

McGinty, Knudtson & Associates, LLP
20422 Beach Blvd. Suite 450
Huntington Beach, CA 92648
714-536-7777

November 7, 2025

CONFIDENTIAL

CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU
P.O. Box 217
Avalon, CA 90704

Dear JIM LUTTJOHANN:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

McGinty, Knudtson & Associates, LLP

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

**CATALINA ISLAND CHAMBER OF COMMERCE 95-1550614
AND VISITORS BUREAU**

Net Asset / Fund Balance at Beginning of Year		<u>376,910</u>
Revenue		
Contributions	<u>1,780,066</u>	
Program service revenue	<u>590,773</u>	
Investment income	<u>6,458</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>2,377,297</u>
Expenses		
Program services	<u>1,973,591</u>	
Management and general	<u>442,410</u>	
Fundraising	<u> </u>	
Total expenses		<u>2,416,001</u>
Excess / (deficit)		<u>-38,704</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>338,206</u>

Taxpayer Copy

Reconciliation of Revenue

Total revenue per financial statements	<u>2,377,297</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,377,297</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,416,001</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>2,416,001</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>783,386</u>	<u>728,748</u>	
Liabilities	<u>406,476</u>	<u>390,542</u>	
Net assets	<u>376,910</u>	<u>338,206</u>	<u>-38,704</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/17/25

Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities		<u>2,566</u>	
Losses from all activities			
Unrelated business taxable income from all trades			<u>2,566</u>
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)		<u>1,308</u>	
Specific deduction		<u>1,000</u>	
Section 199A Deduction (Trusts Only)			
Total adjustments			<u>(2,308)</u>
Unrelated business taxable income			<u><u>258</u></u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax		<u>54</u>	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due			<u>54</u>
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			<u><u>54</u></u>
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			
Net tax due			<u><u>54</u></u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			
Balance due			<u><u>54</u></u>
Total overpayment			
Overpayment applied to next year's tax			
Refund			<u><u>_____</u></u>

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	<u>_____</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/25

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November 7, 2025

CONFIDENTIAL

CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU
P.O. Box 217
Avalon, CA 90704

For professional services rendered in connection with the preparation of the following tax forms for year ending 6/30/25.

Amount due \$ 0.00

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

EIN or SSN

95-1550614

Name and title of officer or person subject to tax **JIM LUTTJOHANN
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>2,377,297</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 V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MCGINTY, KNUDTSON & ASSOCIATES, LLP to enter my PIN 90704 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax _____

Date 11/07/25

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.

30801416802

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 11/07/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

EIN or SSN

95-1550614

Name and title of officer or person subject to tax **JIM LUTTJOHANN
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
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 V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 54
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MCGINTY, KNUDTSON & ASSOCIATES, LLP to enter my PIN 90704 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax _____

Date 11/07/25

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.

30801416802

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 11/07/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2024** calendar year, or tax year beginning **07/01/24**, and ending **06/30/25**

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 CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU		D Employer identification number 95-1550614
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 217		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code AVALON CA 90704		G Gross receipts\$ 2,377,297
F Name and address of principal officer: JIM LUTTJOHANN PO BOX 217 AVALON CA 90704		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	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.LOVECATALINA.COM		L Year of formation:	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ATTRACT VISITORS AND ADVOCATE FOR COMMERCE ON CATALINA ISLAND.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	10
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	302,527
b Net unrelated business taxable income from Form 990-T, Part I, line 11	258	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,776,888 Current Year: 1,780,066
	9 Program service revenue (Part VIII, line 2g)	597,584 590,773
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,092 6,458
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,379,564 2,377,297
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	702,928 711,357
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,950,335 1,704,644
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,653,263 2,416,001	
19 Revenue less expenses. Subtract line 18 from line 12	-273,699 -38,704	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 783,386 End of Year: 728,748
	21 Total liabilities (Part X, line 26)	406,476 390,542
	22 Net assets or fund balances. Subtract line 21 from line 20	376,910 338,206

Part II Signature Block

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

Sign Here	Signature of officer JIM LUTTJOHANN	Date			
	Type or print name and title CEO				
Paid Preparer Use Only	Preparer's name MELISSA KNUDTSON	Preparer's signature	Date 11/07/25	Check <input type="checkbox"/> if self-employed	PTIN P00103739
	Firm's name MCGINTY, KNUDTSON & ASSOCIATES, LLP	Firm's EIN 27-1848365	Firm's address 20422 BEACH BLVD. SUITE 450 HUNTINGTON BEACH, CA 92648	Phone no. 714-536-7777	

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 ATTRACT VISITORS AND ADVOCATE FOR COMMERCE ON CATALINA ISLAND.

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 \$ **1,481,027** including grants of \$) (Revenue \$)
PROVIDE MARKETING AND PUBLIC RELATIONS ON CATALINA ISLAND.

Taxpayer Copy

4b (Code:) (Expenses \$ **201,471** including grants of \$) (Revenue \$)
PROVIDE VISITOR SERVICES ON CATALINA ISLAND.

