Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.		X
26 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ▶ \$ _____ Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant.		
27 Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). <input type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election		X
28 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)	
1 Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.	
Present method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)	
Proposed method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)	
2 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.	
a Income accrued but not received (such as accounts receivable)	Amount \$ 131,817
b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	None
c Expenses accrued but not paid (such as accounts payable)	38,000
d Prepaid expenses previously deducted	None
e Supplies on hand previously deducted and/or not previously reported	None
f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	None
g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	None
h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.	\$ 169,817
3 Is the applicant also requesting the recurring item exception under section 461(h)(3)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.	
5 Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1** If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
 - c** If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
 - a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970, Application To Use LIFO Inventory Method**, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a** Valuing inventory (for example, unit method or dollar-value method).
 - b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c** Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
 - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part II Change in Pooling Inventories (continued)

- g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3** If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4** If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1** To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
- 2a** Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? Yes No
- b** If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? Yes No
If line 2b is "No," attach an explanation.
- c** Is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? Yes No
- d** In computing the completion factor of a contract, will the applicant use the cost-to-cost method described in Regulations section 1.460-5(b) or the simplified cost-to-cost method described in Regulations section 1.460-5(c)? Yes No
- e** If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? Yes No
If line 2e is "Yes," attach an explanation of what method the applicant will use to determine a contract's completion factor.
If line 2e is "No," attach an explanation of what method the applicant is using and the authority for its use.
- 3a** Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? Yes No
- b** If "Yes," attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
- 4a** Does the applicant enter into cost-plus long-term contracts? Yes No
- b** Does the applicant enter into federal long-term contracts? Yes No

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

- 1** Attach a description of the inventory goods being changed.
- 2** Attach a description of the inventory goods (if any) NOT being changed.
- 3a** Is the applicant subject to section 263A? If "No," go to line 4a. Yes No
- b** Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? Yes No
If "No," attach a detailed explanation

4a Check the appropriate boxes in the chart.

Identification methods:

- Specific identification
- FIFO
- LIFO
- Other (attach explanation)

Valuation methods:

- Cost
- Cost or market, whichever is lower
- Retail cost
- Retail, lower of cost or market
- Other (attach explanation)

	Inventory Method Being Changed		Inventory Method Not Being Changed
	Present method	Proposed method	Present method
b Enter the value at the end of the tax year preceding the year of change	\$	\$	

- 5** If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
 - a** Copies of Form(s) 970 filed to adopt or expand the use of the method.
 - b** Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
 - c** Only for applicants requesting an automatic change. The statement required by section 22.01(5) of Rev. Proc. 2015-14 (or its successor).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor	NA	NA
3 Indirect labor	NA	NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance	NA	NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NA	NA
24 Capitalizable service costs (including mixed service costs)	NA	NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NA	NA
28 Other costs (Attach a list of these costs.)	NA	NA

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses	NA	NA
2 Research and experimental expenses not included in Section B, line 26	NA	NA
3 Bidding expenses not included in Section B, line 22	NA	NA
4 General and administrative costs not included in Section B	NA	NA
5 Income taxes	NA	NA
6 Cost of strikes	NA	NA
7 Warranty and product liability costs	NA	NA
8 Section 179 costs	NA	NA
9 On-site storage	NA	NA
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11	NA	NA
11 Other costs (Attach a list of these costs.)	NA	NA

Schedule E—Change in Depreciation or Amortization. See instructions.

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants **must** provide this information for each item or class of property for which a change is requested.

Note: See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? Yes No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A? Yes No
If "Yes," enter the applicable section ▶
- 3 Has a depreciation, amortization, expense, or disposition election been made for the property such as, the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? Yes No
If "Yes," state the election made ▶
- 4a To the extent not already provided, attach a statement describing the property subject to the change. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? Yes No
- c Is the property public utility property? Yes No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
 - a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
 - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
 - c The facts to support the asset class for the proposed method.
 - d The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
 - e The useful life, recovery period, or amortization period of the property.
 - f The applicable convention of the property.
 - g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
 - h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Identifying number

59-1146636

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	9,059
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	260

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	16,778
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		598	5.0	HY	200DB	119
c 7-year property		1,810	7.0	HY	200DB	259
d 10-year property						
e 15-year property		6,650	15.0	HY	S/L	222
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,697
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

