

## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

59-1146636

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>565,256</u>
<b>Revenue</b>		
Contributions		
Program service revenue	<u>338,820</u>	
Investment income	<u>1,533</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
<b>Total revenue</b>		<u>340,353</u>
<b>Expenses</b>		
Program services	<u>281,989</u>	
Management and general		
Fundraising		
<b>Total expenses</b>		<u>281,989</u>
<b>Excess / (deficit)</b>		<u>58,364</u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>623,620</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>340,353</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>281,989</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>565,256</u>	<u>609,051</u>	
Liabilities		<u>24,179</u>	
Net assets	<u><u>565,256</u></u>	<u><u>623,620</u></u>	<u><u>58,364</u></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/17  
 Failure to file penalty \_\_\_\_\_

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20 \_\_\_\_\_

## 2016

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

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

Employer identification number

**59-1146636**

Name and title of officer

**RIC BASE  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>340,353</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize Michael P. Miller CPA, PL to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **07/31/17**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**60791314511**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **07/31/17**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Sanibel-Captiva Islands Chamber of Commerce, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>1159 Causeway Road</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>Sanibel FL 33957</b>	<b>D</b> Employer identification number <b>59-1146636</b> <b>E</b> Telephone number <b>239-472-1080</b> <b>G</b> Gross receipts \$ <b>340,353</b>
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<b>F</b> Name and address of principal officer: <b>RIC BASE</b> <b>1159 Causeway Blvd</b> <b>Sanibel FL 33957</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SANIBEL-CAPTIVA.ORG** **H(c)** Group exemption number **U**

**K** Form of organization:  Corporation  Trust  Association  Other **U** **L** Year of formation: **1962** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE IN OUR COMMUNITY.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>0</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<b>370,925</b>	<b>338,820</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>940</b>	<b>1,533</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>371,865</b>	<b>340,353</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>U</b>	<b>0</b>	<b>0</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>348,429</b>	<b>281,989</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>348,429</b>	<b>281,989</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>23,436</b>	<b>58,364</b>
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<b>565,256</b>	<b>609,051</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>24,179</b>
			<b>565,256</b>	<b>584,872</b>

**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.

<b>Sign Here</b>	Signature of officer <b>RIC BASE</b> Type or print name and title	Date <b>PRESIDENT</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Michael P. Miller, CPA</b>	Preparer's signature Date <b>05/23/18</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00223492</b>
	Firm's name } <b>Michael P. Miller CPA, PL</b> <b>1648 Periwinkle Way Ste D</b> Firm's address } <b>Sanibel, FL 33957</b>	Firm's EIN } <b>45-4334033</b> Phone no. } <b>239-472-1323</b>		

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

**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 **u**

**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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	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
<b>1a</b>	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.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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 **u** **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: **u**

**Ric Base** **1159 Causeway Road** **FL 33957** **239-472-1080**  
**Sanibel**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(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			
(1) RIC BASE	25.00									
PRESIDENT	0.00	X		X			59,548	89,321	0	
(2) MICHAEL MILLER	0.00									
TREASURER	0.00	X		X			0	0	0	
(3) LEE ELLEN HARDER	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) CHRIS HEIDRICK	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) MARK BLUST	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MARK ANDERSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) DOUG BABCOCK	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) KEN KOURIL	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) AARON PRUSS	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) DONNA PUMA	0.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(11) EVELYN STEWART	0.00									
DIRECTOR	0.00	X					0	0	0	

**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) <b>MARY BONDURANT</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>DAVID WRIGHT</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>DANIEL THOMPSON</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>CHRIS DAVISON</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>SONJA SMITH SUITOR</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b> u							<b>59,548</b>	<b>89,321</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> u										
<b>d Total (add lines 1b and 1c)</b> u							<b>59,548</b>	<b>89,321</b>		

