Visit SLO CAL Executive Committee

Visit SLO CAL Executive Committee Agenda

Thursday, September 6, 2018 1:30pm Visit SLO CAL Conference Room 1334 Marsh Street, San Luis Obispo, CA 93401

1. CALL TO ORDER

2. PUBLIC COMMENT (On Non-Agenda Items)

ANNOUNCEMENTS C. Davison

CONSENT AGENDA – motion required

C. Davison

- 3. Approval of August 16, 2018 Executive Committee Meeting Minutes (yellow)
- 4. Approval of July VSC Financials (green)
- 5. Ratification of Hemant Patel as Morro Bay's Appointed Board Member

Staff will ask for Committee approval of the August 16, 2018 Executive Committee Meeting Minutes, the July VSC Financials and the ratification of the appointment of Hemant Patel to the Board.

CEO REPORT C. Davison

6. CEO Report (20 min)

Staff will provide an update on current projects, reporting and areas of focus for the months ahead.

BUSINESS ITEMS C. Davison

- 7. **FY2017-18 Audit** (15 min) motion required
 - Staff will review VSC's FY2017-18 Audit and ask the Committee to make a recommendation for Board approval.
- 8. B&B Seat Update (10 min) motion required

Staff will provide an update on applications received to-date for the open B&B seat on the VSC Board, and ask the Committee to make a recommendation for Board approval.

9. Destination Management Strategy Update (15 min)

Staff will provide an update on progress to-date for VSC's Destination Management Strategy.

10. TMD Renewal Update (15 min)

Staff will provide an update on the Tourism Marketing District (TMD) Renewal Process.

11. Marketing Update (15 min) – motion required

Staff will provide an update on key marketing initiatives.

ADJOURN.

Brown Act Notice: Each speaker is limited to two minutes of public comment for items not on the agenda. Public comment for each agenda item will be called for separately and is also limited to 2 minutes per speaker. State law does not allow the Executive Committee to discuss or take action on issues not on the agenda, except that members of the Committee may briefly respond to statements made or questions posed by the person giving public comment. Staff may be directed by the Committee to follow-up on such items and/or place them on the next Committee agenda. The order of agenda items is listed for reference and items may be taken in any order deemed appropriate by the Executive Committee.

ADA Notice: Meeting facilities are accessible to persons with disabilities. If you require special assistance to participate in the meeting, notify Brendan Pringle at (805) 541-8000 at least 48 hours prior to the meeting.



MINUTES

Visit SLO CAL Executive Committee

Visit SLO CAL Executive Committee Meeting Minutes

Thursday, August 16, 2018 11:30am Visit SLO CAL Conference Room 1334 Marsh Street, San Luis Obispo, CA 93401

1. CALL TO ORDER: Clint Pearce

PRESENT: John Arnold, Mark Eads, Aaron Graves, Jay Jamison, Clint Pearce

STAFF PRESENT: Chuck Davison, Brendan Pringle

Call to Order at 11:32am.

2. PUBLIC COMMENT (On Non-Agenda Items)

None.

ANNOUNCEMENTS

Eads announced that the Pismo Beach Hospitality Association voted unanimously on August 15, 2018 to support a proposal that would increase the city's LBID by one percent and hold it accountable for five years to an annual review.

CONSENT AGENDA

- 3. Approval of June 27, 2018 Executive Committee Meeting Minutes
- 4. Approval of June/Year-End VSC Financials

Public Comment - None.

Committee Discussion.

ACTION: Moved by Jamison/Graves to approve the Consent Agenda as presented.

Motion carried: 4:0 Arnold arrived after the vote.

CEO REPORT

5. CEO Report

Davison reviewed the June 2018 Travel Trends Index from U.S. Travel, as well as the June TOT Report. On July 20, 2018, Caltrans hosted a Ribbon Cutting Event at the Ragged Point Inn, celebrating the re-opening of Highway 1. Davison spoke on behalf of Visit SLO CAL, joining government officials, Caltrans Director Laurie Berman and John Madonna of Madonna Construction. On August 9, Visit California hosted the Highway 1 Dream Drive event, featuring a caravan of more than 80