59-1146636

Federal Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
131	Computer Server	12/02/15	1,197		X	598	5 HY 200DB	0	718
			<u>1,197</u>			<u>598</u>		<u>0</u>	<u>718</u>
7-year GDS Property:									
132	Sign	3/17/15	3,620		X	1,810	7 HY 200DB	0	2,069
			<u>3,620</u>			<u>1,810</u>		<u>0</u>	<u>2,069</u>
15-year GDS Property:									
133	Rear Stair renovation	12/01/15	13,300		X	6,650	15 HY S/L	0	6,872
			<u>13,300</u>			<u>6,650</u>		<u>0</u>	<u>6,872</u>
Prior MACRS:									
1	Access doors	4/01/95	150			150	39 MMS/L	79	4
2	Ceiling tile	4/01/95	1,600			1,600	39 MMS/L	818	41
3	Design fee	4/01/95	10,000			10,000	39 MMS/L	5,106	256
4	Drywall/carpentry	4/01/95	6,200			6,200	39 MMS/L	3,168	159
5	New doors	4/01/95	1,600			1,600	39 MMS/L	818	41
6	New windows	4/01/95	3,110			3,110	39 MMS/L	1,591	80
7	Painting	4/01/95	7,050			7,050	39 MMS/L	3,602	180
8	Permits	4/01/95	1,700			1,700	39 MMS/L	871	44
9	Sales tax	4/01/95	4,698			4,698	39 MMS/L	2,398	120
10	Sewer repairs	4/01/95	2,000			2,000	39 MMS/L	1,021	51
11	Soft costs	4/01/95	7,800			7,800	39 MMS/L	3,983	200
12	Tile	1/04/95	8,975			8,975	39 MMS/L	4,583	230
13	Trim columns	4/01/95	3,700			3,700	39 MMS/L	1,892	95
14	Walkway	4/01/95	1,700			1,700	39 MMS/L	871	44
15	Building improvements	4/01/95	171,000			171,000	31 MMS/L	171,000	0
16	Cabinet	4/09/98	1,350			1,350	7 HY 200DB	1,350	0
17	Carpet	4/19/95	1,500			1,500	7 HY 200DB	1,500	0
18	Trash cans & mats	4/01/95	750			750	7 HY 200DB	750	0
19	Ceiling fans	4/01/95	225			225	7 HY 200DB	225	0
20	New lights	4/01/95	2,680			2,680	7 HY 200DB	2,680	0
21	Wood benches	4/01/95	750			750	7 HY 200DB	750	0
22	Toni sizineami	4/01/95	300			300	7 HY 200DB	300	0
23	Signs	4/01/95	4,400			4,400	7 HY 200DB	4,400	0
24	Display cabinets	4/01/95	4,200			4,200	7 HY 200DB	4,200	0
25	New chairs	4/01/95	3,100			3,100	7 HY 200DB	3,100	0
26	New desks	4/01/95	1,700			1,700	7 HY 200DB	1,700	0
27	Plants	4/01/95	3,000			3,000	7 HY 200DB	3,000	0
28	Reception desk	4/01/95	7,500			7,500	7 HY 200DB	7,500	0
29	Work station desks	4/01/95	4,640			4,640	7 HY 200DB	4,640	0
31	Cabinet	2/06/98	2,500			2,500	7 HY 200DB	2,500	0
32	Demo trash	4/01/95	3,200			3,200	39 MMS/L	1,634	82
33	Door closer	4/01/95	290			290	39 MMS/L	145	7
34	Electrical	4/01/95	2,750			2,750	39 MMS/L	1,410	71
35	Gingerbreads	4/01/95	4,500			4,500	39 MMS/L	2,297	115
36	Plumbing	4/01/95	675			675	39 MMS/L	344	17
37	Superintendent	4/01/95	3,600			3,600	39 MMS/L	1,838	92
39	Backlit displays	4/01/95	19,969			19,969	39 MMS/L	10,236	512
41	Brochure racks	4/01/95	2,750			2,750	39 MMS/L	1,410	71
42	Storage shelves	4/01/95	1,500			1,500	39 MMS/L	763	38
43	Carpeting	4/19/94	1,061			1,061	7 HY 200DB	1,061	0
44	C&M	2/14/88	290			290	7 HY 200DB	290	0
49	Chair	3/01/89	231			231	7 HY 200DB	231	0
50	Furniture	5/01/89	82			82	7 HY 200DB	82	0
51	Furniture	10/01/89	1,586			1,586	7 HY 200DB	1,586	0
52	Furniture	10/01/89	1,404			1,404	7 HY 200DB	1,404	0
53	Electical fixtures	2/01/90	321			321	7 HY 200DB	321	0
54	Refrigerator	3/02/91	235			235	7 HY 200DB	235	0
55	Artwork/productions	4/01/95	3,100			3,100	5 HY 200DB	3,100	0
56	Furniture	12/31/99	671			671	5 HY 200DB	671	0
61	Equipment	4/01/95	235			235	7 HY 200DB	235	0
63	Pressure cleaning	4/01/95	200			200	39 MMS/L	190	5

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	Cell statistics accounting software	12/07/06	1,776				1,776	5 HY 200DB	1,776	0
101	Dell workstations vcb lobby	12/31/06	1,427				1,427	5 HY 200DB	1,427	0
102	A/C unit	10/08/07	6,495				6,495	5 HY 200DB	6,495	0
103	Computer server	8/01/07	7,722				7,722	5 HY 200DB	7,722	0
104	Conference table-Denmark Interiors	9/18/07	570				570	5 HY 200DB	570	0
105	Desk unit president-Denmark Interiors	9/20/07	3,125				3,125	5 HY 200DB	3,125	0
106	Landscape design/install	6/25/08	3,500		X		1,750	15 HY 150DB	2,621	104
107	Landscape design/install	8/11/08	3,910		X		1,955	15 HY 150DB	2,928	116
108	Sprinkler system	8/22/08	1,596		X		798	15 HY 150DB	1,195	47
109	Muzak screen	1/01/08	2,753		X		1,376	5 HY 200DB	2,753	0
110	Defibrillator	6/30/10	1,681		X		840	5 HY 200DB	1,633	48
111	Bus fridge	11/29/11	1,075		X		0	5 HY 200DB	1,075	0
112	Chamber bus	8/24/11	24,792				24,792	5 HY 200DB	20,508	2,856
113	Book PC	1/06/11	809		X		0	5 HY 200DB	809	0
114	Computer	1/18/11	530		X		0	5 HY 200DB	530	0
115	Apple store	5/17/11	542		X		0	5 HY 200DB	542	0
116	Copier	6/02/11	4,240		X		0	5 HY 200DB	4,240	0
117	Inverter	6/15/11	544		X		0	5 HY 200DB	544	0
118	Flipview software	7/19/11	1,200		X		0	5 HY 200DB	1,200	0
119	Air conditioner	11/29/11	3,645		X		0	15 HY 150DB	3,645	0
120	Computer	3/30/12	651		X		325	5 HY 200DB	557	38
121	Badge making machine	4/05/12	2,500		X		1,250	7 HY 200DB	1,954	156
122	Computer	2/13/12	758		X		379	5 HY 200DB	649	44
123	Computer	5/11/12	530		X		265	5 HY 200DB	454	30
124	Computer	10/15/12	563		X		281	5 HY 200DB	482	32
125	Bus equipment	6/01/12	4,846		X		2,423	7 HY 200DB	3,786	303
126	Bath vanity	4/01/95	150				150	39 MMS/L	79	4
127	Parking Lot Pavers	6/30/13	116,145				116,145	15 HY 150DB	16,841	9,930
128	Parking lot engineering	1/14/14	1,115		X		1,003	15 HY 150DB	112	100
129	Rear delivery ramp	8/04/14	2,019				2,019	39 MMS/L	32	52
130	Systime computer for visitor center	4/03/14	2,270		X		1,135	5 HY 200DB	1,362	363
			<u>522,007</u>				<u>496,529</u>		<u>361,525</u>	<u>16,778</u>

Other Depreciation:

