

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

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

59-1146636

Net Asset / Fund Balance at Beginning of Year		<u>623,620</u>
Revenue		
Contributions		
Program service revenue	<u>294,747</u>	
Investment income	<u>1,753</u>	
Capital gain / loss	<u>-873</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>295,627</u>
Expenses		
Program services	<u>254,138</u>	
Management and general		
Fundraising		
Total expenses		<u>254,138</u>
Excess / (deficit)		<u>41,489</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>665,109</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>295,627</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>254,138</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>647,799</u>	<u>665,991</u>	
Liabilities	<u>24,179</u>	<u>200</u>	
Net assets	<u><u>623,620</u></u>	<u><u>665,109</u></u>	<u>41,489</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/18
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 2017, and ending 20

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2017

Name of exempt organization

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Employer identification number

59-1146636

Name and title of officer

**JOHN LAI
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 one 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	<u>295,627</u>
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 2017 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 2017 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 2017 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 } 05/23/18

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 2017 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 } 05/23/18

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** (2017)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sanibel-Captiva Islands Chamber of Commerce, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1159 Causeway Road Room/suite City or town, state or province, country, and ZIP or foreign postal code Sanibel FL 33957	D Employer identification number 59-1146636 E Telephone number 239-472-1080 G Gross receipts \$ 296,500
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F Name and address of principal officer: JOHN LAI 1159 Causeway Blvd Sanibel FL 33957	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input 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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE PROSPERITY OF OUR MEMBERS AND PRESERVE THE QUALITY OF LIFE IN OUR COMMUNITY.		
	2	Check this box <input type="checkbox"/> U if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	338,820	294,747
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,533	880
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,353	295,627
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) U	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	281,989	254,138
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	281,989	254,138
	19	Revenue less expenses. Subtract line 18 from line 12	58,364	41,489
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	647,799	665,991
	22	Net assets or fund balances. Subtract line 21 from line 20	24,179	200
			623,620	665,791

Part II Signature Block

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

Sign Here	Signature of officer JOHN LAI	Date
	Type or print name and title PRESIDENT	

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

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)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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**

JOHN LAI **1159 Causeway Blvd** **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) JOHN LAI	25.00									
PRESIDENT	0.00	X		X			25,292	37,937	0	
(2) MICHAEL MILLER, CPA	0.00									
TREASURER	0.00	X		X			0	0	0	
(3) DONNA PUMA	0.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(4) LEE ELLEN HARDER	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) MARK BLUST	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) AARON PRUSS	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) EVELYN STEWART	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) MARY BONDURANT	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) DAVID WRIGHT	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) DANIEL THOMPSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) CHRIS DAVISON	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) BRETT GOOCH	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) CALLI JOHNSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) JOEL GOODMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) BRIAN KAUTZ	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) JANE MICHAUD	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) PHILLIP STARLING	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) RIC BASE	0.00									
PAST PRESIDENT	0.00					X	60,875	91,313	0	
1b Sub-total						u	86,167	129,250		
c Total from continuation sheets to Part VII, Section A						u				
d Total (add lines 1b and 1c)						u	86,167	129,250		

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u				
Program Service Revenue		Busn. Code				
	2a Membership Dues		223,107	223,107		
	b Visitors Guide Income		45,000	45,000		
	c Business Luncheon		14,995	14,995		
	d Advertising/Sponsorships		6,395	6,395		
	e Luminary Trail Income		5,250	5,250		
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	294,747			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,753	1,753		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.		873			
	c Gain or (loss)		-873			
	d Net gain or (loss)	u	-873	-873		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
	Miscellaneous Revenue	Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u		295,627	295,627	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	116	116		
c Accounting	3,282	3,282		
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.)	145,587	145,587		
12 Advertising and promotion	16,153	16,153		
13 Office expenses	6,748	6,748		
14 Information technology	3,624	3,624		
15 Royalties				
16 Occupancy	20,344	20,344		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,994	5,994		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,478	12,478		
23 Insurance	8,933	8,933		
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	14,332	14,332		
b Luminary Trail Expense	5,477	5,477		
c Fourth of July	3,227	3,227		
d Continuing Education	2,128	2,128		
e All other expenses	5,715	5,715		
25 Total functional expenses. Add lines 1 through 24e	254,138	254,138	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	500	1	500	
	2	Savings and temporary cash investments	419,100	2	352,168	
	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	511,487			
	10b	Less: accumulated depreciation	335,387	228,199	10c	176,100
	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		15	137,223	
16	Total assets. Add lines 1 through 15 (must equal line 34)	647,799	16	665,991		
Liabilities	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	24,179	25	200	
	26	Total liabilities. Add lines 17 through 25	24,179	26	200	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	71,121	30	71,121	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds	552,499	32	593,988	
33	Total net assets or fund balances	623,620	33	665,109		
34	Total liabilities and net assets/fund balances	647,799	34	665,309		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	295,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,138
3	Revenue less expenses. Subtract line 2 from line 1	3	41,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	623,620
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	665,109

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
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 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **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
3a(i)		
3a(ii)		
3b		

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
1a Land		50,000		50,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 50,000

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due from Visitors Center	137,223
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	137,223

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) Sales tax payable	200
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	200

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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.

uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Sanibel-Captiva Islands Chamber of Commerce, Inc.