**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 **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**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 **u 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>				
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> Membership Dues		247,052	247,052		
	<b>b</b> Visitors Guide Income		60,000	60,000		
	<b>c</b> Business Luncheon		15,979	15,979		
	<b>d</b> Advertising/Sponsorships		8,289	8,289		
	<b>e</b> Luminary Trail Income		7,500	7,500		
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f	<b>u</b>		338,820			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	1,533	1,533		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
	Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>		340,353	340,353	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	89	89		
c Accounting	3,225	3,225		
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.)	178,432	178,432		
12 Advertising and promotion	16,309	16,309		
13 Office expenses	7,387	7,387		
14 Information technology	3,021	3,021		
15 Royalties				
16 Occupancy	9,687	9,687		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,482	5,482		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,359	15,359		
23 Insurance	7,239	7,239		
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 Luncheon Expenses	16,999	16,999		
b Other Membership Services	6,243	6,243		
c Luminary Trail Expense	4,028	4,028		
d Dues and Donations	2,336	2,336		
e All other expenses	6,153	6,153		
25 Total functional expenses. Add lines 1 through 24e	281,989	281,989	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		
<b>Assets</b>	1	Cash—non-interest bearing	500	1	500	
	2	Savings and temporary cash investments	230,577	2	419,100	
	3	Pledges and grants receivable, net		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	519,892	204,810	10c	189,451
	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	129,369	15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	565,256	16	609,051		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		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	24,179	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	24,179	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>					
	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	494,135	32	552,499	
33	<b>Total net assets or fund balances</b>	565,256	33	623,620		
34	<b>Total liabilities and net assets/fund balances</b>	565,256	34	647,799		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>340,353</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>281,989</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>58,364</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>565,256</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>623,620</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	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.		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** 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
<b>1a</b> Land .....		<b>50,000</b>		<b>50,000</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>659,343</b>	<b>519,892</b>	<b>139,451</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....		<b>u</b>		<b>189,451</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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) <b>Due to Visitors Center</b>	<b>23,979</b>
(3) <b>Sales tax payable</b>	<b>200</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>24,179</b>

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) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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.

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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

\$ 178,432

\$ 0

\$ 0

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**

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	<b>500,000</b>
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	<b>2,010,000</b>
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 2015 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>260</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>15,099</b>
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 checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 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						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2016 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	<b>Total.</b> 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	<b>15,359</b>
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** (2016)

Year Ended: December 31, 2016

59-1146636

Sanibel-Captiva Islands Chamber  
of Commerce, Inc.  
1159 Causeway Road  
Sanibel, FL 33957

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

59-1146636

## Federal Asset Report

FYE: 12/31/2016

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
1	Access doors	4/01/95	150				150	39	MMS/L	83	3
2	Ceiling tile	4/01/95	1,600				1,600	39	MMS/L	859	41
3	Design fee	4/01/95	10,000				10,000	39	MMS/L	5,362	257
4	Drywall/carpentry	4/01/95	6,200				6,200	39	MMS/L	3,327	159
5	New doors	4/01/95	1,600				1,600	39	MMS/L	859	41
6	New windows	4/01/95	3,110				3,110	39	MMS/L	1,671	80
7	Painting	4/01/95	7,050				7,050	39	MMS/L	3,782	181
8	Permits	4/01/95	1,700				1,700	39	MMS/L	915	43
9	Sales tax	4/01/95	4,698				4,698	39	MMS/L	2,518	121
10	Sewer repairs	4/01/95	2,000				2,000	39	MMS/L	1,072	51
11	Soft costs	4/01/95	7,800				7,800	39	MMS/L	4,183	200
12	Tile	1/04/95	8,975				8,975	39	MMS/L	4,813	231
13	Trim columns	4/01/95	3,700				3,700	39	MMS/L	1,987	94
14	Walkway	4/01/95	1,700				1,700	39	MMS/L	915	43
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	1,716	82
33	Door closer	4/01/95	290				290	39	MMS/L	152	8
34	Electrical	4/01/95	2,750				2,750	39	MMS/L	1,481	70
35	Gingerbreads	4/01/95	4,500				4,500	39	MMS/L	2,412	116
36	Plumbing	4/01/95	675				675	39	MMS/L	361	17
37	Superintendent	4/01/95	3,600				3,600	39	MMS/L	1,930	92
39	Backlit displays	4/01/95	19,969				19,969	39	MMS/L	10,748	512
41	Brochure racks	4/01/95	2,750				2,750	39	MMS/L	1,481	70
42	Storage shelves	4/01/95	1,500				1,500	39	MMS/L	801	39
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	195	5
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	2,725	103
107	Landscape design/install	8/11/08	3,910			X	1,955	15	HY 150DB	3,044	115
108	Sprinkler system	8/22/08	1,596			X	798	15	HY 150DB	1,242	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	1,681	0
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	23,364	1,428
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