45	Desks & Chairs	4/01/86	1,047				1,047	5 MO S/L	1,047	0
46	Tables & Chairs	4/01/86	400				400	5 MO S/L	400	0
47	Refrigerator	4/01/86	350				350	5 MO S/L	350	0
48	Microwave	4/01/86	88				88	5 MO S/L	88	0
57	Telephone system	3/24/03	10,162				10,162	5 MO200DB	10,162	0
58	Computer	7/27/03	2,854				2,854	5 MO200DB	2,854	0
59	Brochure rack	4/28/03	850				850	5 MO200DB	850	0
60	Computers	3/31/99	11,896				11,896	5 MO200DB	11,896	0
62	TV & VCR	5/17/97	274				274	7 MO200DB	274	0
64	Computer	4/01/86	6,489				6,489	5 MO S/L	6,489	0
66	Mailing Machine	4/01/86	3,700				3,700	5 MO S/L	3,700	0
74	Mail scale	2/01/91	200				200	5 MO200DB	200	0
75	Printer	3/12/91	471				471	5 MO200DB	471	0
78	Computer printer	9/27/93	477				477	5 MO200DB	477	0
79	Computer	4/01/95	20,700				20,700	5 MO200DB	20,700	0
80	Fax machine	4/01/95	1,000				1,000	5 MO200DB	1,000	0
81	Telephone	4/01/95	10,527				10,527	5 MO200DB	10,527	0
82	Video productions	4/01/95	10,000				10,000	5 MO200DB	10,000	0
83	Video/laser player	4/01/95	2,500				2,500	5 MO200DB	2,500	0
84	Computer equipment	8/09/95	700				700	5 MO200DB	700	0
85	Computer pentium	8/09/95	2,393				2,393	5 MO S/L	2,393	0
86	Landscape	4/01/95	8,500				8,500	15 MO 150DB	8,500	0
87	Computers	4/01/99	4,468				4,468	5 MO200DB	4,468	0
88	Digital camera	5/10/99	848				848	5 MO200DB	848	0
90	Refrigerator	6/07/00	402				402	7 MO200DB	402	0
91	Computer	7/22/00	1,059				1,059	5 MO200DB	1,059	0
92	Air conditioner	2/07/02	2,890				2,890	7 MO200DB	2,890	0
93	Land	4/01/86	50,000				50,000	0 -- Land	0	0
94	Financial points	2/09/99	1,597				1,597	5 MO S/L	1,597	0
95	Improvement solar	8/11/93	335				335	7 MO200DB	335	0
96	Improvements	4/01/95	2,574				2,574	31 MO S/L	1,970	82
97	Improvements	4/01/95	4,968				4,968	10 MO200DB	4,968	0
98	Restroom renovations	8/21/03	2,000				2,000	15 MO 150DB	1,581	114
99	Lobby duratran	5/18/05	2,500				2,500	39 MO S/L	615	64

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>169,219</u>			<u>169,219</u>		<u>116,311</u>	<u>260</u>
	Total ACRS and Other Depreciation		<u>169,219</u>			<u>169,219</u>		<u>116,311</u>	<u>260</u>
	Grand Totals		709,343			674,806		477,836	26,697
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>709,343</u>			<u>674,806</u>		<u>477,836</u>	<u>26,697</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
131	Computer Server	12/02/15	1,197			X	598	5 HY 200DB	0	718
			<u>1,197</u>				<u>598</u>		<u>0</u>	<u>718</u>
7-year GDS Property:										
132	Sign	3/17/15	3,620			X	1,810	7 HY 200DB	0	2,069
			<u>3,620</u>				<u>1,810</u>		<u>0</u>	<u>2,069</u>
15-year GDS Property:										
133	Rear Stair renovation	12/01/15	13,300			X	6,650	15 HY S/L	0	6,872
			<u>13,300</u>				<u>6,650</u>		<u>0</u>	<u>6,872</u>
Prior MACRS:										
1	Access doors	4/01/95	150				150	40 MMS/L	74	4
2	Ceiling tile	4/01/95	1,600				1,600	40 MMS/L	788	40
3	Design fee	4/01/95	10,000				10,000	40 MMS/L	4,927	250
4	Drywall/carpentry	4/01/95	6,200				6,200	40 MMS/L	3,055	155
5	New doors	4/01/95	1,600				1,600	40 MMS/L	788	40
6	New windows	4/01/95	3,110				3,110	40 MMS/L	1,532	78
7	Painting	4/01/95	7,050				7,050	40 MMS/L	3,474	176
8	Permits	4/01/95	1,700				1,700	40 MMS/L	838	42
9	Sales tax	4/01/95	4,698				4,698	40 MMS/L	2,315	117
10	Sewer repairs	4/01/95	2,000				2,000	40 MMS/L	985	50
11	Soft costs	4/01/95	7,800				7,800	40 MMS/L	3,843	195
12	Tile	1/04/95	8,975				8,975	40 MMS/L	4,478	225
13	Trim columns	4/01/95	3,700				3,700	40 MMS/L	1,823	93
14	Walkway	4/01/95	1,700				1,700	40 MMS/L	838	42
15	Building improvements	4/01/95	171,000				171,000	39 MMS/L	84,472	4,385
16	Cabinet	4/09/98	1,350				1,350	7 HY 150DB	1,350	0
17	Carpet	4/19/95	1,500				1,500	7 HY 150DB	1,500	0
18	Trash cans & mats	4/01/95	750				750	7 HY 150DB	750	0
19	Ceiling fans	4/01/95	225				225	7 HY 150DB	225	0
20	New lights	4/01/95	2,680				2,680	7 HY 150DB	2,680	0
21	Wood benches	4/01/95	750				750	7 HY 150DB	750	0
22	Toni sizioneami	4/01/95	300				300	7 HY 150DB	300	0
23	Signs	4/01/95	4,400				4,400	7 HY 150DB	4,400	0
24	Display cabinets	4/01/95	4,200				4,200	7 HY 150DB	4,200	0
25	New chairs	4/01/95	3,100				3,100	7 HY 150DB	3,100	0
26	New desks	4/01/95	1,700				1,700	7 HY 150DB	1,700	0
27	Plants	4/01/95	3,000				3,000	7 HY 150DB	3,000	0
28	Reception desk	4/01/95	7,500				7,500	7 HY 150DB	7,500	0
29	Work station desks	4/01/95	4,640				4,640	7 HY 150DB	4,640	0
31	Cabinet	2/06/98	2,500				2,500	7 HY 150DB	2,500	0
32	Demo trash	4/01/95	3,200				3,200	40 MMS/L	1,577	80
33	Door eloser	4/01/95	290				290	40 MMS/L	143	7
34	Eleectrical	4/01/95	2,750				2,750	40 MMS/L	1,355	69
35	Gingerbread	4/01/95	4,500				4,500	40 MMS/L	2,217	113
36	Plumbing	4/01/95	675				675	40 MMS/L	333	17
37	Superintendent	4/01/95	3,600				3,600	40 MMS/L	1,774	90
39	Backlit displays	4/01/95	19,969				19,969	40 MMS/L	9,839	499
41	Brochure racks	4/01/95	2,750				2,750	40 MMS/L	1,355	69
42	Storage shelves	4/01/95	1,500				1,500	40 MMS/L	739	38
43	Carpeting	4/19/94	1,061				1,061	7 HY 150DB	1,061	0
44	C&M	2/14/88	290				290	7 HY 150DB	290	0
49	Chair	3/01/89	231				231	7 HY 150DB	231	0
50	Furniture	5/01/89	82				82	7 HY 150DB	82	0
51	Furniture	10/01/89	1,586				1,586	7 HY 150DB	1,586	0
52	Furniture	10/01/89	1,404				1,404	7 HY 150DB	1,404	0
53	Eleectical fixtures	2/01/90	321				321	7 HY 150DB	321	0
54	Refrigerator	3/02/91	235				235	7 HY 150DB	235	0
55	Artwork/productions	4/01/95	3,100				3,100	5 HY 150DB	3,100	0
56	Furniture	12/31/99	671				671	5 HY 150DB	671	0
57	Telephone system	3/24/03	10,162			X	7,113	5 HY 200DB	10,162	0
58	Computer	7/27/03	2,854			X	1,427	5 HY 200DB	2,854	0