classic and modern cars that began in Monterey and ended at the Morro Rock in Morro Bay. Keynote speakers included Supervisor Bruce Gibson, Mayor Jamie Irons, Visit California President & CEO Caroline Beteta and Davison. VCA filmed the entire event via helicopter and drone, and will be giving VSC unrestricted access to the footage for future use. Following the event, VSC hosted 56 international journalists for a two-day FAM. On August 11-14, 2018, Davison, along with several members of VSC's marketing team, attended US Travel's ESTO Conference. Davison noted that destination management was a key theme throughout the conference, and that he presented on the topic during one of the sessions. While VSC did not end up taking home the Destiny Award for Best Digital Campaign at the conference, VSC was one of the top 3 finalists out of more than 1,000 DMOs nationwide, and lost to Visit Seattle (a DMMO with 10 times VSC's budget), which shows how far VSC's marketing efforts have come. VSC will be providing an update at the August 17, 2018 City Manager Meeting. Davison reported out on recent local meetings and outlined his travel schedule for the months ahead. He reported out on the Smith Travel Research (STR) June 2018 YTD report, and noted that even with an increase in supply over the past year, ADR, RevPAR and demand numbers are up countywide. However, Paso Robles and Atascadero are both losing market share to other local communities and the North Coast is off due to the 20-month closure of Highway 1. Countywide numbers are expected to continue to grow, as the North Coast rebounds with the re-opening of Highway 1.

Public Comment – None.

Committee Discussion.

BUSINESS ITEMS

6. Operations Update

Davison provided an update on the FY2017/18 Audit, noting that Burkart & Stevens, our past auditor, was approved by the County of San Luis Obispo. Burkart & Stevens held their in-office visit today (August 16, 2018), and the audit will proceed over the next few weeks. VSC will present the finalized Audit documents to the Executive Committee at the September meeting to recommend approval at the September 19, 2018 Board Meeting. The County also approved VSC's annual request for an extension on the deadline of its Annual Report to September 28, 2018 (from August 29). VSC will provide its report to the Board of Supervisors at their October 16, 2018 meeting. Davison asked the Committee to save the date, noting that this is VSC's last annual report presentation before the TMD renewal process begins and their attendance to show support would be appreciated.

Public Comment - None.

Committee Discussion.

7. Destination Management Strategy Update

Davison provided an update on key outreach and engagement efforts for the Destination Management Strategy (DMS). Davison, and Christine Robertson, VSC's VP of Community Engagement & Advocacy, met with Supervisors Peschong and Compton in July to provide an update and gain feedback. VSC has held meetings with Supervisors Arnold and Hill in previous weeks, and is scheduled to meet with Supervisor Gibson on August 20, 2018. The DMS has received favorable media coverage from the SLO Tribune, Pacific Coast Business Times and KSBY, at no cost to VSC. VSC launched its Community Survey (Stage 6) on August 1, 2018. VSC filmed PSAs to promote the survey, which are running at no charge on KSBY and on the radio. Assemblyman Jordan Cunningham filmed one, which he sent to his database of registered voters, and countywide mayors also filmed one to promote on their social media channels and on e-newsletters. The survey is likewise being promoted by Congressman Salud Carbajal, Supervisor Debbie Arnold, Cal Poly, local TBIDs, chambers and community partners. During VSC's next DMS Steering Committee Meeting on September 20, 2018, Resonance Consultancy will review the current data collection to-date and gain topline feedback from the group, review topline areas of focus and review next steps.

Public Comment – None.

Committee Discussion.

8. TMD Renewal Update

On July 23, 2018, VSC had a kick-off call with John Lambeth of Civitas, and sent feedback on the current TMD Management District Plan for their review, including the proposed changes. Davison outlined these proposed changes and the timeline for next steps in the renewal process.

Public Comment - None.

Committee Discussion. The Committee recommended revisiting the proposed changes at the September Executive Committee meeting.

9. Strategic Direction & Alignment

In June 2016, the Board approved VSC's Strategic Direction 2020, which includes five key imperatives. In recent months, some concerns have been expressed over the direction of Visit SLO CAL, including its scope-of-work, particularly as it relates to its DMS initiative and its partnership in Economic Development efforts for the region, although both align with the Strategic Direction 2020 which was approved by the Board. Davison noted that he and Christine Robertson met with former Board member JP Patel to discuss some of the concerns that he raised during Public Comment at the last board meeting including smaller properties' concerns about DMS spend and that VSC funding will eventually be sucked up by local government (which legally cannot happen). He noted that some Board and Executive Committee members have shared their concerns about VSC's work in this area with him as well. Davison asked the Committee how VSC can get the Board and Committee on the same page to avoid future stumbling blocks, and if there are Strategic Direction 2020 initiatives that the Board no longer supports, noting that it is important all board members publicly support initiatives that the board has voted to approve.