59-1146636

**Federal Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
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	595	37
121	Badge making machine	4/05/12	2,500			X	1,250	7	HY 200DB	2,110	111
122	Computer	2/13/12	758			X	379	5	HY 200DB	693	43
123	Computer	5/11/12	530			X	265	5	HY 200DB	484	31
124	Computer	10/15/12	563			X	281	5	HY 200DB	514	33
125	Bus equipment	6/01/12	4,846			X	2,423	7	HY 200DB	4,089	216
126	Bath vanity	4/01/95	150				150	39	MMS/L	83	3
127	Parking Lot Pavers	6/30/13	116,145				116,145	15	HY 150DB	26,771	8,938
128	Parking lot engineering	1/14/14	1,115			X	903	15	HY 150DB	212	90
129	Rear delivery ramp	8/04/14	2,019				2,019	39	MMS/L	84	52
130	Systime computer for visitor center	4/03/14	2,270			X	1,135	5	HY 200DB	1,725	218
131	Computer Server	12/02/15	1,197			X	598	5	HY 200DB	718	192
132	Sign	3/17/15	3,620			X	1,810	7	HY 200DB	2,069	443
133	Rear Stair renovation	12/01/15	13,300			X	6,650	15	HY S/L	6,872	443
			<u>540,124</u>				<u>505,487</u>			<u>387,962</u>	<u>15,099</u>
<b>Other Depreciation:</b>											
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	Mircowave	4/01/86	88				88	5	MO S/L	88	0
57	Telephone system	3/24/03	10,162				10,162	5	MO 200DB	10,162	0
58	Computer	7/27/03	2,854				2,854	5	MO 200DB	2,854	0
59	Brochure rack	4/28/03	850				850	5	MO 200DB	850	0
60	Computers	3/31/99	11,896				11,896	5	MO 200DB	11,896	0
62	TV & VCR	5/17/97	274				274	7	MO 200DB	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	MO 200DB	200	0
75	Printer	3/12/91	471				471	5	MO 200DB	471	0
78	Computer printer	9/27/93	477				477	5	MO 200DB	477	0
79	Computer	4/01/95	20,700				20,700	5	MO 200DB	20,700	0
80	Fax machine	4/01/95	1,000				1,000	5	MO 200DB	1,000	0
81	Telephone	4/01/95	10,527				10,527	5	MO 200DB	10,527	0
82	Video productions	4/01/95	10,000				10,000	5	MO 200DB	10,000	0
83	Video/laser player	4/01/95	2,500				2,500	5	MO 200DB	2,500	0
84	Computer equipment	8/09/95	700				700	5	MO 200DB	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	MO 200DB	4,468	0
88	Digital camera	5/10/99	848				848	5	MO 200DB	848	0
90	Refrigerator	6/07/00	402				402	7	MO 200DB	402	0
91	Computer	7/22/00	1,059				1,059	5	MO 200DB	1,059	0
92	Air conditioner	2/07/02	2,890				2,890	7	MO 200DB	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	MO 200DB	335	0
96	Improvements	4/01/95	2,574				2,574	31	MO S/L	2,052	82
97	Improvements	4/01/95	4,968				4,968	10	MO 200DB	4,968	0
98	Restroom renovations	8/21/03	2,000				2,000	15	MO 150DB	1,695	114
99	Lobby duratran	5/18/05	2,500				2,500	39	MO S/L	679	64
	<b>Total Other Depreciation</b>		<u>169,219</u>				<u>169,219</u>			<u>116,571</u>	<u>260</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,219</u>				<u>169,219</u>			<u>116,571</u>	<u>260</u>
	<b>Grand Totals</b>		709,343				674,706			504,533	15,359
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>709,343</u>				<u>674,706</u>			<u>504,533</u>	<u>15,359</u>