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
59	Brochure rack	4/28/03	850		X	595	5 HY 200DB	850	0
60	Computers	3/31/99	11,896			11,896	5 HY 150DB	11,896	0
61	Equipment	4/01/95	235			235	7 HY 150DB	235	0
62	TV & VCR	5/17/97	274			274	7 HY 150DB	274	0
63	Pressure cleaning	4/01/95	200			200	40 MMS/L	99	5
74	Mail scale	2/01/91	200			200	5 HY 150DB	200	0
75	Printer	3/12/91	471			471	5 HY 150DB	471	0
78	Computer printer	9/27/93	477			477	5 HY 150DB	477	0
79	Computer	4/01/95	20,700			20,700	5 HY 150DB	20,700	0
80	Fax machine	4/01/95	1,000			1,000	5 HY 150DB	1,000	0
81	Telephone	4/01/95	10,527			10,527	5 HY 150DB	10,527	0
82	Video productions	4/01/95	10,000			10,000	5 HY 150DB	10,000	0
83	Video/laser player	4/01/95	2,500			2,500	5 HY 150DB	2,500	0
84	Computer equipment	8/09/95	700			700	5 HY 150DB	700	0
85	Computer pentium	8/09/95	2,393			2,393	5 HY 150DB	2,393	0
86	Landscape	4/01/95	8,500			8,500	15 HY 150DB	8,500	0
87	Computers	4/01/99	4,468			4,468	5 HY 150DB	4,468	0
88	Digital camera	5/10/99	848			848	5 HY 150DB	848	0
90	Refrigerator	6/07/00	402			402	7 HY 150DB	402	0
91	Computer	7/22/00	1,059			1,059	5 HY 150DB	1,059	0
92	Air conditioner	2/07/02	2,890		X	2,023	7 HY 200DB	2,890	0
94	Finaneial points	2/09/99	1,597			1,597	5 HY 150DB	1,597	0
95	Improvement solar	8/11/93	335			335	7 HY 150DB	335	0
96	Improvements	4/01/95	2,574			2,574	40 MMS/L	1,268	65
97	Improvements	4/01/95	4,968			4,968	10 HY 150DB	4,968	0
98	Restroom renovations	8/21/03	2,000		X	1,000	15 HY 150DB	1,793	59
99	Lobby duratran	5/18/05	2,500			2,500	39 MMS/L	617	64
100	Cell statistics accounting software	12/07/06	1,776			1,776	5 HY 150DB	1,776	0
101	Dell workstations veb lobby	12/31/06	1,427			1,427	5 HY 150DB	1,427	0
102	A/C unit	10/08/07	6,495			6,495	5 HY 150DB	6,495	0
103	Computer servcr	8/01/07	7,722			7,722	5 HY 150DB	7,722	0
104	Conférence table-Denmark Interiors	9/18/07	570			570	5 HY 150DB	570	0
105	Desk unit president-Denmark Interiors	9/20/07	3,125			3,125	5 HY 150DB	3,125	0
106	Landscape design/install	6/25/08	3,500		X	1,750	15 HY 150DB	2,622	103
107	Landscape design/install	8/11/08	3,910		X	1,955	15 HY 150DB	2,929	115
108	Sprinkler system	8/22/08	1,596		X	798	15 HY 150DB	1,195	48
109	Muzak screen	1/01/08	2,753		X	1,376	5 HY 200DB	2,753	0
110	Defibrillator	6/30/10	1,681		X	840	5 HY 200DB	1,633	48
111	Bus fridge	11/29/11	1,075		X	0	5 HY 200DB	1,075	0
112	Chamner bus	8/24/11	24,792			24,792	5 HY 150DB	18,596	4,131
113	Book PC	1/06/11	809		X	0	5 HY 200DB	809	0
114	Computer	1/18/11	530		X	0	5 HY 200DB	530	0
115	Apple store	5/17/11	542		X	0	5 HY 200DB	542	0
116	Copier	6/02/11	4,240		X	0	5 HY 200DB	4,240	0
117	Inverter	6/15/11	544		X	0	5 HY 200DB	544	0
118	Flipview software	7/19/11	1,200		X	0	5 HY 200DB	1,200	0
119	Air conditioner	11/29/11	3,645		X	0	15 HY 150DB	3,645	0
120	Computer	3/30/12	651		X	325	5 HY 200DB	557	38
121	Badge making machine	4/05/12	2,500		X	1,250	7 HY 200DB	1,953	157
122	Computer	2/13/12	758		X	379	5 HY 200DB	649	44
123	Computer	5/11/12	530		X	265	5 HY 200DB	454	30
124	Computer	10/15/12	563		X	281	5 HY 200DB	482	32
125	Bus equipment	6/01/12	4,846		X	2,423	7 HY 200DB	3,786	303
126	Bath vanity	4/01/95	150			150	40 MMS/L	74	4
127	Parking Lot Pavers	6/30/13	116,145			116,145	15 HY 150DB	16,841	9,930
128	Parking lot engineering	1/14/14	1,115		X	953	15 HY 150DB	162	95
129	Rear delivery ramp	8/04/14	2,019			2,019	39 MMS/L	32	52
130	Systiue computer for visitor center	4/03/14	2,270		X	1,135	5 HY 200DB	1,362	363
			<u>629,152</u>			<u>597,026</u>		<u>375,001</u>	<u>22,560</u>

Other Depreciation:

45	Desks & Chairs	4/01/86	0			0	0 HY	0	0
46	Tables & Chairs	4/01/86	0			0	0 HY	0	0
47	Refrigerator	4/01/86	0			0	0 HY	0	0
48	Mireowave	4/01/86	0			0	0 HY	0	0
64	Computer	4/01/86	0			0	0 HY	0	0
66	Mailing Machine	4/01/86	0			0	0 HY	0	0
93	Land	4/01/86	0			0	0 HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		647,269				606,084		375,001	32,219
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>647,269</u>				<u>606,084</u>		<u>375,001</u>	<u>32,219</u>