4c (Code:) (Expenses \$ **291,093** including grants of \$) (Revenue \$)
PROVIDE PROGRAMS AND EVENTS TO PROMOTE AND ENHANCE CATALINA ISLAND.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,973,591**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash 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 on 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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

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	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
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?	6a				X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	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?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
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?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

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 on 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 on Schedule O.		
1b	Enter the number of voting members included on 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, 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 on 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 on 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 on 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 on 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 **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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.

JIM LUTTJOHANN
AVALON

P.O. BOX 217

CA 90704

310-510-1520

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JIM LUTTJOHANN CEO	40.00 0.00			X				167,160	0	6,342
(2) BEN VILLALOBOS/JOHN ALKIBAY CFO	0.50 0.00	X		X				0	0	0
(3) ANDREW ALLEN DIRECTOR	0.25 0.00	X						0	0	0
(4) LISA BEACH DIRECTOR	0.25 0.00	X						0	0	0
(5) AMANDA BOMBARD PAST CHAIR	0.50 0.00	X		X				0	0	0
(6) MESA BRADLEY DIRECTOR	0.25 0.00	X						0	0	0
(7) CINDE CASSIDY CHAIR ELECT	0.50 0.00	X						0	0	0
(8) JANET FLATHERS DIRECTOR	0.25 0.00	X						0	0	0
(9) GAIL FORNASIERE DIRECTOR	0.15 0.00	X		X				0	0	0
(10) ELAINA GARCIA DIRECTOR	0.25 0.00	X						0	0	0
(11) BART GLASS DIRECTOR	0.25 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WHITNEY LATORRE										
(12) DIRECTOR	0.25 0.00	X					0	0	0	
(13) DAVID MAISTROS										
(13) DIRECTOR	0.25 0.00	X					0	0	0	
(14) JASON PARET										
(14) DIRECTOR	0.15 0.00	X					0	0	0	
(15) YOLANDA SAY										
(15) DIRECTOR	0.25 0.00	X					0	0	0	
(16) DAVE STEVENSON										
(16) CHAIR	0.50 0.00	X		X			0	0	0	
(17) GRACE UPTON										
(17) DIRECTOR	0.25 0.00	X					0	0	0	
(18) CONRADO VEGA										
(18) DIRECTOR	0.25 0.00	X					0	0	0	
(19) MEGAN WRIGHT										
(19) DIRECTOR	0.25 0.00	X					0	0	0	
1b Subtotal							167,160		6,342	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							167,160		6,342	

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
62ABOVE SAN DIEGO CA 92103	302 WASHINGTON STREET #624 ADVERTISING	534,964
FACEBOOK MENLO PARK CA 94025	1 META WAY ADVERTISING	158,729
CATALINA ISLAND COMPANY AVALON CA 90704	PO BOX 737 EVENTS	108,507

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 **3**

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	1,751,954			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,112			
	g Noncash contributions included in lines 1a-1f	1g	\$ 22,931			
	h Total. Add lines 1a-1f		1,780,066			
	Program Service Revenue	2a INFORMATION BOOKLETS	Business Code 511190	277,475	8,632	268,843
b EVENTS			152,127	152,127		
c MEMBERSHIP DUES			102,358	102,358		
d PROGRAM SERVICES			33,761	33,761		
e INTERNET ADVERTISING		511190	33,684		33,684	
f All other program service revenue			-8,632	-8,632		
g Total. Add lines 2a-2f			590,773			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		6,458	6,458	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,377,297	294,704	302,527	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	578,312	323,593	254,719	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	82,167	42,154	40,013	
10 Payroll taxes	50,878	28,752	22,126	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,306		20,306	
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.)	209,199	204,825	4,374	
12 Advertising and promotion	663,617	649,026	14,591	
13 Office expenses	153,272	138,740	14,532	
14 Information technology	118,166	115,086	3,080	
15 Royalties				
16 Occupancy	46,603	43,566	3,037	
17 Travel	55,586	52,846	2,740	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,509	10,509		
20 Interest	5,772	4,028	1,744	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,589	9,390	16,199	
23 Insurance	8,995	2,833	6,162	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	267,067	263,067	4,000	
b ALLOCATED FROM DIRECT	54,527	54,527		
c DUES & SUBSCRIPTIONS	36,054	16,756	19,298	
d CREDIT CARD PROCESSING	13,896	15	13,881	
e All other expenses	15,486	13,878	1,608	
25 Total functional expenses. Add lines 1 through 24e	2,416,001	1,973,591	442,410	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	141,196	1	214,788
	2	Savings and temporary cash investments	112,096	2	112,376
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	196,411	4	82,228
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,174	9	27,273
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	135,290		
	10b	Less: accumulated depreciation	37,310		
	10c		100,246		97,980
	11	Investments—publicly traded securities	125,988	11	150,660
	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	64,275	15	43,443	
16	Total assets. Add lines 1 through 15 (must equal line 33)	783,386	16	728,748	
Liabilities	17	Accounts payable and accrued expenses	118,552	17	121,479
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	143,924	24	140,142
	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	144,000	25	128,921
	26	Total liabilities. Add lines 17 through 25	406,476	26	390,542
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	376,910	27	338,206
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	376,910	32	338,206	
33	Total liabilities and net assets/fund balances	783,386	33	728,748	