Employer identification number
59-1146636

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|--|----------|
| a Receive a severance payment or change-of-control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 5a | | |
| b Any related organization? | 5b | | |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 6a | | |
| b Any related organization? | 6b | | |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RIC BASE	(i)	60,875	0	0	0	0	60,875	0
1 PAST PRESIDENT	(ii)	91,313	0	0	0	0	91,313	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

\$ 145,587

\$ 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 Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

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	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	180

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 2017	17	12,298
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 2017 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	12,478
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** (2017)

59-1146636

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	Access doors	4/01/95	150			150	39 MMS/L	86	4
2	Ceiling tile	4/01/95	1,600			1,600	39 MMS/L	900	41
3	Design fee	4/01/95	10,000			10,000	39 MMS/L	5,619	256
4	Drywall/carpentry	4/01/95	6,200			6,200	39 MMS/L	3,486	159
5	New doors	4/01/95	1,600			1,600	39 MMS/L	900	41
6	New windows	4/01/95	3,110			3,110	39 MMS/L	1,751	80
7	Painting	4/01/95	7,050			7,050	39 MMS/L	3,963	181
8	Permits	4/01/95	1,700			1,700	39 MMS/L	958	44
9	Sales tax	4/01/95	4,698			4,698	39 MMS/L	2,639	120
10	Sewer repairs	4/01/95	2,000			2,000	39 MMS/L	1,123	51
11	Soft costs	4/01/95	7,800			7,800	39 MMS/L	4,383	200
12	Tile	1/04/95	8,975			8,975	39 MMS/L	5,044	230
13	Trim columns	4/01/95	3,700			3,700	39 MMS/L	2,081	95
14	Walkway	4/01/95	1,700			1,700	39 MMS/L	958	44
15	Building improvements	4/01/95	171,000			171,000	31 MMS/L	171,000	0
16	Cabinet	4/09/98	1,350			1,350	7 HY 200DB	1,350	0
17	Carpet	4/19/95	1,500			1,500	7 HY 200DB	1,500	0
	Sold/Scrapped: 1/01/17								
18	Trash cans & mats	4/01/95	750			750	7 HY 200DB	750	0
	Sold/Scrapped: 1/01/17								
19	Ceiling fans	4/01/95	225			225	7 HY 200DB	225	0
	Sold/Scrapped: 1/01/17								
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
	Sold/Scrapped: 1/01/17								
22	Toni sizineami	4/01/95	300			300	7 HY 200DB	300	0
	Sold/Scrapped: 1/01/17								
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
	Sold/Scrapped: 1/01/17								
26	New desks	4/01/95	1,700			1,700	7 HY 200DB	1,700	0
	Sold/Scrapped: 1/01/17								
27	Plants	4/01/95	3,000			3,000	7 HY 200DB	3,000	0
	Sold/Scrapped: 1/01/17								
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	1,798	82
33	Door closer	4/01/95	290			290	39 MMS/L	160	7
34	Electrical	4/01/95	2,750			2,750	39 MMS/L	1,551	71
35	Gingerbreads	4/01/95	4,500			4,500	39 MMS/L	2,528	115
36	Plumbing	4/01/95	675			675	39 MMS/L	378	18
37	Superintendent	4/01/95	3,600			3,600	39 MMS/L	2,022	93
39	Backlit displays	4/01/95	19,969			19,969	39 MMS/L	11,260	512
41	Brochure racks	4/01/95	2,750			2,750	39 MMS/L	1,551	71
42	Storage shelves	4/01/95	1,500			1,500	39 MMS/L	840	38
43	Carpeting	4/19/94	1,061			1,061	7 HY 200DB	1,061	0
	Sold/Scrapped: 1/01/17								
44	C&M	2/14/88	290			290	7 HY 200DB	290	0
	Sold/Scrapped: 1/01/17								
49	Chair	3/01/89	231			231	7 HY 200DB	231	0
	Sold/Scrapped: 1/01/17								
50	Furniture	5/01/89	82			82	7 HY 200DB	82	0
	Sold/Scrapped: 1/01/17								
51	Furniture	10/01/89	1,586			1,586	7 HY 200DB	1,586	0
	Sold/Scrapped: 1/01/17								
52	Furniture	10/01/89	1,404			1,404	7 HY 200DB	1,404	0
	Sold/Scrapped: 1/01/17								
53	Electical fixtures	2/01/90	321			321	7 HY 200DB	321	0
	Sold/Scrapped: 1/01/17								
54	Refrigerator	3/02/91	235			235	7 HY 200DB	235	0
	Sold/Scrapped: 1/01/17								
55	Artwork/productions	4/01/95	3,100			3,100	5 HY 200DB	3,100	0
	Sold/Scrapped: 1/01/17								
56	Furniture	12/31/99	671			671	5 HY 200DB	671	0
	Sold/Scrapped: 1/01/17								
61	Equipment	4/01/95	235			235	7 HY 200DB	235	0