59-1146636

Bonus Depreciation Report

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
133	Rear Stair renovation	12/01/15	13,300		0	6,650	0	6,650
106	Landscape design/install	6/25/08	3,500		0	0	1,750	1,750
107	Landscape design/install	8/11/08	3,910		0	0	1,955	1,955
108	Sprinkler system	8/22/08	1,596		0	0	798	798
109	Muzak screen	1/01/08	2,753		0	0	1,377	1,376
110	Defibrillator	6/30/10	1,681		0	0	841	840
111	Bus fridge	11/29/11	1,075		0	0	1,075	0
113	Book PC	1/06/11	809		0	0	809	0
114	Computer	1/18/11	530		0	0	530	0
115	Apple store	5/17/11	542		0	0	542	0
116	Copier	6/02/11	4,240		0	0	4,240	0
117	Inverter	6/15/11	544		0	0	544	0
118	Flipview software	7/19/11	1,200		0	0	1,200	0
119	Air eonditioner	11/29/11	3,645		0	0	3,645	0
120	Computer	3/30/12	651		0	0	326	325
121	Badge making maachine	4/05/12	2,500		0	0	1,250	1,250
122	Computer	2/13/12	758		0	0	379	379
123	Computer	5/11/12	530		0	0	265	265
124	Computer	10/15/12	563		0	0	282	281
125	Bus equipment	6/01/12	4,846		0	0	2,423	2,423
128	Parking lot engineering	1/14/14	1,115		0	0	112	1,003
130	Systime computer for visitor center	4/03/14	2,270		0	0	1,135	1,135
131	Computer Server	12/02/15	1,197		0	599	0	598
132	Sign	3/17/15	3,620		0	1,810	0	1,810
	Form 990, Page 1		57,375		0	9,059	25,478	22,838
	Grand Total		57,375		0	9,059	25,478	22,838

59-1146636

Depreciation Adjustment Report

FYE: 12/31/2015

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Access doors	4	4	0
Page 1	1	2	Ceiling tile	41	40	1
Page 1	1	3	Design fee	256	250	6
Page 1	1	4	Drywall/carpentry	159	155	4
Page 1	1	5	New doors	41	40	1
Page 1	1	6	New windows	80	78	2
Page 1	1	7	Painting	180	176	4
Page 1	1	8	Permits	44	42	2
Page 1	1	9	Sales tax	120	117	3
Page 1	1	10	Sewer repairs	51	50	1
Page 1	1	11	Soft costs	200	195	5
Page 1	1	12	Tile	230	225	5
Page 1	1	13	Trim columns	95	93	2
Page 1	1	14	Walkway	44	42	2
Page 1	1	15	Building improvements	0	4,385	-4,385
Page 1	1	16	Cabinet	0	0	0
Page 1	1	17	Carpet	0	0	0
Page 1	1	18	Trash cans & mats	0	0	0
Page 1	1	19	Ceiling fans	0	0	0
Page 1	1	20	New lights	0	0	0
Page 1	1	21	Wood benches	0	0	0
Page 1	1	22	Toni sizineami	0	0	0
Page 1	1	23	Signs	0	0	0
Page 1	1	24	Display cabinets	0	0	0
Page 1	1	25	New chairs	0	0	0
Page 1	1	26	New desks	0	0	0
Page 1	1	27	Plants	0	0	0
Page 1	1	28	Reception desk	0	0	0
Page 1	1	29	Work station desks	0	0	0
Page 1	1	31	Cabinet	0	0	0
Page 1	1	32	Demo trash	82	80	2
Page 1	1	33	Door closer	7	7	0
Page 1	1	34	Electrical	71	69	2
Page 1	1	35	Gingerbreads	115	113	2
Page 1	1	36	Plumbing	17	17	0
Page 1	1	37	Superintendent	92	90	2
Page 1	1	39	Backlit displays	512	499	13
Page 1	1	41	Brochure racks	71	69	2
Page 1	1	42	Storage shelves	38	38	0
Page 1	1	43	Carpeting	0	0	0
Page 1	1	44	C&M	0	0	0
Page 1	1	49	Chair	0	0	0
Page 1	1	50	Furniture	0	0	0
Page 1	1	51	Furniture	0	0	0
Page 1	1	52	Furniture	0	0	0
Page 1	1	53	Electical fixtures	0	0	0
Page 1	1	54	Refrigerator	0	0	0
Page 1	1	55	Artwork/productions	0	0	0
Page 1	1	56	Furniture	0	0	0
Page 1	1	61	Equipment	0	0	0
Page 1	1	63	Pressure cleaning	5	5	0
Page 1	1	100	Cell statistics accounting software	0	0	0
Page 1	1	101	Dell workstations veb lobby	0	0	0
Page 1	1	102	A/C unit	0	0	0
Page 1	1	103	Computer server	0	0	0
Page 1	1	104	Conference table-Denmark Interiors	0	0	0
Page 1	1	105	Desk unit president-Denmark Interiors	0	0	0
Page 1	1	106	Landscape design/install	104	103	1
Page 1	1	107	Landscape design/install	116	115	1
Page 1	1	108	Sprinkler system	47	48	-1
Page 1	1	109	Muzak screen	0	0	0
Page 1	1	110	Defibrillator	48	48	0
Page 1	1	111	Bus fridge	0	0	0
Page 1	1	112	Chamber bus	2,856	4,131	-1,275
Page 1	1	113	Book PC	0	0	0
Page 1	1	114	Computer	0	0	0