Public Comment - None.

Committee Discussion. Arnold noted that he believes some of the confusion lies in VSC's role in economic development, but also suggested it might be an issue of how partners perceive that it is taking the place of some of VSC's marketing efforts. Davison noted that tourism is economic development at it's core, and that VSC has not shifted marketing funds to economic development. Davison noted all efforts in this area align with the approved Strategic Direction 2020 and that marketing remains the core component of what the organization does, both in time and expense. However, without effectively managing the destination now, there will be no destination to market in the future.

10. B&B Seat Update

Davison noted VSC has received one application thus far for the B&B seat on the Board. Alma Ayon, the owner/chef/innkeeper at Sundance B&B has expressed her interest and submitted her application. The Committee will review final applications after the submittal process closes.

Public Comment – None.

Committee Discussion.

11. Marketing Update

This business item was removed due to time constraints. Details on marketing efforts are in the Committee agenda.

Public Comment – None.

Committee Discussion.

ADJOURNMENT

Meeting adjourned at 2:00pm.

San Luis Obispo County Visitor's & Conference Bureau 2018/2019 Financial Summary - July

			Вι	idgeted for			MTD Actual v.	MTD % of Total							YTD Actual v.	YTD % of Total
Income	т	his Month		Month	МТ	D Variance	Budget %	Income/Expenses		FISCAL YTD	Budo	et YTD	YTI	D Variance	Budget %	Income/Expenses
Collected from Prior Year Assessments	\$	108,535	\$	3,000		105.535	3617.83%	22.22%	\$			3,000		105.535	3617.83%	22.229
Other Revenue	\$	190		850		(660)	22.34%		\$			850		(660)	22.34%	0.049
TBID Income:	Ψ	100	Ψ	000	Ψ	(000)	22.0170	0.0170	۳	100	Ψ	000	Ψ	(000)	22.0170	0.017
SLO County Unincorporated	\$	81,226	•	81,226	•	_	100.00%	16.63%	\$	81,226	Ф	81,226	æ		100.00%	16.639
SLO City	\$	52,948		52,948			100.00%		\$			52,948			100.00%	10.849
Pismo Beach	\$	133,888		133,888		-	100.00%		\$		\$	133,888			100.00%	27.419
Morro Bay	\$	42,575		42,575		-	100.00%		\$			42,575			100.00%	8.72%
Paso Robles	\$	54,372		54,372		-	100.00%		\$			54,372			100.00%	11.13%
Arroyo Grande	\$	8,452		8,452	\$	-	100.00%		\$			8,452			100.00%	1.73%
Atascadero (quarterly)	\$	-	\$	-	\$	-	0.00%		\$		\$	-	\$			0.00%
Grover	\$	4,905	\$	4,905	\$	-	100.00%	1.00%	\$	4,905	\$	4,905	\$		100.00%	1.009
Adjustment for Actual TBID Collected	\$	-	\$	-	\$	-		0.00%	\$	-	\$	-	\$	-		0.00%
Interest Income	\$	1,368	\$	_	\$	_		0.28%	\$	1,368	\$	-	\$	_		0.28%
Total Income	\$	488,459		382,216		104,875	127.80%	100.00%	\$			382,216	\$	104,875	127.80%	100.00%
_	Ť	,	•	,	Ť	,			ľ	100,100	•	,	,	,	12110070	
Expenses																
Contingency Reserve	\$	24,355		19,111		5,244	127.44%		\$			19,111		5,244	127.44%	10.70%
G&A	\$	16,975	\$	23,030	\$	(6,056)	73.71%	7.46%	\$	16,975	\$	23,030	\$	(6,056)	73.71%	7.46%
Industry Research and Resources	\$	41,830	\$	50,688	\$	(8,858)	82.52%	18.38%	\$	41,830	\$	50,688	\$	(8,858)	82.52%	18.38%
Travel Trade	\$	21,775	\$	22,376	\$	(601)	97.31%	9.57%	\$	21,775	\$	22,376	\$	(601)	97.31%	9.57%
Communications	\$	25,436		28,825		(3,389)	88.24%		\$			28,825		(3,389)	88.24%	11.18%
Advertising	\$	55,564		95,123		(39,559)	58.41%		\$			95,123		(39,559)	58.41%	24.419
Promotions	\$	1,922		4,840		(2,918)	39.71%		\$			4,840		(2,918)	39.71%	0.84%
Events	\$	3.696		24,971		(21,275)	14.80%		\$		\$	24,971		(21,275)	14.80%	1.62%
	\$															
Digital Marketing	-	33,412		37,462		(4,049)	89.19%		\$			37,462		(4,049)	89.19%	14.68%
Film Commission	\$	2,624	\$	2,348	\$	276	111.76%	1.15%	\$	2,624	\$	2,348	\$	276	111.76%	1.15%
Total Expenses	\$	227,589	\$	308,774	\$	(81,185)	73.71%	100.00%	\$	227,589	\$	308,774	\$	(81,185)	73.71%	100.00%
Surplus(Deficit)	\$	260,870	\$	73,442	\$	186,060	355.20%		\$	260,870	\$	73,442	\$	186,060	355.20%	
Cash Flow																
Surplus (Deficit)	\$	260,870							\$	260,870						
Beginning Cash Balance	\$	1,214,317							\$	1,214,317						
Change in Accounts Receivable	\$	(125,216)							\$	(125,216)						
Change in Accrued Expenses	\$	(0)							\$	(0)						
Change in Prepaid Expenses	\$	343							\$	343						
Change in Accounts Payable	\$	(83,731)							\$	(83,731)						
Change in Reserve Contingency	\$	24,355	_						\$	24,355						
Ending Cash Balance	\$	1,290,938							\$	1,290,938						
Contingency Reserve - 5% of Cumulative Revenue	\$	(590,308)							\$	(590,308)						
Liability on Balance Sheet	Ψ	(000,000)							Ψ	(000,000)						
Net Available Cash	\$	700,630	_						\$	700,630						
Comments to the Board: - \$261k surplus for July; Expenses are \$ - All TMD amounts accrued through May				income is \$10	05k n	nore than budg	jeted									