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	2,377,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,416,001
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	376,910
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	338,206

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

Employer identification number

95-1550614

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
- 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 in Part XIII

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

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				
b Buildings				
c Leasehold improvements				
d Equipment		135,290	37,310	97,980
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **97,980**

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, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE (NET)	43,443
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	43,443

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) ACCRUED WAGES	63,059
(3) RIGHT OF USE LIABILITY	47,231
(4) DEFERRED REVENUE	18,631
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	128,921

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

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SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

Employer identification number
95-1550614

Part I Questions Regarding Compensation

		Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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 on line 1a?	2	
3	Indicate which, if any, of the following the 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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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	7	
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	8	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 and/or 1099-NEC 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				
1 JIM LUTTJOHANN CEO	(i)	136,512	15,000	15,648	6,342	0	173,502	0
	(ii)	0	0	0	0	0	0	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)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU	Employer identification number	95-1550614
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**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
OTHER ACTIVITIES REQUIRED BY THE CITY COUNCIL IN ORDER TO PROMOTE THE CITY**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
CICCVB'S GOVERNING BODY WILL REVIEW THE FORM 990 AND 990-T AT A NOVEMBER
2021 MEETING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE POLICY AND DISCLOSURE FORM MUST BE FILED ANNUALLY BY ALL SPECIFIED
PARTIES. ANY CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, USING
DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN
FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARY SITUATED ORGANIZATIONS.
COMPTEMPORAEUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE
DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE
KEPT.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
BYLAWS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CICCVB
WEBSITE. CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
RIGHT OF USE ADJUSTMENT** **\$ 0**

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning **07/01/24**, and ending **06/30/25**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 217 City or town, state or province, country, and ZIP or foreign postal code AVALON CA 90704	D Employer identification number 95-1550614 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
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C Book value of all assets at end of year **728,748**

G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust	<input type="checkbox"/> State college/university
	<input type="checkbox"/> 6417(d)(1)(A) Applicable entity				

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **JIM LUTTJOHANN** Telephone number **310-510-1520**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	2,566
2 Reserved	2	
3 Add lines 1 and 2	3	2,566
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,566
6 Deduction for net operating loss. See instructions	6	1,308
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,258
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	258

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	54
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	54

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b Other credits (see instructions)	1b				
c General business credit. Attach Form 3800 (see instructions)	1c				
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d				
e Total credits. Add lines 1a through 1d	1e				
2 Subtract line 1e from Part II, line 7	2				54
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a				
b Amount due from Form 8611	3b				
c Amount due from Form 8697	3c				
d Amount due from Form 8866	3d				
e Other amounts due (see instructions)	3e				
f Total amounts due. Add lines 3a through 3e	3f				
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4				54

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments (continued)

5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: Preceding year's overpayment credited to the current year	6a		
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Elective payment election amount from Form 3800	6g		
h Payment from Form 2439	6h		
i Credit from Form 4136	6i		
j Other (see instructions)	6j		
7 Total payments. Add lines 6a through 6j		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	54
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ -1,308 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code 511190		Available post-2017 NOL carryover 40,202
		\$
		\$
		\$
		\$
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

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

Signature of officer

Date

CEO
Title

Paid Preparer Use Only	Print/Type preparer's name MELISSA KNUDTSON	Preparer's signature	Date 11/07/25	Check <input type="checkbox"/> if self-employed	PTIN P00103739
	Firm's name MCGINTY, KNUDTSON & ASSOCIATES, LLP	Firm's EIN 27-1848365			Phone no. 714-536-7777
	Firm's address 20422 BEACH BLVD. SUITE 450 HUNTINGTON BEACH, CA 92648				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Name of the organization CATALINA ISLAND CHAMBER OF COMMERCE	B Employer identification number 95-1550614
---	--

C Unrelated business activity code (see instructions) 511190	D Sequence: 1 of 1
--	---

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11 302,527	11 243,800	11 58,727
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 302,527	13 243,800	13 58,727

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b 0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		13 45,895
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		15 45,895
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		16 12,832
17 Deduction for net operating loss. See instructions	17		17 10,266
18 Unrelated business taxable income. Subtract line 17 from line 16	18		18 2,566

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal/real property. Row 5: Total rents received. Row 6: Total rents received or accrued. Row 7: Deductions directly connected with the income. Row 8: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends — received deductions.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A).

Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

Identifying number
95-1550614

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	1,220,000
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	3,050,000
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 2023 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 2025. 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	1,495
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2024	17	3,063
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 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	996	5.0	HY	200DB	199
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	4,757
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** (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990-T	Schedule A Loss Carryover Calculation Description UNRELATED BUSINESS ACTIVITY	2024
Name CATALINA ISLAND CHAMBER OF COMMERCE		Taxpayer Identification Number 95-1550614
Unincorporated Business Income Tax Code: 511190 Activity: OTHER PUBLISHERS (EXCEPT INTERNE		

Each activity may carryforward losses after 2018

1 Activity income	1	58,727
2 Activity deductions	2	45,895
3 Activities income or loss, after deductions	3	12,832
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	40,202
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	10,266
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	10,266
7 Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	29,936
8 If line 3 is less than zero, enter that amount here as a positive number	8	0
9 Total loss carried forward to 2025 (Add lines 7 and 8)	9	29,936

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	E1	40,202
E2 Prior year activity losses included on Schedule A, Line 17	E2	10,266

Taxpayer Copy

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	511190	\$ 40,202
TOTAL		<u>\$ 40,202</u>

Taxpayer Copy

95-1550614

Federal Statements

FYE: 6/30/2025

Unrelated Business Activity**Statement 1 - Schedule A (990T), Part IX, Line 2 - Consolidated Return Gross Advertising Income**

Description	Amount
INFORMATION BOOKLETS	\$ 268,843
INTERNET ADVERTISING	33,684
TOTAL	<u>\$ 302,527</u>

Unrelated Business Activity**Statement 2 - Schedule A (990T), Part IX, Line 3 - Consolidated Return Direct Advertising Costs**

Description	Amount
INFORMATION BOOKLETS	\$ 196,960
INTERNET ADVERTISING	46,840
TOTAL	<u>\$ 243,800</u>

Unrelated Business Activity**Statement 3 - Schedule A (990T), Part IX, Line 5 - Consolidated Return Readership Costs**

Description	Amount
INFORMATION BOOKLETS	\$ 54,527
TOTAL	<u>\$ 54,527</u>

Unrelated Business Activity**Statement 4 - Schedule A (990T), Part IX, Line 6 - Circulation Income**

Description	Amount
INFORMATION BOOKLETS	\$ 8,632
TOTAL	<u>\$ 8,632</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
73	3 DELL COMPUTERS	11/30/24	2,491		X	996	5 HY 200DB	0	1,694
			<u>2,491</u>			<u>996</u>		<u>0</u>	<u>1,694</u>
Prior MACRS:									
57	POP-UP TENTS	3/27/15	794		X	397	7 HY 200DB	794	0
59	Office Furniture	5/23/16	2,401		X	1,200	7 MQ200DB	2,401	0
60	Christmas Decorations	12/01/15	1,436			1,436	5 MQ200DB	1,436	0
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009		X	35,504	15 HY S/L	53,257	2,367
62	COMPUTER - CATHY	8/01/16	1,045		X	522	5 HY 200DB	1,045	0
	Sold/Scrapped: 11/30/24								
63	LEASEHOLD IMPROVEMENTS	11/01/16	16,686			16,686	39 MMS/L	3,262	428
64	FURNITURE	11/01/16	840		X	420	7 HY 200DB	840	0
65	CABINETS	3/01/17	892		X	446	7 HY 200DB	892	0
66	LEASEHOLD IMPROVEMENTS - SHUTI	4/15/17	10,453			10,453	39 MMS/L	1,932	268
68	PIER STORAGE CABINETS	10/21/17	1,847		X	0	7 HY 200DB	1,847	0
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347		X	0	15 HY S/L	19,347	0
71	COMPUTER - JIM	8/15/21	715		X	0	5 HY 200DB	715	0
	Sold/Scrapped: 11/30/24								
72	COMPUTER - MICHELLE	6/15/22	999		X	0	5 HY 200DB	999	0
			<u>128,464</u>			<u>67,064</u>		<u>88,767</u>	<u>3,063</u>
Other Depreciation:									
19	TRADE SHOW DISPLAY	10/10/95	2,837			2,837	5 MO S/L	2,837	0
21	LEASEHOLD IMPROVEMENTS	12/31/96	3,258			3,258	5 MO S/L	3,258	0
	Total Other Depreciation		<u>6,095</u>			<u>6,095</u>		<u>6,095</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>6,095</u>			<u>6,095</u>		<u>6,095</u>	<u>0</u>
	Grand Totals		137,050			74,155		94,862	4,757
	Less: Dispositions and Transfers		1,760			522		1,760	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>135,290</u>			<u>73,633</u>		<u>93,102</u>	<u>4,757</u>