59-1146636

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
63	Pressure cleaning	4/01/95	200			200	39 MMS/L	200	0
	Sold/Scrapped: 1/01/17								
100	Cell statistics accounting software	12/07/06	1,776			1,776	5 HY 200DB	1,776	0
	Sold/Scrapped: 1/01/17								
101	Dell workstations vcb lobby	12/31/06	1,427			1,427	5 HY 200DB	1,427	0
	Sold/Scrapped: 1/01/17								
102	A/C unit	10/08/07	6,495			6,495	5 HY 200DB	6,495	0
	Sold/Scrapped: 1/01/17								
103	Computer server	8/01/07	7,722			7,722	5 HY 200DB	7,722	0
	Sold/Scrapped: 1/01/17								
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	2,828	104
107	Landscape design/install	8/11/08	3,910		X	1,955	15 HY 150DB	3,159	116
108	Sprinkler system	8/22/08	1,596		X	798	15 HY 150DB	1,289	48
109	Muzak screen	1/01/08	2,753		X	1,376	5 HY 200DB	2,753	0
	Sold/Scrapped: 1/01/17								
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	24,792	0
	Sold/Scrapped: 1/01/17								
113	Book PC	1/06/11	809		X	0	5 HY 200DB	809	0
	Sold/Scrapped: 1/01/17								
114	Computer	1/18/11	530		X	0	5 HY 200DB	530	0
	Sold/Scrapped: 1/01/17								
115	Apple store	5/17/11	542		X	0	5 HY 200DB	542	0
	Sold/Scrapped: 1/01/17								
116	Copier	6/02/11	4,240		X	0	5 HY 200DB	4,240	0
	Sold/Scrapped: 1/01/17								
117	Inverter	6/15/11	544		X	0	5 HY 200DB	544	0
	Sold/Scrapped: 1/01/17								
118	Flipview software	7/19/11	1,200		X	0	5 HY 200DB	1,200	0
	Sold/Scrapped: 1/01/17								
119	Air conditioner	11/29/11	3,645		X	0	15 HY 150DB	3,645	0
	Sold/Scrapped: 1/01/17								
120	Computer	3/30/12	651		X	325	5 HY 200DB	632	19
121	Badge making machine	4/05/12	2,500		X	1,250	7 HY 200DB	2,221	112
122	Computer	2/13/12	758		X	379	5 HY 200DB	736	22
123	Computer	5/11/12	530		X	265	5 HY 200DB	515	15
124	Computer	10/15/12	563		X	281	5 HY 200DB	547	16
125	Bus equipment	6/01/12	4,846		X	2,423	7 HY 200DB	4,305	108
	Sold/Scrapped: 1/01/17								
126	Bath vanity	4/01/95	150			150	39 MMS/L	86	4
127	Parking Lot Pavers	6/30/13	116,145			116,145	15 HY 150DB	35,709	8,043
128	Parking lot engineering	1/14/14	1,115		X	813	15 HY 150DB	302	81
129	Rear delivery ramp	8/04/14	2,019			2,019	39 MMS/L	136	52
130	Systime computer for visitor center	4/03/14	2,270		X	1,135	5 HY 200DB	1,943	131
131	Computer Server	12/02/15	1,197		X	598	5 HY 200DB	910	115
132	Sign	3/17/15	3,620		X	1,810	7 HY 200DB	2,512	316
133	Rear Stair renovation	12/01/15	13,300		X	6,650	15 HY S/L	7,315	443
			<u>540,124</u>			<u>505,397</u>		<u>403,061</u>	<u>12,298</u>

Other Depreciation:

45	Desks & Chairs	4/01/86	1,047			1,047	5 MO S/L	1,047	0
	Sold/Scrapped: 1/01/17								
46	Tables & Chairs	4/01/86	400			400	5 MO S/L	400	0
	Sold/Scrapped: 1/01/17								
47	Refrigerator	4/01/86	350			350	5 MO S/L	350	0
	Sold/Scrapped: 1/01/17								
48	Mircowave	4/01/86	88			88	5 MO S/L	88	0
	Sold/Scrapped: 1/01/17								
57	Telephone system	3/24/03	10,162			10,162	5 MO 200DB	10,162	0
	Sold/Scrapped: 1/01/17								
58	Computer	7/27/03	2,854			2,854	5 MO 200DB	2,854	0
	Sold/Scrapped: 1/01/17								
59	Brochure rack	4/28/03	850			850	5 MO 200DB	850	0
	Sold/Scrapped: 1/01/17								
60	Computers	3/31/99	11,896			11,896	5 MO 200DB	11,896	0

59-1146636

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
62	TV & VCR	Sold/Scrapped: 1/01/17 5/17/97	274			274	7 MO200DB	274	0
64	Computer	Sold/Scrapped: 1/01/17 4/01/86	6,489			6,489	5 MO S/L	6,489	0
66	Mailing Machine	Sold/Scrapped: 1/01/17 4/01/86	3,700			3,700	5 MO S/L	3,700	0
74	Mail scale	Sold/Scrapped: 1/01/17 2/01/91	200			200	5 MO200DB	200	0
75	Printer	Sold/Scrapped: 1/01/17 3/12/91	471			471	5 MO200DB	471	0
78	Computer printer	Sold/Scrapped: 1/01/17 9/27/93	477			477	5 MO200DB	477	0
79	Computer	Sold/Scrapped: 1/01/17 4/01/95	20,700			20,700	5 MO200DB	20,700	0
80	Fax machine	Sold/Scrapped: 1/01/17 4/01/95	1,000			1,000	5 MO200DB	1,000	0
81	Telephone	Sold/Scrapped: 1/01/17 4/01/95	10,527			10,527	5 MO200DB	10,527	0
82	Video productions	Sold/Scrapped: 1/01/17 4/01/95	10,000			10,000	5 MO200DB	10,000	0
83	Video/laser player	Sold/Scrapped: 1/01/17 4/01/95	2,500			2,500	5 MO200DB	2,500	0
84	Computer equipment	Sold/Scrapped: 1/01/17 8/09/95	700			700	5 MO200DB	700	0
85	Computer pentium	Sold/Scrapped: 1/01/17 8/09/95	2,393			2,393	5 MO S/L	2,393	0
86	Landscape	Sold/Scrapped: 1/01/17 4/01/95	8,500			8,500	15 MO150DB	8,500	0
87	Computers	Sold/Scrapped: 1/01/17 4/01/99	4,468			4,468	5 MO200DB	4,468	0
88	Digital camera	Sold/Scrapped: 1/01/17 5/10/99	848			848	5 MO200DB	848	0
90	Refrigerator	Sold/Scrapped: 1/01/17 6/07/00	402			402	7 MO200DB	402	0
91	Computer	Sold/Scrapped: 1/01/17 7/22/00	1,059			1,059	5 MO200DB	1,059	0
92	Air conditioner	Sold/Scrapped: 1/01/17 2/07/02	2,890			2,890	7 MO200DB	2,890	0
93	Land	4/01/86	50,000			50,000	0 -- Land	0	0
94	Financial points	Sold/Scrapped: 1/01/17 2/09/99	1,597			1,597	5 MO S/L	1,597	0
95	Improvement solar	Sold/Scrapped: 1/01/17 8/11/93	335			335	7 MO200DB	335	0
96	Improvements	Sold/Scrapped: 1/01/17 4/01/95	2,574			2,574	31 MO S/L	2,134	0
97	Improvements	Sold/Scrapped: 1/01/17 4/01/95	4,968			4,968	10 MO200DB	4,968	0
98	Restroom renovations	8/21/03	2,000			2,000	15 MO150DB	1,809	115
99	Lobby duratran	Sold/Scrapped: 1/01/17 5/18/05	2,500			2,500	39 MO S/L	743	65
Total Other Depreciation			<u>169,219</u>			<u>169,219</u>		<u>116,831</u>	<u>180</u>
Total ACRS and Other Depreciation			<u>169,219</u>			<u>169,219</u>		<u>116,831</u>	<u>180</u>
Grand Totals			709,343			674,616		519,892	12,478
Less: Dispositions and Transfers			197,856			181,471		196,875	108
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>511,487</u>			<u>493,145</u>		<u>323,017</u>	<u>12,370</u>