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	115	Apple store	0	0	0
Page 1	1	116	Copier	0	0	0
Page 1	1	117	Inverter	0	0	0
Page 1	1	118	Flipview software	0	0	0
Page 1	1	119	Air conditioner	0	0	0
Page 1	1	120	Computer	38	38	0
Page 1	1	121	Badge making machine	156	157	-1
Page 1	1	122	Computer	44	44	0
Page 1	1	123	Computer	30	30	0
Page 1	1	124	Computer	32	32	0
Page 1	1	125	Bus equipment	303	303	0
Page 1	1	126	Bath vanity	4	4	0
Page 1	1	127	Parking Lot Pavcrs	9,930	9,930	0
Page 1	1	128	Parking lot engineering	100	95	5
Page 1	1	129	Rear delivery ramp	52	52	0
Page 1	1	130	Systime computer for visitor center	363	363	0
Page 1	1	131	Computer Server	718	718	0
Page 1	1	132	Sign	2,069	2,069	0
Page 1	1	133	Rear Stair renovation	6,872	6,872	0
				<u>26,437</u>	<u>32,031</u>	<u>-5,594</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Access doors	4/01/95	150	3	3
2	Ceiling tile	4/01/95	1,600	41	40
3	Design fee	4/01/95	10,000	257	250
4	Drywall/carpentry	4/01/95	6,200	159	155
5	New doors	4/01/95	1,600	41	40
6	New windows	4/01/95	3,110	80	78
7	Painting	4/01/95	7,050	181	176
8	Permits	4/01/95	1,700	43	43
9	Sales tax	4/01/95	4,698	121	118
10	Sewer repairs	4/01/95	2,000	51	50
11	Soft eosts	4/01/95	7,800	200	195
12	Tile	1/04/95	8,975	231	224
13	Trim columns	4/01/95	3,700	94	92
14	Walkway	4/01/95	1,700	43	43
15	Building improvements	4/01/95	171,000	0	4,385
16	Cabinet	4/09/98	1,350	0	0
17	Carpet	4/19/95	1,500	0	0
18	Trash cans & mats	4/01/95	750	0	0
19	Ceiling fans	4/01/95	225	0	0
20	New lights	4/01/95	2,680	0	0
21	Wood benches	4/01/95	750	0	0
22	Toni sizioneami	4/01/95	300	0	0
23	Signs	4/01/95	4,400	0	0
24	Display cabinets	4/01/95	4,200	0	0
25	New chairs	4/01/95	3,100	0	0
26	New desks	4/01/95	1,700	0	0
27	Plants	4/01/95	3,000	0	0
28	Reception desk	4/01/95	7,500	0	0
29	Work station desks	4/01/95	4,640	0	0
31	Cabinet	2/06/98	2,500	0	0
32	Demo trash	4/01/95	3,200	82	80
33	Door closer	4/01/95	290	8	7
34	Electrical	4/01/95	2,750	70	68
35	Giugerbread	4/01/95	4,500	116	112
36	Plumbing	4/01/95	675	17	16
37	Superintendent	4/01/95	3,600	92	90
39	Backlit displays	4/01/95	19,969	512	499
41	Brochure racks	4/01/95	2,750	70	68
42	Storage shelves	4/01/95	1,500	39	37
43	Carpeting	4/19/94	1,061	0	0
44	C&M	2/14/88	290	0	0
49	Chair	3/01/89	231	0	0
50	Furniture	5/01/89	82	0	0
51	Furniture	10/01/89	1,586	0	0
52	Furniture	10/01/89	1,404	0	0
53	Electical fixtures	2/01/90	321	0	0
54	Refrigerator	3/02/91	235	0	0
55	Artwork/productions	4/01/95	3,100	0	0
56	Furniture	12/31/99	671	0	0
61	Equipment	4/01/95	235	0	0
63	Pressure cleaning	4/01/95	200	5	5
100	Cell statistics accounting software	12/07/06	1,776	0	0
101	Dell workstations vcb lobby	12/31/06	1,427	0	0
102	A/C unit	10/08/07	6,495	0	0
103	Computer server	8/01/07	7,722	0	0
104	Conference table-Denmark Interiors	9/18/07	570	0	0
105	Desk unit president-Denmark Interiors	9/20/07	3,125	0	0
106	Landscape design/install	6/25/08	3,500	103	103
107	Landscape design/install	8/11/08	3,910	115	116
108	Sprinkler system	8/22/08	1,596	47	47
109	Muzak screen	1/01/08	2,753	0	0
110	Defibrillator	6/30/10	1,681	0	0
111	Bus fridge	11/29/11	1,075	0	0
112	Chamber bus	8/24/11	24,792	1,428	2,065
113	Book PC	1/06/11	809	0	0
114	Computer	1/18/11	530	0	0
115	Apple store	5/17/11	542	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
116	Copier	6/02/11	4,240	0	0
117	Inverter	6/15/11	544	0	0
118	Flipview software	7/19/11	1,200	0	0
119	Air conditioner	11/29/11	3,645	0	0
120	Computer	3/30/12	651	37	37
121	Badge making machine	4/05/12	2,500	111	111
122	Computer	2/13/12	758	43	43
123	Computer	5/11/12	530	31	31
124	Computer	10/15/12	563	33	33
125	Bus equipment	6/01/12	4,846	216	216
126	Bath vanity	4/01/95	150	3	3
127	Parking Lot Pavers	6/30/13	116,145	8,938	8,938
128	Parking lot engineering	1/14/14	1,115	90	86
129	Rear delivery ramp	8/04/14	2,019	52	52
130	Systime computer for visitor center	4/03/14	2,270	218	218
131	Computer Server	12/02/15	1,197	192	192
132	Sign	3/17/15	3,620	443	443
133	Rear Stair renovation	12/01/15	13,300	443	443
			<u>540,124</u>	<u>15,099</u>	<u>20,051</u>

Other Depreciation:

45	Desks & Chairs	4/01/86	1,047	0	0
46	Tables & Chairs	4/01/86	400	0	0
47	Refrigerator	4/01/86	350	0	0
48	Mircowave	4/01/86	88	0	0
57	Telephone system	3/24/03	10,162	0	0
58	Computer	7/27/03	2,854	0	0
59	Brochure rack	4/28/03	850	0	0
60	Computers	3/31/99	11,896	0	0
62	TV & VCR	5/17/97	274	0	0
64	Computer	4/01/86	6,489	0	0
66	Mailing Machine	4/01/86	3,700	0	0
74	Mail scale	2/01/91	200	0	0
75	Printer	3/12/91	471	0	0
78	Computer printer	9/27/93	477	0	0
79	Computer	4/01/95	20,700	0	0
80	Fax maehine	4/01/95	1,000	0	0
81	Telephone	4/01/95	10,527	0	0
82	Video productions	4/01/95	10,000	0	0
83	Video/laser player	4/01/95	2,500	0	0
84	Computer equipment	8/09/95	700	0	0
85	Computer pentium	8/09/95	2,393	0	0
86	Landscape	4/01/95	8,500	0	0
87	Computers	4/01/99	4,468	0	0
88	Digital camera	5/10/99	848	0	0
90	Refrigerator	6/07/00	402	0	0
91	Computer	7/22/00	1,059	0	0
92	Air conditioner	2/07/02	2,890	0	0
93	Land	4/01/86	50,000	0	0
94	Financial points	2/09/99	1,597	0	0
95	Improvement solar	8/11/93	335	0	0
96	Improvements	4/01/95	2,574	82	64
97	Improvements	4/01/95	4,968	0	0
98	Restroom renovations	8/21/03	2,000	114	59
99	Lobby duratran	5/18/05	2,500	64	64
	Total Other Depreciation		<u>169,219</u>	<u>260</u>	<u>187</u>
	Total ACRS and Other Depreciation		<u>169,219</u>	<u>260</u>	<u>187</u>
	Grand Totals		<u>709,343</u>	<u>15,359</u>	<u>20,238</u>