59-1146636

**AMT Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
1	Access doors	4/01/95	150				150	40	MMS/L	78	3
2	Ceiling tile	4/01/95	1,600				1,600	40	MMS/L	828	40
3	Design fee	4/01/95	10,000				10,000	40	MMS/L	5,177	250
4	Drywall/carpentry	4/01/95	6,200				6,200	40	MMS/L	3,210	155
5	New doors	4/01/95	1,600				1,600	40	MMS/L	828	40
6	New windows	4/01/95	3,110				3,110	40	MMS/L	1,610	78
7	Painting	4/01/95	7,050				7,050	40	MMS/L	3,650	176
8	Permits	4/01/95	1,700				1,700	40	MMS/L	880	43
9	Sales tax	4/01/95	4,698				4,698	40	MMS/L	2,432	118
10	Sewer repairs	4/01/95	2,000				2,000	40	MMS/L	1,035	50
11	Soft costs	4/01/95	7,800				7,800	40	MMS/L	4,038	195
12	Tile	1/04/95	8,975				8,975	40	MMS/L	4,703	224
13	Trim columns	4/01/95	3,700				3,700	40	MMS/L	1,916	92
14	Walkway	4/01/95	1,700				1,700	40	MMS/L	880	43
15	Building improvements	4/01/95	171,000				171,000	39	MMS/L	88,857	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 sizineami	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	1,657	80
33	Door closer	4/01/95	290				290	40	MMS/L	150	7
34	Electrical	4/01/95	2,750				2,750	40	MMS/L	1,424	68
35	Gingerbreads	4/01/95	4,500				4,500	40	MMS/L	2,330	112
36	Plumbing	4/01/95	675				675	40	MMS/L	350	16
37	Superintendent	4/01/95	3,600				3,600	40	MMS/L	1,864	90
39	Backlit displays	4/01/95	19,969				19,969	40	MMS/L	10,338	499
41	Brochure racks	4/01/95	2,750				2,750	40	MMS/L	1,424	68
42	Storage shelves	4/01/95	1,500				1,500	40	MMS/L	777	37
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	Electical 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
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	104	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

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**AMT Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
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	Financial 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	1,333	64
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	1,852	59
99	Lobby duratran	5/18/05	2,500				2,500	39 MMS/L	681	64
100	Cell statistics accounting software	12/07/06	1,776				1,776	5 HY 150DB	1,776	0
101	Dell workstations vcb 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 server	8/01/07	7,722				7,722	5 HY 150DB	7,722	0
104	Conference 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	2,725	103
107	Landscape design/install	8/11/08	3,910		X		1,955	15 HY 150DB	3,044	116
108	Sprinkler system	8/22/08	1,596		X		798	15 HY 150DB	1,243	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	1,681	0
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 150DB	22,727	2,065
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	595	37
121	Badge making machine	4/05/12	2,500		X		1,250	7 HY 200DB	2,110	111
122	Computer	2/13/12	758		X		379	5 HY 200DB	693	43
123	Computer	5/11/12	530		X		265	5 HY 200DB	484	31
124	Computer	10/15/12	563		X		281	5 HY 200DB	514	33
125	Bus equipment	6/01/12	4,846		X		2,423	7 HY 200DB	4,089	216
126	Bath vanity	4/01/95	150				150	40 MMS/L	78	3
127	Parking Lot Pavers	6/30/13	116,145				116,145	15 HY 150DB	26,771	8,938
128	Parking lot engineering	1/14/14	1,115		X		858	15 HY 150DB	257	86
129	Rear delivery ramp	8/04/14	2,019				2,019	39 MMS/L	84	52
130	Systime computer for visitor center	4/03/14	2,270		X		1,135	5 HY 200DB	1,725	218
131	Computer Server	12/02/15	1,197		X		598	5 HY 200DB	718	192
132	Sign	3/17/15	3,620		X		1,810	7 HY 200DB	2,069	443
133	Rear Stair renovation	12/01/15	13,300		X		6,650	15 HY S/L	6,872	443
			<u>647,269</u>				<u>605,989</u>		<u>407,220</u>	<u>20,238</u>
<b>Other Depreciation:</b>										
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	Mircowave	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
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		647,269				605,989		407,220	20,238
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>647,269</u>				<u>605,989</u>		<u>407,220</u>	<u>20,238</u>

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**Bonus Depreciation Report**

FYE: 12/31/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
133	Rear Stair renovation	12/01/15	13,300		0	0	6,650	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 conditioner	11/29/11	3,645		0	0	3,645	0
120	Computer	3/30/12	651		0	0	326	325
121	Badge making machine	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	212	903
130	Systeme computer for visitor center	4/03/14	2,270		0	0	1,135	1,135
131	Computer Server	12/02/15	1,197		0	0	599	598
132	Sign	3/17/15	3,620		0	0	1,810	1,810
<b>Form 990, Page 1</b>			<u>57,375</u>		<u>0</u>	<u>0</u>	<u>34,637</u>	<u>22,738</u>
<b>Grand Total</b>			<u>57,375</u>		<u>0</u>	<u>0</u>	<u>34,637</u>	<u>22,738</u>