59-1146636

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	Access doors	4/01/95	150				150	40	MMS/L	81	4
2	Ceiling tile	4/01/95	1,600				1,600	40	MMS/L	868	40
3	Design fee	4/01/95	10,000				10,000	40	MMS/L	5,427	250
4	Drywall/carpentry	4/01/95	6,200				6,200	40	MMS/L	3,365	155
5	New doors	4/01/95	1,600				1,600	40	MMS/L	868	40
6	New windows	4/01/95	3,110				3,110	40	MMS/L	1,688	78
7	Painting	4/01/95	7,050				7,050	40	MMS/L	3,826	176
8	Permits	4/01/95	1,700				1,700	40	MMS/L	923	42
9	Sales tax	4/01/95	4,698				4,698	40	MMS/L	2,550	117
10	Sewer repairs	4/01/95	2,000				2,000	40	MMS/L	1,085	50
11	Soft costs	4/01/95	7,800				7,800	40	MMS/L	4,233	195
12	Tile	1/04/95	8,975				8,975	40	MMS/L	4,927	224
13	Trim columns	4/01/95	3,700				3,700	40	MMS/L	2,008	93
14	Walkway	4/01/95	1,700				1,700	40	MMS/L	923	42
15	Building improvements	4/01/95	171,000				171,000	39	MMS/L	93,242	4,384
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
	Sold/Scrapped:	1/01/17									
18	Trash cans & mats	4/01/95	750				750	7	HY 150DB	750	0
	Sold/Scrapped:	1/01/17									
19	Ceiling fans	4/01/95	225				225	7	HY 150DB	225	0
	Sold/Scrapped:	1/01/17									
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
	Sold/Scrapped:	1/01/17									
22	Toni sizineami	4/01/95	300				300	7	HY 150DB	300	0
	Sold/Scrapped:	1/01/17									
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
	Sold/Scrapped:	1/01/17									
26	New desks	4/01/95	1,700				1,700	7	HY 150DB	1,700	0
	Sold/Scrapped:	1/01/17									
27	Plants	4/01/95	3,000				3,000	7	HY 150DB	3,000	0
	Sold/Scrapped:	1/01/17									
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	1,737	80
33	Door closer	4/01/95	290				290	40	MMS/L	157	8
34	Electrical	4/01/95	2,750				2,750	40	MMS/L	1,492	69
35	Gingerbreads	4/01/95	4,500				4,500	40	MMS/L	2,442	113
36	Plumbing	4/01/95	675				675	40	MMS/L	366	17
37	Superintendent	4/01/95	3,600				3,600	40	MMS/L	1,954	90
39	Backlit displays	4/01/95	19,969				19,969	40	MMS/L	10,837	500
41	Brochure racks	4/01/95	2,750				2,750	40	MMS/L	1,492	69
42	Storage shelves	4/01/95	1,500				1,500	40	MMS/L	814	38
43	Carpeting	4/19/94	1,061				1,061	7	HY 150DB	1,061	0
	Sold/Scrapped:	1/01/17									
44	C&M	2/14/88	290				290	7	HY 150DB	290	0
	Sold/Scrapped:	1/01/17									
49	Chair	3/01/89	231				231	7	HY 150DB	231	0
	Sold/Scrapped:	1/01/17									
50	Furniture	5/01/89	82				82	7	HY 150DB	82	0
	Sold/Scrapped:	1/01/17									
51	Furniture	10/01/89	1,586				1,586	7	HY 150DB	1,586	0
	Sold/Scrapped:	1/01/17									
52	Furniture	10/01/89	1,404				1,404	7	HY 150DB	1,404	0
	Sold/Scrapped:	1/01/17									
53	Electical fixtures	2/01/90	321				321	7	HY 150DB	321	0
	Sold/Scrapped:	1/01/17									
54	Refrigerator	3/02/91	235				235	7	HY 150DB	235	0
	Sold/Scrapped:	1/01/17									
55	Artwork/productions	4/01/95	3,100				3,100	5	HY 150DB	3,100	0
	Sold/Scrapped:	1/01/17									
56	Furniture	12/31/99	671				671	5	HY 150DB	671	0
	Sold/Scrapped:	1/01/17									
57	Telephone system	3/24/03	10,162			X	7,113	5	HY 200DB	10,162	0