Two Year Comparison Report

Form **990****2014 & 2015**

For calendar year 2015, or tax year beginning

, ending

Name

Taxpayer Identification Number

**Sanibel-Captiva Islands Chamber
of Commerce, Inc.****59-1146636**

		2014	2015	Differences	
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	379,533	370,925	-8,608
	5. Investment income	5.	888	940	52
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	380,421	371,865	-8,556
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	158,862	148,714	-10,148
	19. Occupancy, rent, utilities, and maintenance	19.	10,590	4,791	-5,799
	20. Depreciation and Depletion	20.	19,472	26,697	7,225
	21. Other expenses	21.	95,958	168,227	72,269
	22. Total expenses. Add lines 13 through 21	22.	284,882	348,429	63,547
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	95,539	23,436	-72,103
Other Information	24. Total exempt revenue	24.	380,421	371,865	-8,556
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	380,421	371,865	-8,556
	27. Total assets	27.	579,820	565,256	-14,564
	28. Total liabilities	28.	38,000		-38,000
	29. Retained earnings	29.	541,820	565,256	23,436
	30. Number of voting members of governing body	30.	16	16	
	31. Number of independent voting members of governing body	31.	16	16	
	32. Number of employees	32.	0	0	
	33. Number of volunteers	33.	25	30	

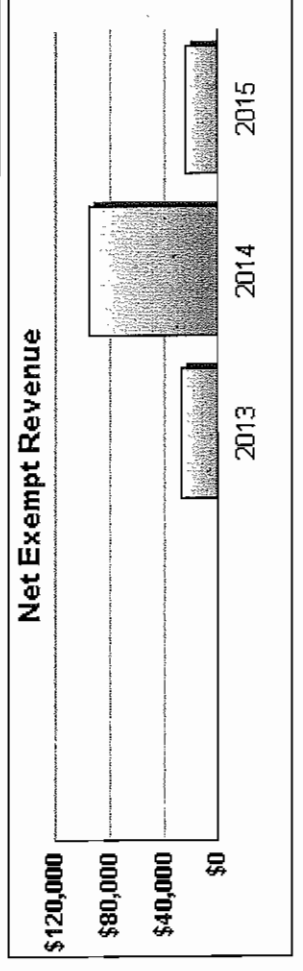
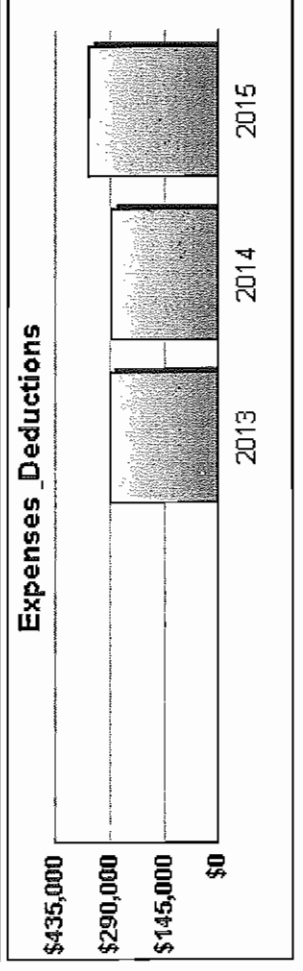
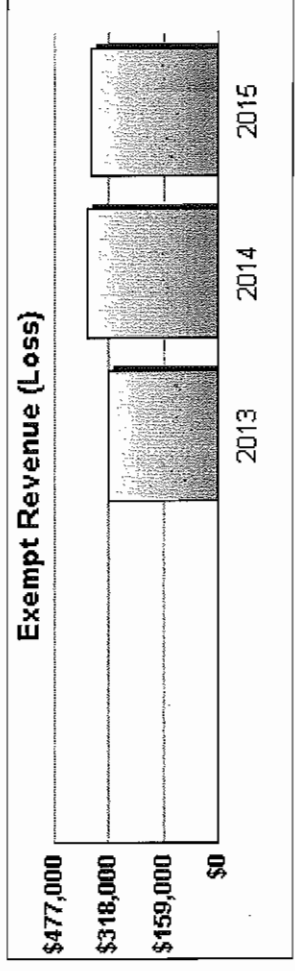
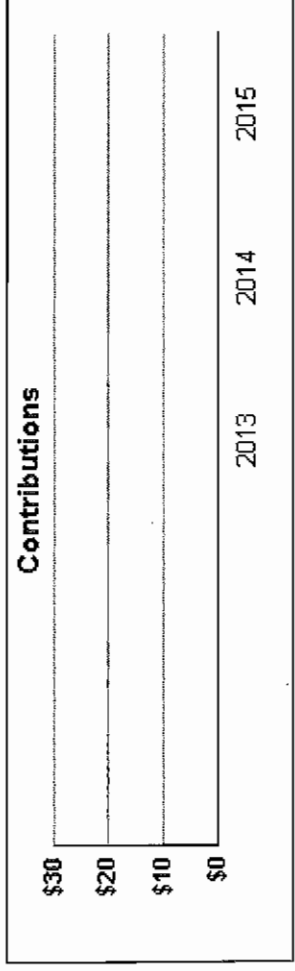
Form 990	Tax Return History		2015
Name	Sanibel-Captiva Islands Chamber of Commerce, Inc.		Employer Identification Number 59-1146636

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants						
Membership dues						
Program service revenue			316,859	379,533	370,925	
Capital gain or loss						
Investment income			882	888	940	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)			76			
Other revenue			317,817	380,421	371,865	
Total revenue						
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees			140,042	158,862	148,714	
Occupancy costs			17,209	10,590	4,791	
Depreciation and depletion			15,145	19,472	26,697	
Other expenses			119,175	95,958	168,227	
Total expenses			291,571	284,882	348,429	
Excess or (Deficit)			26,246	95,539	23,436	
Total exempt revenue			317,817	380,421	371,865	
Total unrelated revenue						
Total excludable revenue			317,817	380,421	371,865	
Total Assets			563,516	579,820	565,256	
Total Liabilities			117,235	38,000		
Net Fund Balances			446,281	541,820	565,256	