Accrual Basis

Visit SLO CAL Balance Sheet Prev Year Comparison

As of July 31, 2018

	Jul 31, 18	Jul 31, 17	\$ Change	% Change
ASSETS				
Current Assets Checking/Savings				
1010 · Bank of the Sierra - TMD 1020 · Bank of the Sierra - Membership	444,802.84 170,021.38	854,580.93 182,143.03	-409,778.09 -12,121.65	-48.0% -6.7%
1020 · Bank of the Sierra - Membership 1030 · Morgan Stanley - TMD	431,930.86	0.00	431,930.86	100.0%
1040 · Morgan Stanley - Membership	100,718.17	0.00	100,718.17	100.0%
Total Checking/Savings	1,147,473.25	1,036,723.96	110,749.29	10.7%
Accounts Receivable 1200 · Accounts Receivable	872,001.27	701,351.76	170,649.51	24.3%
Total Accounts Receivable	872,001.27	701,351.76	170,649.51	24.3%
Other Current Assets	4 000 05	0.000.70	4.040.05	24.40/
1320 · Prepaid Rent 1340 · Workman's Comp Deposit	4,369.95 367.00	3,326.70 387.00	1,043.25 -20.00	31.4% -5.2%
1350 · Prepaid Expenses	130,697.60	21,144.99	109,552.61	518.1%
1330 · Employee Advances 1499 · Undeposited Funds	0.75 143,464.45	0.00 0.00	0.75 143,464.45	100.0% 100.0%
Total Other Current Assets	278,899.75	24,858.69	254,041.06	1,021.9%
Total Current Assets	2,298,374.27	1,762,934.41	535,439.86	30.4%
Fixed Assets				
1400 · Fixed Assets 1405 · Computer Hardware/Software	24,216.44	24,216.44	0.00	0.0%
1410 · Furniture & Fixtures	91,012.07	91,012.07	0.00	0.0%
1415 · Leasehold Improvements 1425 · Office Equipment	37,301.15 14,560.10	37,301.15 14,560.10	0.00 0.00	0.0% 0.0%
Total 1400 · Fixed Assets	167,089.76	167,089.76	0.00	0.0%
1500 · Accumulated Depreciation	101,000.10	101,000.10	0.00	0.070
1505 · Comp. Hdwr/Sftwr. Acc. Depr.	-15,088.17	-15,088.17	0.00	0.0%
1510 · Furn. & Fixt. Accum. Depr.	-6,208.00 -1,630.00	-6,208.00 -1,630.00	0.00 0.00	0.0% 0.0%
1515 · Leasehold Imp. Accum. Depr. 1525 · Office Equip. Accum. Depr.	-1,630.00 -4,915.00	-4,915.00	0.00	0.0%
Total 1500 · Accumulated Depreciation	-27,841.17	-27,841.17	0.00	0.0%
Total Fixed Assets	139,248.59	139,248.59	0.00	0.0%
Other Assets				
1600 · Intangibles 1605 · Trademark - Slocal	15,750.00	15,750.00	0.00	0.0%
Total 1600 · Intangibles	15,750.00	15,750.00	0.00	0.0%
Total Other Assets	15,750.00	15,750.00	0.00	0.0%
TOTAL ASSETS	2,453,372.86	1,917,933.00	535,439.86	27.9%
LIABILITIES & EQUITY				
Liabilities Current Liabilities				
Accounts Payable 2000 · Accounts Payable	75,281.99	157,493.15	-82,211.16	-52.2%
•				-52.2%
Total Accounts Payable Credit Cards	75,281.99	157,493.15	-82,211.16	-52.2%
2060 · American Express Credit Card	13,677.11	0.00	13,677.11	100.0%
Total Credit Cards	13,677.11	0.00	13,677.11	100.0%
Other Current Liabilities 2070 · Accrued Liabilities	31,110.32	0.00	31,110.32	100.0%
2100 · Payroll Liabilities 2160 · Health Insurance Withheld	-411.28	0.00	-411.28	-100.0%
Total 2100 · Payroll Liabilities	-411.28	0.00	-411.28	-100.0%
Total Other Current Liabilities	30,699.04	0.00	30,699.04	100.0%
Total Current Liabilities	119,658.14	157,493.15	-37,835.01	-24.0%
Total Liabilities	119,658.14	157,493.15	-37,835.01	-24.0%
Equity				
3120 · Reserved Earnings	590,307.95	385,131.75	205,176.20	53.3%
3130 · Retained Earnings Net Income	1,482,536.79 260,869.98	1,125,416.90 249,891.20	357,119.89 10,978.78	31.7% 4.4%
Total Equity	2,333,714.72	1,760,439.85	573,274.87	32.6%
TOTAL LIABILITIES & EQUITY	2,453,372.86	1,917,933.00	535,439.86	27.9%
	, ,,,			