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AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
58	Computer	Sold/Scrapped: 1/01/17 7/27/03	2,854			X	1,427	5	HY 200DB	2,854	0
59	Brochure rack	Sold/Scrapped: 1/01/17 4/28/03	850			X	595	5	HY 200DB	850	0
60	Computers	Sold/Scrapped: 1/01/17 3/31/99	11,896				11,896	5	HY 150DB	11,896	0
61	Equipment	Sold/Scrapped: 1/01/17 4/01/95	235				235	7	HY 150DB	235	0
62	TV & VCR	Sold/Scrapped: 1/01/17 5/17/97	274				274	7	HY 150DB	274	0
63	Pressure cleaning	Sold/Scrapped: 1/01/17 4/01/95	200				200	40	MMS/L	109	0
74	Mail scale	Sold/Scrapped: 1/01/17 2/01/91	200				200	5	HY 150DB	200	0
75	Printer	Sold/Scrapped: 1/01/17 3/12/91	471				471	5	HY 150DB	471	0
78	Computer printer	Sold/Scrapped: 1/01/17 9/27/93	477				477	5	HY 150DB	477	0
79	Computer	Sold/Scrapped: 1/01/17 4/01/95	20,700				20,700	5	HY 150DB	20,700	0
80	Fax machine	Sold/Scrapped: 1/01/17 4/01/95	1,000				1,000	5	HY 150DB	1,000	0
81	Telephone	Sold/Scrapped: 1/01/17 4/01/95	10,527				10,527	5	HY 150DB	10,527	0
82	Video productions	Sold/Scrapped: 1/01/17 4/01/95	10,000				10,000	5	HY 150DB	10,000	0
83	Video/laser player	Sold/Scrapped: 1/01/17 4/01/95	2,500				2,500	5	HY 150DB	2,500	0
84	Computer equipment	Sold/Scrapped: 1/01/17 8/09/95	700				700	5	HY 150DB	700	0
85	Computer pentium	Sold/Scrapped: 1/01/17 8/09/95	2,393				2,393	5	HY 150DB	2,393	0
86	Landscape	Sold/Scrapped: 1/01/17 4/01/95	8,500				8,500	15	HY 150DB	8,500	0
87	Computers	Sold/Scrapped: 1/01/17 4/01/99	4,468				4,468	5	HY 150DB	4,468	0
88	Digital camera	Sold/Scrapped: 1/01/17 5/10/99	848				848	5	HY 150DB	848	0
90	Refrigerator	Sold/Scrapped: 1/01/17 6/07/00	402				402	7	HY 150DB	402	0
91	Computer	Sold/Scrapped: 1/01/17 7/22/00	1,059				1,059	5	HY 150DB	1,059	0
92	Air conditioner	Sold/Scrapped: 1/01/17 2/07/02	2,890			X	2,023	7	HY 200DB	2,890	0
94	Financial points	Sold/Scrapped: 1/01/17 2/09/99	1,597				1,597	5	HY 150DB	1,597	0
95	Improvement solar	Sold/Scrapped: 1/01/17 8/11/93	335				335	7	HY 150DB	335	0
96	Improvements	Sold/Scrapped: 1/01/17 4/01/95	2,574				2,574	40	MMS/L	1,397	3
97	Improvements	Sold/Scrapped: 1/01/17 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	1,911	59
99	Lobby duratran	5/18/05	2,500				2,500	39	MMS/L	745	64
100	Cell statistics accounting software	Sold/Scrapped: 1/01/17 12/07/06	1,776				1,776	5	HY 150DB	1,776	0
101	Dell workstations vcb lobby	Sold/Scrapped: 1/01/17 12/31/06	1,427				1,427	5	HY 150DB	1,427	0
102	A/C unit	Sold/Scrapped: 1/01/17 10/08/07	6,495				6,495	5	HY 150DB	6,495	0
103	Computer server	Sold/Scrapped: 1/01/17 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	2,828	104
107	Landscape design/install	8/11/08	3,910			X	1,955	15	HY 150DB	3,160	115
108	Sprinkler system	8/22/08	1,596			X	798	15	HY 150DB	1,290	47
109	Muzak screen	Sold/Scrapped: 1/01/17 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

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AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	24,792	0
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	632	19
121	Badge making machine	4/05/12	2,500		X	1,250	7 HY 200DB	2,221	112
122	Computer	2/13/12	758		X	379	5 HY 200DB	736	22
123	Computer	5/11/12	530		X	265	5 HY 200DB	515	15
124	Computer	10/15/12	563		X	281	5 HY 200DB	547	16
125	Bus equipment	6/01/12	4,846		X	2,423	7 HY 200DB	4,305	109
126	Bath vanity	4/01/95	150			150	40 MMS/L	81	4
127	Parking Lot Pavers	6/30/13	116,145			116,145	15 HY 150DB	35,709	8,043
128	Parking lot engineering	1/14/14	1,115		X	772	15 HY 150DB	343	77
129	Rear delivery ramp	8/04/14	2,019			2,019	39 MMS/L	136	52
130	System computer for visitor center	4/03/14	2,270		X	1,135	5 HY 200DB	1,943	131
131	Computer Server	12/02/15	1,197		X	598	5 HY 200DB	910	115
132	Sign	3/17/15	3,620		X	1,810	7 HY 200DB	2,512	316
133	Rear Stair renovation	12/01/15	13,300		X	6,650	15 HY S/L	7,315	443
			<u>647,269</u>			<u>605,903</u>		<u>427,458</u>	<u>16,740</u>
Other Depreciation:									
45	Desks & Chairs	4/01/86	0			0	0 HY	0	0
46	Tables & Chairs	4/01/86	0			0	0 HY	0	0
47	Refrigerator	4/01/86	0			0	0 HY	0	0
48	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
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		647,269			605,903		427,458	16,740
	Less: Dispositions and Transfers		<u>185,782</u>			<u>163,799</u>		<u>183,973</u>	<u>112</u>
	Net Grand Totals		<u>461,487</u>			<u>442,104</u>		<u>243,485</u>	<u>16,628</u>