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**Depreciation Adjustment Report**

FYE: 12/31/2016

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	Access doors	3	3	0
Page 1	1	2	Ceiling tile	41	40	1
Page 1	1	3	Design fee	257	250	7
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	181	176	5
Page 1	1	8	Permits	43	43	0
Page 1	1	9	Sales tax	121	118	3
Page 1	1	10	Sewer repairs	51	50	1
Page 1	1	11	Soft costs	200	195	5
Page 1	1	12	Tile	231	224	7
Page 1	1	13	Trim columns	94	92	2
Page 1	1	14	Walkway	43	43	0
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 sizioneami	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	8	7	1
Page 1	1	34	Electrical	70	68	2
Page 1	1	35	Gingerbreads	116	112	4
Page 1	1	36	Plumbing	17	16	1
Page 1	1	37	Superintendent	92	90	2
Page 1	1	39	Backlit displays	512	499	13
Page 1	1	41	Brochure racks	70	68	2
Page 1	1	42	Storage shelves	39	37	2
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 vcb 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	103	103	0
Page 1	1	107	Landscape design/install	115	116	-1
Page 1	1	108	Sprinkler system	47	47	0
Page 1	1	109	Muzak screen	0	0	0
Page 1	1	110	Defibrillator	0	0	0
Page 1	1	111	Bus fridge	0	0	0
Page 1	1	112	Chamber bus	1,428	2,065	-637
Page 1	1	113	Book PC	0	0	0
Page 1	1	114	Computer	0	0	0

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**Depreciation Adjustment Report**

FYE: 12/31/2016

**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	37	37	0
Page 1	1	121	Badge making machine	111	111	0
Page 1	1	122	Computer	43	43	0
Page 1	1	123	Computer	31	31	0
Page 1	1	124	Computer	33	33	0
Page 1	1	125	Bus equipment	216	216	0
Page 1	1	126	Bath vanity	3	3	0
Page 1	1	127	Parking Lot Pavers	8,938	8,938	0
Page 1	1	128	Parking lot engineering	90	86	4
Page 1	1	129	Rear delivery ramp	52	52	0
Page 1	1	130	Systime computer for visitor center	218	218	0
Page 1	1	131	Computer Server	192	192	0
Page 1	1	132	Sign	443	443	0
Page 1	1	133	Rear Stair renovation	443	443	0
				<u>15,099</u>	<u>20,051</u>	<u>-4,952</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	Access doors	4/01/95	150	4	4
2	Ceiling tile	4/01/95	1,600	41	40
3	Design fee	4/01/95	10,000	256	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	44	42
9	Sales tax	4/01/95	4,698	120	117
10	Sewer repairs	4/01/95	2,000	51	50
11	Soft costs	4/01/95	7,800	200	195
12	Tile	1/04/95	8,975	230	224
13	Trim columns	4/01/95	3,700	95	93
14	Walkway	4/01/95	1,700	44	42
15	Building improvements	4/01/95	171,000	0	4,384
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	7	8
34	Electrical	4/01/95	2,750	71	69
35	Gingerbreads	4/01/95	4,500	115	113
36	Plumbing	4/01/95	675	18	17
37	Superintendent	4/01/95	3,600	93	90
39	Backlit displays	4/01/95	19,969	512	500
41	Brochure racks	4/01/95	2,750	71	69
42	Storage shelves	4/01/95	1,500	38	38
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	0	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	104	104
107	Landscape design/install	8/11/08	3,910	116	115
108	Sprinkler system	8/22/08	1,596	48	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	0	0
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	19	19
121	Badge making machine	4/05/12	2,500	112	112
122	Computer	2/13/12	758	22	22
123	Computer	5/11/12	530	15	15
124	Computer	10/15/12	563	16	16
125	Bus equipment	6/01/12	4,846	217	217
126	Bath vanity	4/01/95	150	4	4
127	Parking Lot Pavers	6/30/13	116,145	8,043	8,043
128	Parking lot engineering	1/14/14	1,115	81	77
129	Rear delivery ramp	8/04/14	2,019	52	52
130	Systime computer for visitor center	4/03/14	2,270	131	131
131	Computer Server	12/02/15	1,197	115	115
132	Sign	3/17/15	3,620	316	316
133	Rear Stair renovation	12/01/15	13,300	443	443
			<u>540,124</u>	<u>12,407</u>	<u>16,727</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 machine	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	115	59
99	Lobby duratran	5/18/05	2,500	65	64
	<b>Total Other Depreciation</b>		<u>169,219</u>	<u>262</u>	<u>187</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,219</u>	<u>262</u>	<u>187</u>
	<b>Grand Totals</b>		<u>709,343</u>	<u>12,669</u>	<u>16,914</u>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2015 &amp; 2016</b>
For calendar year 2016, or tax year beginning _____, ending _____		