Tax Return History

Form **990T** 2015
 Name **Sanibel-Captiva Islands Chamber of Commerce, Inc.** Employer Identification Number **59-1146636**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

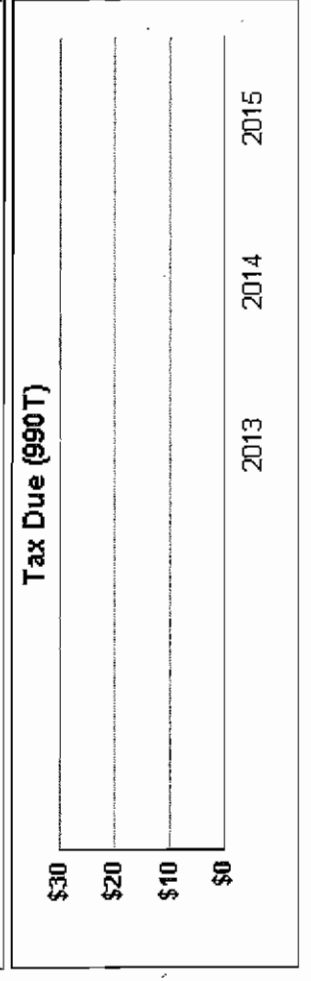
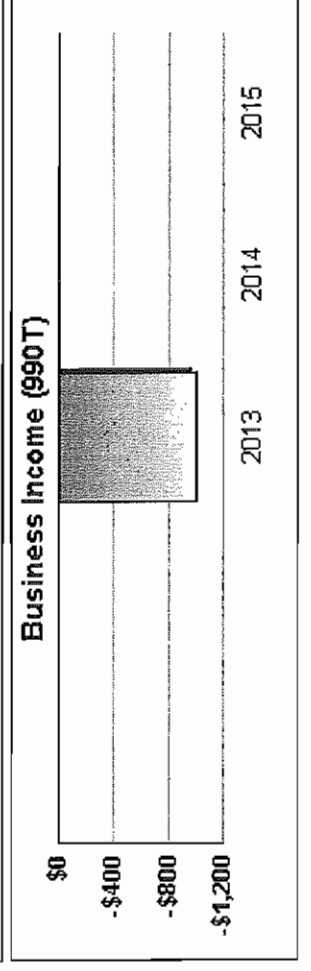
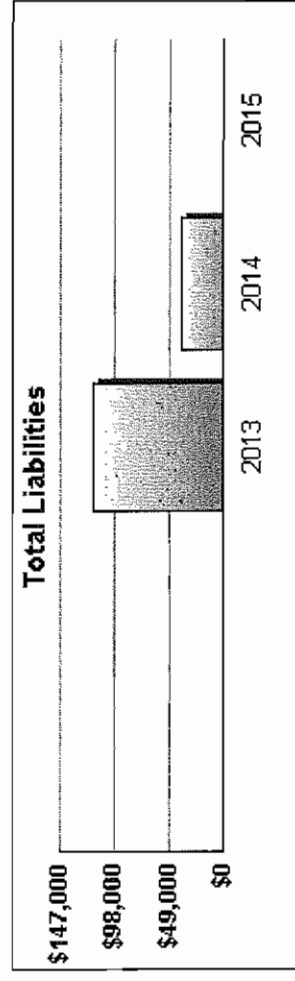
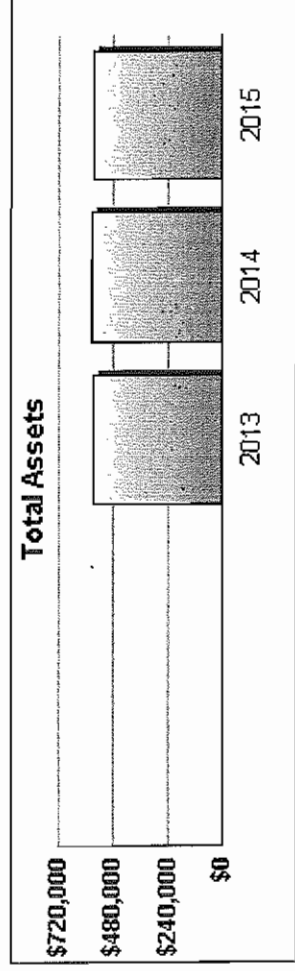


Form 990T Tax Return History 2015

Name: **Sanibel-Captiva Islands Chamber of Commerce, Inc.** Employer Identification Number: **59-1146636**

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction			1,000			
Income after expense and deductions			-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 940					
Total	\$ 940					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Leased employees and benefits	\$ 143,702	\$ 143,702	\$	\$
Total	\$ 143,702	\$ 143,702	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Dues and Donations	\$ 6,344	\$ 6,344	\$	\$
Lee Days Expenses	2,531	2,531		
Islands Night	1,112	1,112		
Trolley Expense	894	894		
Continuing Education	818	818		
After Hours	35	35		
Total	\$ 11,734	\$ 11,734	\$ 0	\$ 0

Filing Instructions

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2015

Date Due: August 15, 2016

Remittance: None is required. Your Form 990 for the tax year ended 12/31/15 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Michael P. Miller CPA, PL
1648 Periwinkle Way Ste D
Sanibel, FL 33957

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning _____, and ending _____

**Sanibel-Captiva Islands Chamber
of Commerce, Inc.**

59-1146636

Net Asset / Fund Balance at Beginning of Year 541,820

Revenue

Contributions			
Program service revenue	<u>370,925</u>		
Investment income	<u>940</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	<u>0</u>		
Total revenue		<u>371,865</u>	

Expenses

Program services			
Management and general			
Fundraising			
Total expenses		<u>348,429</u>	
Excess / (deficit)			<u>23,436</u>

Changes _____

Net Asset / Fund Balance at End of Year **565,256**

Reconciliation of Revenue

Total revenue per financial statements			
Less:			
Unrealized gains			
Donated services			
Recoveries			
Other			
Plus:			
Investment expenses			
Other			
Total revenue per return		<u><u>371,865</u></u>	

Reconciliation of Expenses

Total expenses per financial statements			
Less:			
Donated services			
Prior year adjustments			
Losses			
Other			
Plus:			
Investment expenses			
Other			
Total expenses per return		<u><u>348,429</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>579,820</u>	<u>565,256</u>	
Liabilities	<u>38,000</u>		
Net assets	<u><u>541,820</u></u>	<u><u>565,256</u></u>	<u><u>23,436</u></u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>08/15/16</u>
Failure to file penalty	_____