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Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
133	Rear Stair renovation	12/01/15	13,300		0	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	302	813
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
	Form 990, Page 1		57,375		0	0	34,727	22,648
	*Less: Dispositions and Transfers		20,184		0	0	16,385	3,799
	Net Form 990, Page 1		37,191		0	0	18,342	18,849
	Grand Total		57,375		0	0	34,727	22,648
	Less: Dispositions and Transfers		20,184		0	0	16,385	3,799
	Net Grand Total		37,191		0	0	18,342	18,849

59-1146636

Depreciation Adjustment Report

FYE: 12/31/2017

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Access doors	4	4	0
Page 1	1	2	Ceiling tile	41	40	1
Page 1	1	3	Design fee	256	250	6
Page 1	1	4	Drywall/carpentry	159	155	4
Page 1	1	5	New doors	41	40	1
Page 1	1	6	New windows	80	78	2
Page 1	1	7	Painting	181	176	5
Page 1	1	8	Permits	44	42	2
Page 1	1	9	Sales tax	120	117	3
Page 1	1	10	Sewer repairs	51	50	1
Page 1	1	11	Soft costs	200	195	5
Page 1	1	12	Tile	230	224	6
Page 1	1	13	Trim columns	95	93	2
Page 1	1	14	Walkway	44	42	2
Page 1	1	15	Building improvements	0	4,384	-4,384
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	7	8	-1
Page 1	1	34	Electrical	71	69	2
Page 1	1	35	Gingerbreads	115	113	2
Page 1	1	36	Plumbing	18	17	1
Page 1	1	37	Superintendent	93	90	3
Page 1	1	39	Backlit displays	512	500	12
Page 1	1	41	Brochure racks	71	69	2
Page 1	1	42	Storage shelves	38	38	0
Page 1	1	43	Carpeting	0	0	0
Page 1	1	44	C&M	0	0	0
Page 1	1	49	Chair	0	0	0
Page 1	1	50	Furniture	0	0	0
Page 1	1	51	Furniture	0	0	0
Page 1	1	52	Furniture	0	0	0
Page 1	1	53	Electical fixtures	0	0	0
Page 1	1	54	Refrigerator	0	0	0
Page 1	1	55	Artwork/productions	0	0	0
Page 1	1	56	Furniture	0	0	0
Page 1	1	61	Equipment	0	0	0
Page 1	1	63	Pressure cleaning	0	0	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	104	104	0
Page 1	1	107	Landscape design/install	116	115	1
Page 1	1	108	Sprinkler system	48	47	1
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	0	0	0
Page 1	1	113	Book PC	0	0	0
Page 1	1	114	Computer	0	0	0

59-1146636

Depreciation Adjustment Report

FYE: 12/31/2017

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	19	19	0
Page 1	1	121	Badge making machine	112	112	0
Page 1	1	122	Computer	22	22	0
Page 1	1	123	Computer	15	15	0
Page 1	1	124	Computer	16	16	0
Page 1	1	125	Bus equipment	108	109	-1
Page 1	1	126	Bath vanity	4	4	0
Page 1	1	127	Parking Lot Pavers	8,043	8,043	0
Page 1	1	128	Parking lot engineering	81	77	4
Page 1	1	129	Rear delivery ramp	52	52	0
Page 1	1	130	Systime computer for visitor center	131	131	0
Page 1	1	131	Computer Server	115	115	0
Page 1	1	132	Sign	316	316	0
Page 1	1	133	Rear Stair renovation	443	443	0
				<u>12,298</u>	<u>16,614</u>	<u>-4,316</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
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	79	77
7	Painting	4/01/95	7,050	181	177
8	Permits	4/01/95	1,700	44	43
9	Sales tax	4/01/95	4,698	121	118
10	Sewer repairs	4/01/95	2,000	52	50
11	Soft costs	4/01/95	7,800	200	195
12	Tile	1/04/95	8,975	230	225
13	Trim columns	4/01/95	3,700	95	92
14	Walkway	4/01/95	1,700	44	43
15	Building improvements	4/01/95	171,000	0	4,385
16	Cabinet	4/09/98	1,350	0	0
20	New lights	4/01/95	2,680	0	0
23	Signs	4/01/95	4,400	0	0
24	Display cabinets	4/01/95	4,200	0	0
28	Reception desk	4/01/95	7,500	0	0
29	Work station desks	4/01/95	4,640	0	0
31	Cabinet	2/06/98	2,500	0	0
32	Demo trash	4/01/95	3,200	82	80
33	Door closer	4/01/95	290	8	7
34	Electrical	4/01/95	2,750	70	69
35	Gingerbreads	4/01/95	4,500	115	112
36	Plumbing	4/01/95	675	17	17
37	Superintendent	4/01/95	3,600	92	90
39	Backlit displays	4/01/95	19,969	512	499
41	Brochure racks	4/01/95	2,750	70	69
42	Storage shelves	4/01/95	1,500	39	37
104	Conference table-Denmark Interiors	9/18/07	570	0	0
105	Desk unit president-Denmark Interiors	9/20/07	3,125	0	0
106	Landscape design/install	6/25/08	3,500	103	103
107	Landscape design/install	8/11/08	3,910	115	116
108	Sprinkler system	8/22/08	1,596	47	47
110	Defibrillator	6/30/10	1,681	0	0
120	Computer	3/30/12	651	0	0
121	Badge making machine	4/05/12	2,500	111	111
122	Computer	2/13/12	758	0	0
123	Computer	5/11/12	530	0	0
124	Computer	10/15/12	563	0	0
126	Bath vanity	4/01/95	150	4	4
127	Parking Lot Pavers	6/30/13	116,145	7,239	7,239
128	Parking lot engineering	1/14/14	1,115	74	70
129	Rear delivery ramp	8/04/14	2,019	51	51
130	Systime computer for visitor center	4/03/14	2,270	131	131
131	Computer Server	12/02/15	1,197	69	69
132	Sign	3/17/15	3,620	227	227
133	Rear Stair renovation	12/01/15	13,300	444	444
			<u>456,987</u>	<u>11,167</u>	<u>15,486</u>