Name

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

Taxpayer Identification Number

**59-1146636**

			2015	2016	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1.			
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.			
	4. Program service revenue .....	4.	370,925	338,820	-32,105
	5. Investment income .....	5.	940	1,533	593
	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.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>371,865</b>	<b>340,353</b>	<b>-31,512</b>
<b>E x p e n s e s</b>	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.	148,714	181,746	33,032
	19. Occupancy, rent, utilities, and maintenance .....	19.	4,791	9,687	4,896
	20. Depreciation and Depletion .....	20.	26,697	15,359	-11,338
	21. Other expenses .....	21.	168,227	75,197	-93,030
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>348,429</b>	<b>281,989</b>	<b>-66,440</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>23,436</b>	<b>58,364</b>	<b>34,928</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24.	371,865	340,353	-31,512
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	371,865	340,353	-31,512
	27. Total assets .....	27.	565,256	609,051	43,795
	28. Total liabilities .....	28.		24,179	24,179
	29. Retained earnings .....	29.	565,256	623,620	58,364
	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.	30	30		

Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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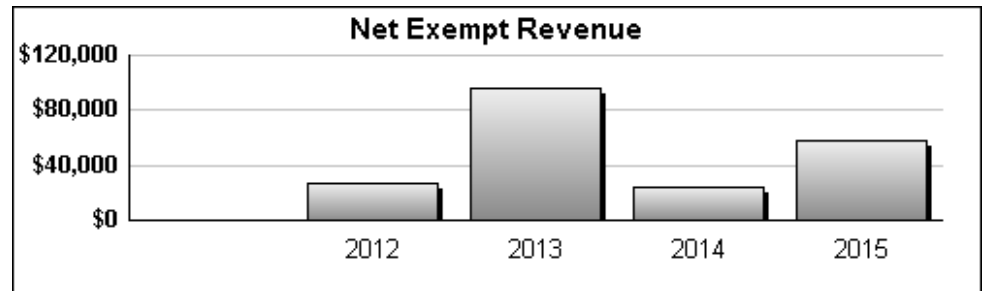
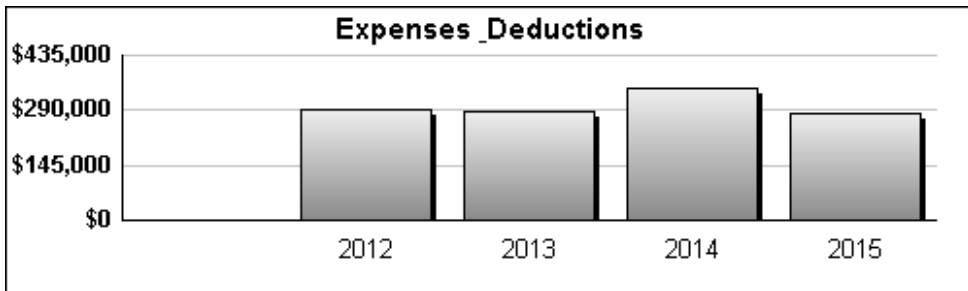
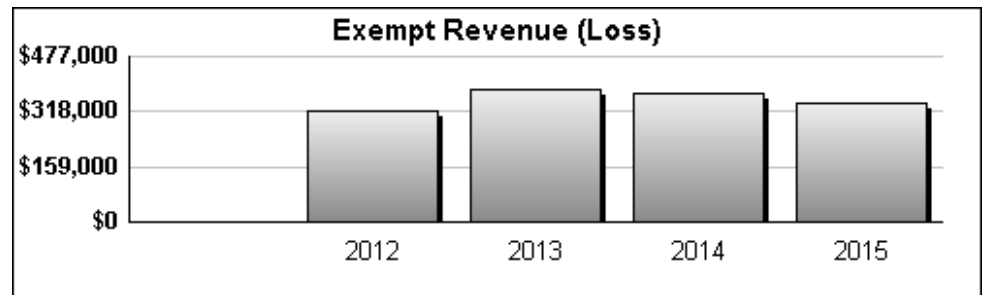
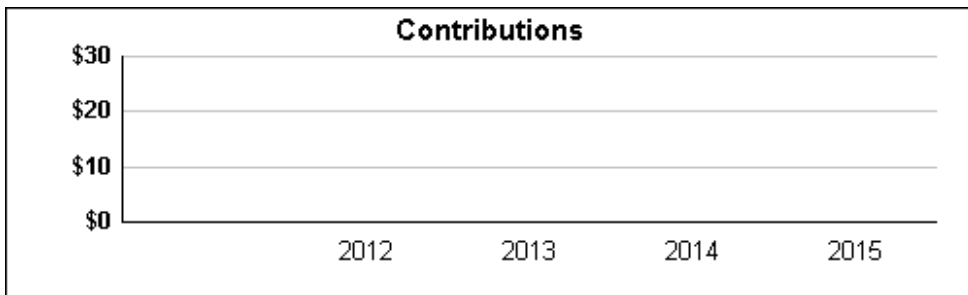
Name <b>Sanibel-Captiva Islands Chamber of Commerce, Inc.</b>	Employer Identification Number <b>59-1146636</b>
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....						
Membership dues .....						