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95-1550614

CA Asset Report

FYE: 6/30/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
5-year GDS Property:								
73	3 DELL COMPUTERS	11/30/24	2,491	2,491	0	498	1,694	1,196
			<u>2,491</u>	<u>2,491</u>	<u>0</u>	<u>498</u>	<u>1,694</u>	<u>1,196</u>
Prior MACRS:								
57	POP-UP TENTS	3/27/15	794	794	794	0	0	0
59	Office Furniture	5/23/16	2,401	2,401	2,401	0	0	0
60	Christmas Decorations	12/01/15	1,436	1,436	1,436	0	0	0
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009	71,009	14,338	1,821	2,367	546
62	COMPUTER - CATHY	8/01/16	1,045	1,045	1,045	0	0	0
	Sold/Scrapped: 11/30/24							
63	LEASEHOLD IMPROVEMENTS	11/01/16	16,686	16,686	3,262	428	428	0
64	FURNITURE	11/01/16	840	840	840	0	0	0
65	CABINETS	3/01/17	892	892	892	0	0	0
66	LEASEHOLD IMPROVEMENTS - SHUTI	4/15/17	10,453	10,453	1,932	268	268	0
68	PIER STORAGE CABINETS	10/21/17	1,847	1,847	1,764	83	0	-83
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347	19,347	1,137	496	0	-496
71	COMPUTER - JIM	8/15/21	715	715	548	29	0	-29
	Sold/Scrapped: 11/30/24							
72	COMPUTER - MICHELLE	6/15/22	999	999	657	137	0	-137
			<u>128,464</u>	<u>128,464</u>	<u>31,046</u>	<u>3,262</u>	<u>3,063</u>	<u>-199</u>
Other Depreciation:								
19	TRADE SHOW DISPLAY	10/10/95	2,837	2,837	2,837	0	0	0
21	LEASEHOLD IMPROVEMENTS	12/31/96	3,258	3,258	3,258	0	0	0
	Total Other Depreciation		<u>6,095</u>	<u>6,095</u>	<u>6,095</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>6,095</u>	<u>6,095</u>	<u>6,095</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		137,050	137,050	37,141	3,760	4,757	997
	Less: Dispositions		1,760	1,760	1,593	29	0	-29
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>135,290</u>	<u>135,290</u>	<u>35,548</u>	<u>3,731</u>	<u>4,757</u>	<u>1,026</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
73	3 DELL COMPUTERS	11/30/24	2,491		X	996	5 HY 200DB	0	1,694
			<u>2,491</u>			<u>996</u>		<u>0</u>	<u>1,694</u>
Prior MACRS:									
57	POP-UP TENTS	3/27/15	794		X	397	7 HY 150DB	794	0
59	Office Furniture	5/23/16	2,401		X	1,200	7 MQ 200DB	2,401	0
60	Christmas Decorations	12/01/15	1,436			1,436	5 MQ 150DB	1,436	0
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009		X	35,504	15 HY S/L	53,257	2,367
62	COMPUTER - CATHY	8/01/16	1,045		X	522	5 HY 200DB	1,045	0
	Sold/Scrapped: 11/30/24								
63	LEASEHOLD IMPROVEMENTS	11/01/16	16,686			16,686	39 MMS/L	3,262	428
64	FURNITURE	11/01/16	840		X	420	7 HY 200DB	840	0
65	CABINETS	3/01/17	892		X	446	7 HY 200DB	892	0
66	LEASEHOLD IMPROVEMENTS - SHUTI	4/15/17	10,453			10,453	39 MMS/L	1,932	268
68	PIER STORAGE CABINETS	10/21/17	1,847		X	0	7 HY 200DB	1,847	0
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347		X	0	15 HY S/L	19,347	0
71	COMPUTER - JIM	8/15/21	715		X	0	5 HY 200DB	715	0
	Sold/Scrapped: 11/30/24								
72	COMPUTER - MICHELLE	6/15/22	999		X	0	5 HY 200DB	999	0
			<u>128,464</u>			<u>67,064</u>		<u>88,767</u>	<u>3,063</u>
Other Depreciation:									
19	TRADE SHOW DISPLAY	10/10/95	0			0	0 HY	0	0
21	LEASEHOLD IMPROVEMENTS	12/31/96	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		130,955			68,060		88,767	4,757
	Less: Dispositions and Transfers		<u>1,760</u>			<u>522</u>		<u>1,760</u>	<u>0</u>
	Net Grand Totals		<u>129,195</u>			<u>67,538</u>		<u>87,007</u>	<u>4,757</u>

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95-1550614

Bonus Depreciation Report

FYE: 6/30/2025

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
57	POP-UP TENTS	3/27/15	794		0	0	397	397
59	Office Furniture	5/23/16	2,401		0	0	1,201	1,200
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009		0	0	35,505	35,504
62	COMPUTER - CATHY	8/01/16	1,045		0	0	523	522
64	FURNITURE	11/01/16	840		0	0	420	420
65	CABINETS	3/01/17	892		0	0	446	446
68	PIER STORAGE CABINETS	10/21/17	1,847		0	0	1,847	0
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347		0	0	19,347	0
71	COMPUTER - JIM	8/15/21	715		0	0	715	0
72	COMPUTER - MICHELLE	6/15/22	999		0	0	999	0
73	3 DELL COMPUTERS	11/30/24	2,491		0	1,495	0	996
	Grand Total		102,380		0	1,495	61,400	39,485
	Less: Dispositions and Transfers		1,760		0	0	1,238	522
	Net Grand Total		100,620		0	1,495	60,162	38,963