Other Depreciation:

93	Land	4/01/86	50,000	0	0
98	Restroom renovations	8/21/03	2,000	76	30
99	Lobby duratran	5/18/05	2,500	64	64
	Total Other Depreciation		<u>54,500</u>	<u>140</u>	<u>94</u>
	Total ACRS and Other Depreciation		<u>54,500</u>	<u>140</u>	<u>94</u>

Future Depreciation Report **FYE: 12/31/18**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>511,487</u>	<u>11,307</u>	<u>15,580</u>

Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

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

		2016	2017	Differences	
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	338,820	294,747	-44,073
	5. Investment income	5.	1,533	1,753	220
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.		-873	-873
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	340,353	295,627	-44,726
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	181,746	148,985	-32,761
	19. Occupancy, rent, utilities, and maintenance	19.	9,687	20,344	10,657
	20. Depreciation and Depletion	20.	15,359	12,478	-2,881
	21. Other expenses	21.	75,197	72,331	-2,866
	22. Total expenses. Add lines 13 through 21	22.	281,989	254,138	-27,851
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	58,364	41,489	-16,875
Other Information	24. Total exempt revenue	24.	340,353	295,627	-44,726
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	340,353	295,627	-44,726
	27. Total assets	27.	647,799	665,991	18,192
	28. Total liabilities	28.	24,179	200	-23,979
	29. Retained earnings	29.	623,620	665,109	41,489
	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 990	Tax Return History	2017
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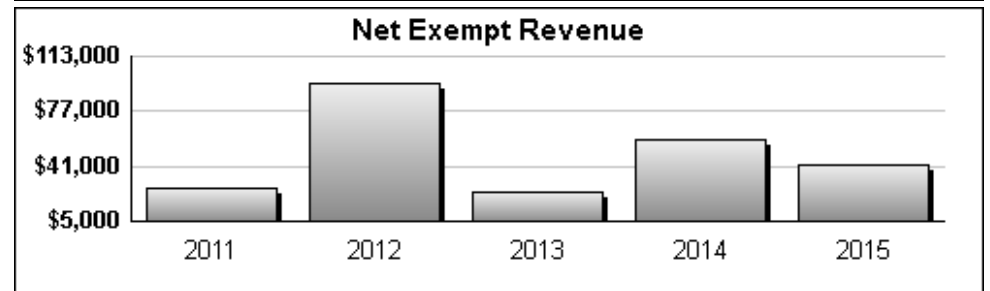
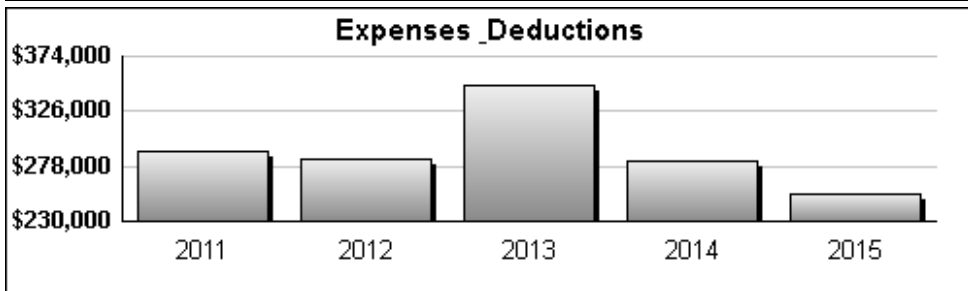
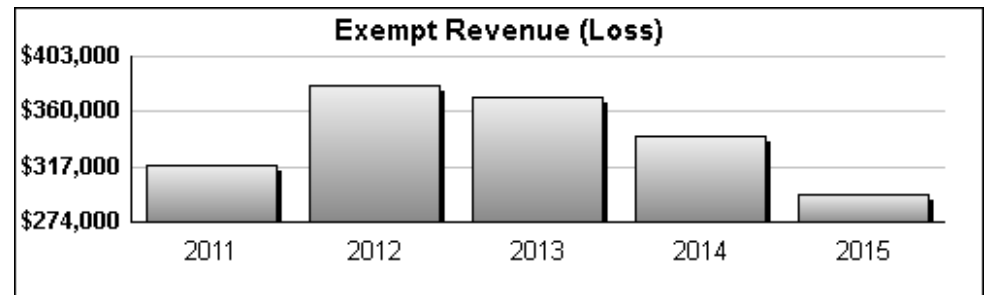
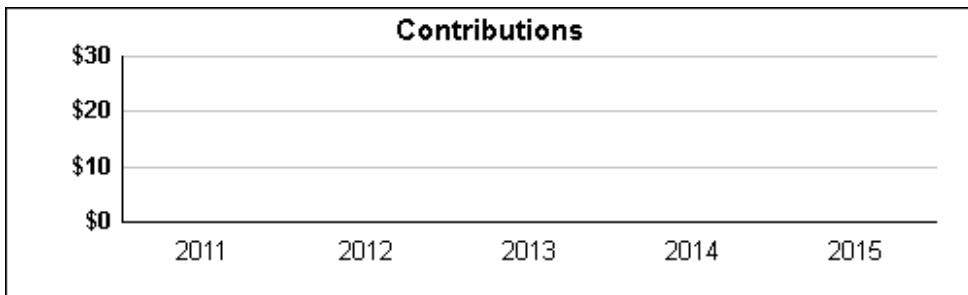
Name Sanibel-Captiva Islands Chamber of Commerce, Inc.	Employer Identification Number 59-1146636
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants						
Membership dues						
Program service revenue	316,859	379,533	370,925	338,820	294,747	
Capital gain or loss					-873	
Investment income	882	888	940	1,533	1,753	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	76					
Total revenue	317,817	380,421	371,865	340,353	295,627	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees	140,042	158,862	148,714	181,746	148,985	
Occupancy costs	17,209	10,590	4,791	9,687	20,344	
Depreciation and depletion	15,145	19,472	26,697	15,359	12,478	
Other expenses	119,175	95,958	168,227	75,197	72,331	
Total expenses	291,571	284,882	348,429	281,989	254,138	
Excess or (Deficit)	26,246	95,539	23,436	58,364	41,489	
Total exempt revenue	317,817	380,421	371,865	340,353	295,627	
Total unrelated revenue						
Total excludable revenue	317,817	380,421	371,865	340,353	295,627	
Total Assets	563,516	579,820	565,256	647,799	665,991	
Total Liabilities	117,235	38,000		24,179	200	
Net Fund Balances	446,281	541,820	565,256	623,620	665,109	