Program service revenue .....		<b>316,859</b>	<b>379,533</b>	<b>370,925</b>	<b>338,820</b>	
Capital gain or loss .....						
Investment income .....		<b>882</b>	<b>888</b>	<b>940</b>	<b>1,533</b>	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....		<b>76</b>				
<b>Total revenue</b> .....		<b>317,817</b>	<b>380,421</b>	<b>371,865</b>	<b>340,353</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....						
Professional fees .....		<b>140,042</b>	<b>158,862</b>	<b>148,714</b>	<b>181,746</b>	
Occupancy costs .....		<b>17,209</b>	<b>10,590</b>	<b>4,791</b>	<b>9,687</b>	
Depreciation and depletion .....		<b>15,145</b>	<b>19,472</b>	<b>26,697</b>	<b>15,359</b>	
Other expenses .....		<b>119,175</b>	<b>95,958</b>	<b>168,227</b>	<b>75,197</b>	
<b>Total expenses</b> .....		<b>291,571</b>	<b>284,882</b>	<b>348,429</b>	<b>281,989</b>	
<b>Excess or (Deficit)</b> .....		<b>26,246</b>	<b>95,539</b>	<b>23,436</b>	<b>58,364</b>	
<b>Total exempt revenue</b> .....		<b>317,817</b>	<b>380,421</b>	<b>371,865</b>	<b>340,353</b>	
Total unrelated revenue .....						
Total excludable revenue .....		<b>317,817</b>	<b>380,421</b>	<b>371,865</b>	<b>340,353</b>	
Total Assets .....		<b>563,516</b>	<b>579,820</b>	<b>565,256</b>	<b>609,051</b>	
Total Liabilities .....		<b>117,235</b>	<b>38,000</b>		<b>24,179</b>	
Net Fund Balances .....		<b>446,281</b>	<b>541,820</b>	<b>565,256</b>	<b>623,620</b>	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>Sanibel-Captiva Islands Chamber of Commerce, Inc.</b>	Employer Identification Number <b>59-1146636</b>
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	2012	2013	2014	2015	2016	2017
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						
<b>Total trade or business income.</b>						
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						