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95-1550614

Depreciation Adjustment Report

FYE: 6/30/2025

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	57	POP-UP TENTS	0	0	0
Page 1	1	59	Office Furniture	0	0	0
Page 1	1	60	Christmas Decorations	0	0	0
Page 1	1	61	LEASEHOLD IMPROVEMENTS	2,367	2,367	0
Page 1	1	62	COMPUTER - CATHY	0	0	0
Page 1	1	63	LEASEHOLD IMPROVEMENTS	428	428	0
Page 1	1	64	FURNITURE	0	0	0
Page 1	1	65	CABINETS	0	0	0
Page 1	1	66	LEASEHOLD IMPROVEMENTS - SHUTTERS	268	268	0
Page 1	1	68	PIER STORAGE CABINETS	0	0	0
Page 1	1	70	VISITOR CENTER EXTERIOR PAINT	0	0	0
Page 1	1	71	COMPUTER - JIM	0	0	0
Page 1	1	72	COMPUTER - MICHELLE	0	0	0
Page 1	1	73	3 DELL COMPUTERS	1,694	1,694	0
				<u>4,757</u>	<u>4,757</u>	<u>0</u>

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95-1550614

Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
57	POP-UP TENTS	3/27/15	794	0	0
59	Office Furniture	5/23/16	2,401	0	0
60	Christmas Decorations	12/01/15	1,436	0	0
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009	2,367	2,367
63	LEASEHOLD IMPROVEMENTS	11/01/16	16,686	428	428
64	FURNITURE	11/01/16	840	0	0
65	CABINETS	3/01/17	892	0	0
66	LEASEHOLD IMPROVEMENTS - SHUTTERS	4/15/17	10,453	268	268
68	PIER STORAGE CABINETS	10/21/17	1,847	0	0
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347	0	0
72	COMPUTER - MICHELLE	6/15/22	999	0	0
73	3 DELL COMPUTERS	11/30/24	2,491	319	319
			<u>129,195</u>	<u>3,382</u>	<u>3,382</u>
Other Depreciation:					
19	TRADE SHOW DISPLAY	10/10/95	2,837	0	0
21	LEASEHOLD IMPROVEMENTS	12/31/96	3,258	0	0
	Total Other Depreciation		<u>6,095</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>6,095</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>135,290</u>	<u>3,382</u>	<u>3,382</u>

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95-1550614

CA Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
Prior MACRS:				
57	POP-UP TENTS	3/27/15	794	0
59	Office Furniture	5/23/16	2,401	0
60	Christmas Decorations	12/01/15	1,436	0
61	LEASEHOLD IMPROVEMENTS	8/01/16	71,009	1,821
63	LEASEHOLD IMPROVEMENTS	11/01/16	16,686	428
64	FURNITURE	11/01/16	840	0
65	CABINETS	3/01/17	892	0
66	LEASEHOLD IMPROVEMENTS - SHUTTERS	4/15/17	10,453	268
68	PIER STORAGE CABINETS	10/21/17	1,847	0
70	VISITOR CENTER EXTERIOR PAINT	3/15/22	19,347	496
72	COMPUTER - MICHELLE	6/15/22	999	109
73	3 DELL COMPUTERS	11/30/24	2,491	797
			<u>129,195</u>	<u>3,919</u>
Other Depreciation:				
19	TRADE SHOW DISPLAY	10/10/95	2,837	0
21	LEASEHOLD IMPROVEMENTS	12/31/96	3,258	0
	Total Other Depreciation		<u>6,095</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>6,095</u>	<u>0</u>
	Grand Totals		<u>135,290</u>	<u>3,919</u>

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Form 990-T	Business Income Activity Summary	2024
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Name CATALINA ISLAND CHAMBER OF COMMERCE	Taxpayer Identification Number 95-1550614
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Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A.	1,308
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B.	
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C.	1,308
D. Pre-2018 Applied (Sum of B and C)	D.	1,308
E. Pre-2018 Remaining (Line A minus Line D)	E.	
F. Pre-2018 Net Operating Losses Expiring this Year	F.	
G. Pre-2018 Net Operating Losses Carried Forward	G.	