Form 990T	Tax Return History	2017
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Name Sanibel-Captiva Islands Chamber of Commerce, Inc.	Employer Identification Number 59-1146636
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

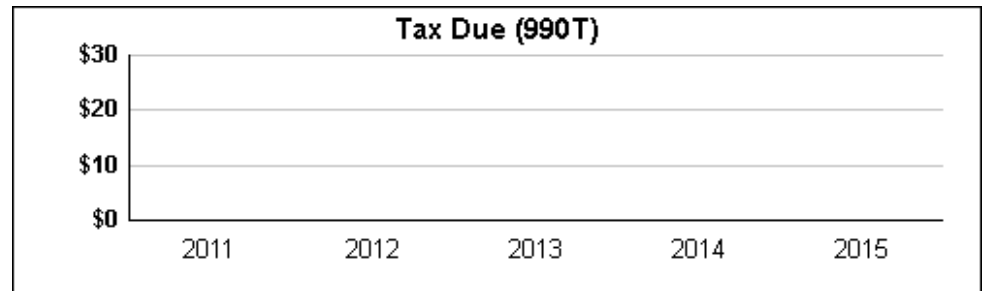
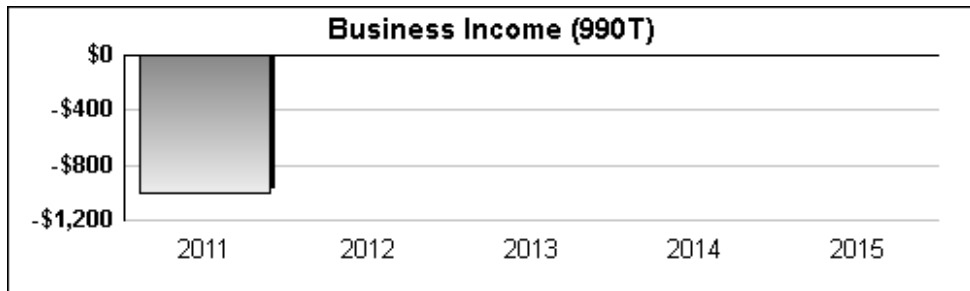
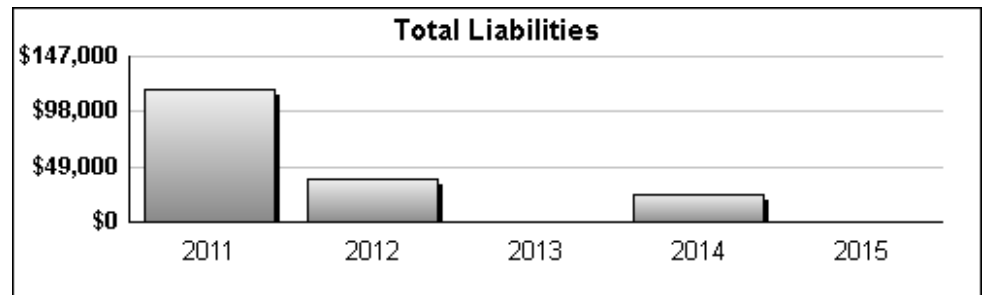
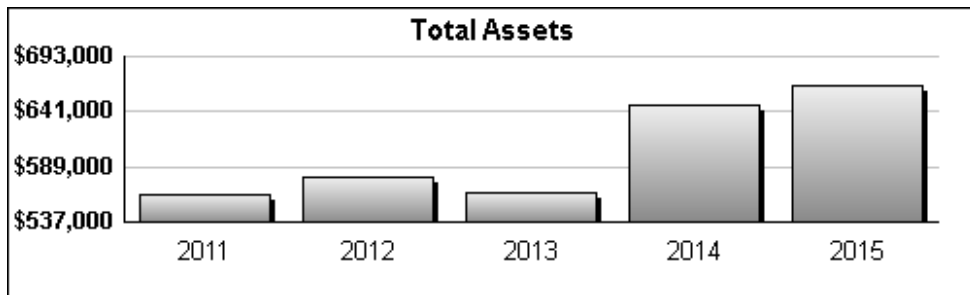


Form 990T	Tax Return History	2017
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Name Sanibel-Captiva Islands Chamber of Commerce, Inc.	Employer Identification Number 59-1146636
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 1,753					
Total	\$ 1,753					

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	\$ 145,587	\$ 145,587	\$	\$
Total	\$ 145,587	\$ 145,587	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Lee Days Expenses	\$ 2,050	\$ 2,050	\$	\$
Other Membership Services	1,947	1,947	\$	\$
Dues and Donations	1,618	1,618	\$	\$
Islands Night	100	100	\$	\$
Total	\$ 5,715	\$ 5,715	\$ 0	\$ 0