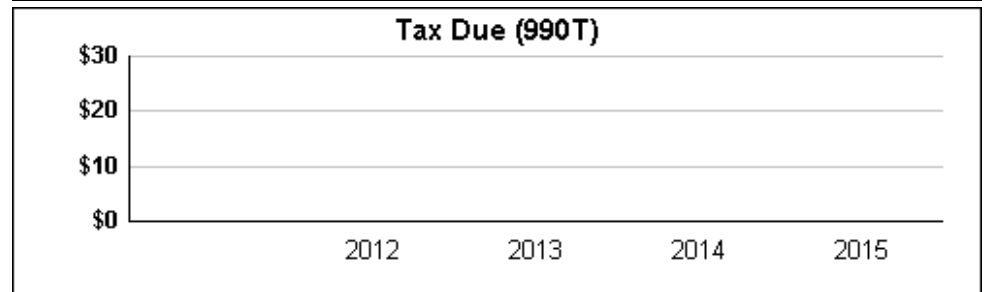
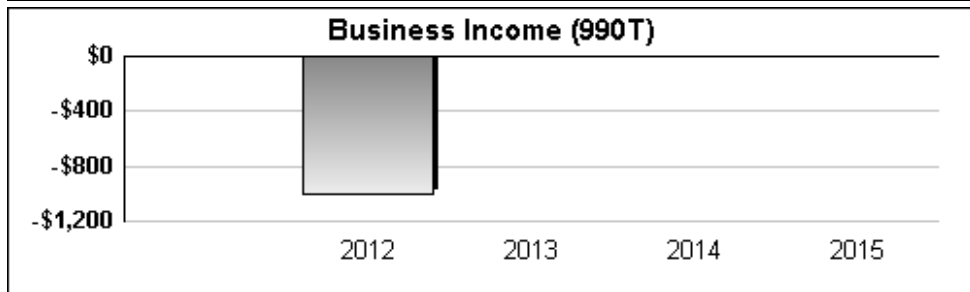
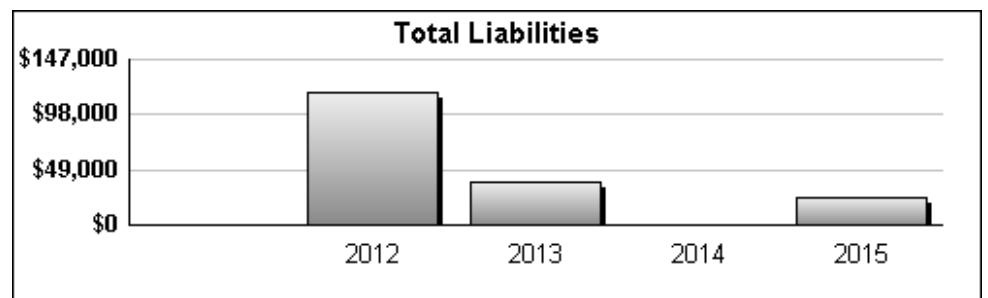
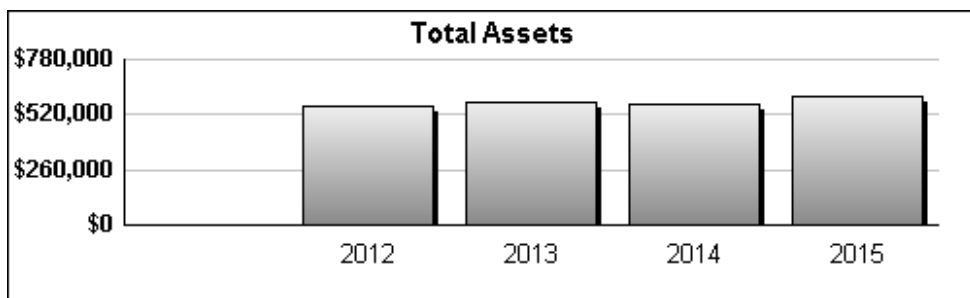


Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>Sanibel-Captiva Islands Chamber of Commerce, Inc.</b>	Employer Identification Number <b>59-1146636</b>
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	2012	2013	2014	2015	2016	2017
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000				
Income after expense and deductions .....		-1,000				
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* 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	\$ 1,533					
Total	\$ 1,533					

## 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	\$ 178,432	\$ 178,432	\$	\$
Total	<u>\$ 178,432</u>	<u>\$ 178,432</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Lee Days Expenses	\$ 2,214	\$ 2,214	\$	\$
Continuing Education	1,649	1,649		
Islands Night	985	985		
Trolley Expense	878	878		
Fourth of July	427	427		
Total	<u>\$ 6,153</u>	<u>\$ 6,153</u>	<u>\$ 0</u>	<u>\$ 0</u>