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. UNRELATED BUSINESS ACTIVITY	511190	1. 2,566	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15. All other revenue		15.	
16. Total taxable income		16. 2,566	

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Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2024

For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

Name

**CATALINA ISLAND CHAMBER OF COMMERCE
AND VISITORS BUREAU**

Employer Identification Number
95-1550614

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year	Current Year		Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
14th 06/30/05					
13th 06/30/06					
12th 06/30/07					
11th 06/30/08					
10th 06/30/09					
9th 06/30/10					
8th 06/30/11					
7th 06/30/12					
6th 06/30/13					
5th 06/30/14					
4th 06/30/15	-4,029	2,721	1,308	1,308	
3rd 06/30/16					
2nd 06/30/17	2,721	-2,721			
1st 06/30/18					
NOL carryover available to current year			1,308		
Current year	2,566			1,308	
NOL carryover available to next year					0

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name **CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU** Taxpayer Identification Number **95-1550614**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	27,677	28,112	435
	2. Membership dues and assessments			
	3. Government contributions and grants	1,749,211	1,751,954	2,743
	4. Program service revenue	597,584	590,773	-6,811
	5. Investment income	5,092	6,458	1,366
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	2,379,564	2,377,297	-2,267
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	702,928	711,357	8,429
	17. Professional fundraising fees			
	18. Other professional fees	240,868	229,505	-11,363
	19. Occupancy, rent, utilities, and maintenance	65,430	46,603	-18,827
	20. Depreciation and Depletion	3,873	25,589	21,716
	21. Other expenses	1,640,164	1,402,947	-237,217
	22. Total expenses. Add lines 13 through 21	2,653,263	2,416,001	-237,262
	23. Excess or (Deficit). Subtract line 22 from line 12	-273,699	-38,704	234,995
Other Information	24. Total exempt revenue	2,379,564	2,377,297	-2,267
	25. Total unrelated revenue	285,493	302,527	17,034
	26. Total excludable revenue	317,183	294,704	-22,479
	27. Total assets	783,386	728,748	-54,638
	28. Total liabilities	406,476	390,542	-15,934
	29. Retained earnings	376,910	338,206	-38,704
	30. Number of voting members of governing body	18	19	
	31. Number of independent voting members of governing body	18	19	
	32. Number of employees	9	10	
	33. Number of volunteers			

Form 990T	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name **CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU** Taxpayer Identification Number **95-1550614**

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		2,566	2,566
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss		2,566	2,566
	6. Net operating loss (pre-2018)		1,308	1,308
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.		258	258
Tax & Credits	9. Income tax (corporate or trust)		54	54
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes		54	54
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits		54	54
	18. Recapture taxes and 965 tax			
19. Total Taxes		54	54	
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)		54	54
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)		54	54
29. Activity Losses NOL (Post-2017)				

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Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		
Organization Name CATALINA ISLAND CHAMBER OF COMMERCE		Taxpayer Identification Number 95-1550614

Activity: UNRELATED BUSINESS ACTIVITY		Unincorporated Business Income Tax Code: 511190			
		2023	2024	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	40,941	58,727	17,786
	10. Other income	10.			
11. Total trade or business income. Combine lines 1 through 10		11.	40,941	58,727	17,786
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.	40,941	45,895	4,954
	22. Total deductions. Add lines 12 through 22	22.	40,941	45,895	4,954
	23. Taxable income before deductions. Subtract line 23 from 11	23.		12,832	12,832
	24. Deductible losses	24.		40,202	40,202
	25. Unrelated business taxable income (loss)	25.		-27,370	-27,370

Form 990	Tax Return History	2024
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Name CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU	Employer Identification Number 95-1550614
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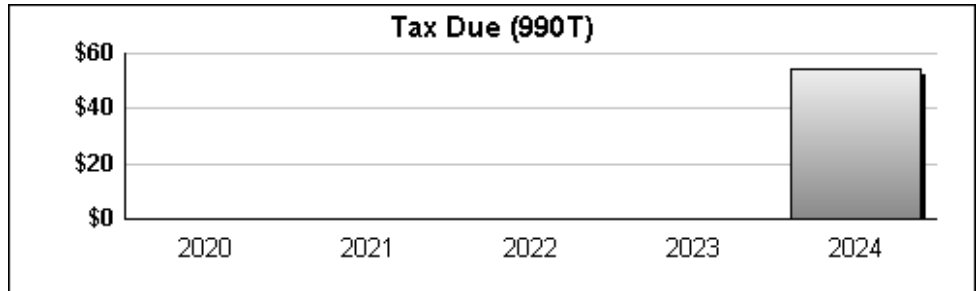
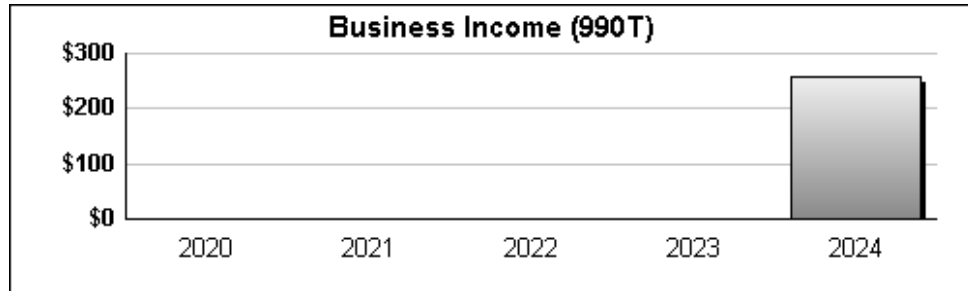
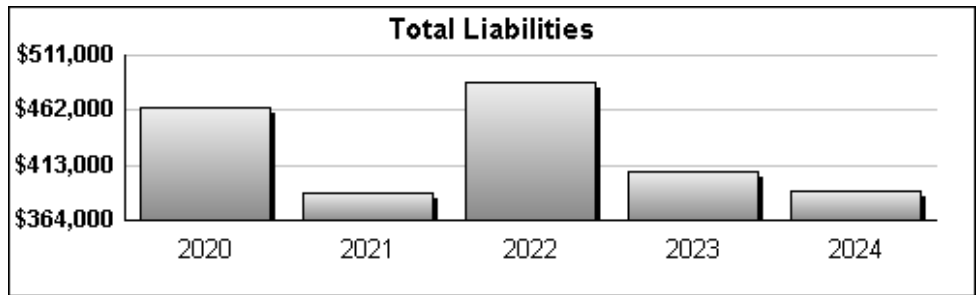
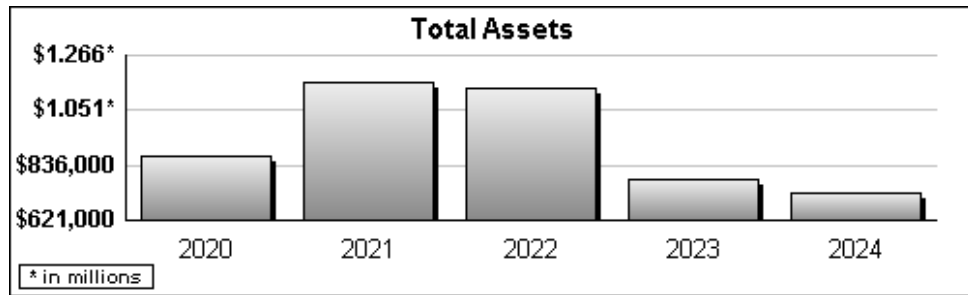
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,401,572	1,974,995	1,848,801	1,776,888	1,780,066	
Membership dues						
Program service revenue	101,082	468,710	501,812	597,584	590,773	
Capital gain or loss		-41	85			
Investment income	1,328	-3,054	1,827	5,092	6,458	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	5,511	99,891				
Total revenue	1,509,493	2,540,501	2,352,525	2,379,564	2,377,297	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	418,597	560,403	673,510	702,928	711,357	
Professional fees	176,272	249,043	270,564	240,868	229,505	
Occupancy costs	73,625	79,021	71,413	65,430	46,603	
Depreciation and depletion	3,497	3,656	3,997	3,873	25,589	
Other expenses	438,149	1,280,355	1,449,534	1,640,164	1,402,947	
Total expenses	1,110,140	2,172,478	2,469,018	2,653,263	2,416,001	
Excess or (Deficit)	399,353	368,023	-116,493	-273,699	-38,704	
Total exempt revenue	1,509,493	2,540,501	2,352,525	2,379,564	2,377,297	
Total unrelated revenue	9,575	259,082	254,659	285,493	302,527	
Total excludable revenue	98,346	306,424	249,065	317,183	294,704	
Total Assets	869,428	1,157,965	1,139,390	783,386	728,748	
Total Liabilities	464,224	388,863	486,781	406,476	390,542	
Net Fund Balances	405,204	769,102	652,609	376,910	338,206	

Form 990T	Tax Return History	2024
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Name CATALINA ISLAND CHAMBER OF COMMERCE AND VISITORS BUREAU	Employer Identification Number 95-1550614
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	0	0	2,566	
Charitable contributions						
Net operating loss deduction					1,308	
Specific deduction		1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions					258	
Income tax (corporate or trust)					54	
Other taxes						
Total taxes					54	
General business credit						
Other credits						
Net tax after credits					54	
Estimated tax payments						
Other payments						
Balance due /-Overpayment					54	

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 5,766					
TOTAL	<u>\$ 5,766</u>					

Taxpayer Copy

95-1550614

Federal Statements

FYE: 6/30/2025

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 206,699	\$ 202,325	\$ 4,374	\$
CONSULTING	2,500	2,500		
REPORTED ON 990-T	-21,000	-21,000		
INTERNET ADVERTISING CONSULTING	21,000	21,000		
TOTAL	<u>\$ 209,199</u>	<u>\$ 204,825</u>	<u>\$ 4,374</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS & ENTERTAINMENT	\$ 8,266	\$ 7,913	\$ 353	\$
EVENT SUPPLIES	5,091	5,091		
BANK CHARGES	1,354	160	1,194	
ENTERTAINMENT	510	510		
PROFESSIONAL DEVELOPMENT	135	135		
LICENSES & PERMITS	75	14	61	
UNIFORMS	55	55		
TOTAL	<u>\$ 15,486</u>	<u>\$ 13,878</u>	<u>\$ 1,608</u>	<u>\$ 0</u>