Hemant Patel 590 Morro Ave. Morro Bay, Ca 93442 805-801-1224 hemant96@yahoo.com

08/17/2018

Hemant Patel Owner Twin Dolphin Hospitality, LLC. 590 Morro Ave. Morro Bay, Ca 93442

To Whom It May Concern,

I am interested in the Visit SLO CAL board member position. I have been a part of the hospitality industry for the majority of my life. I started off learning the business when I first moved to this country in 1994. My parents bought their first mom and pop hotel in Morro Bay which created a solid foundation in learning the ins an outs of how to own and operate a hotel. However, it wasn't until we bought Twin Dolphin Inn, currently Comfort Inn, in 2001 that I really learned how to be a hotelier. At the age of 22 this new venture allowed me to hone in on my skills and take it to the next step. I learned how to confidently make business decisions, create business relationships, and most importantly make marketing decisions that brought revenue through the door. Since then, my brother and I have had joint ventures in multiple hotels ranging from Paso Robles down to Santa Barbara, Each one building on the prior and learning something new each step of the way.

I think I would be an ideal candidate for the position. I have come to a great understanding and respect of the hotel industry from the bottom up and thoroughly enjoy the business. I believe I will be able to come in with a different perspective and valuable insight. Likewise, I am just as excited to hear from all of the board members and bounce off ideas as well. I am passionate about what I do and hopefully can have the opportunity to bring that to the board.

Sincerely,

Hemant Patel



VISIT SLO CAL BOARD APPLICATION FORM

NAME OF APPLICANT:		
COMPANY:		
Address:		
PHONE:	EMAIL:	
TOTAL YEARS IN HOSPITALITY INDUS	TRY:	
BACKGROUND EXPERIENCE:		
	Employment History	
CURRENT EMPLOYER:	YRS OF SERVICE:	
TITLE:		
PAST EMPLOYER:	YRS OF SERVICE:	
Position:		
Cor	nmunity/Board Involvement	
Organization:	TITLE:	
DATES OF INVOLVEMENT:		
ORGANIZATION:	TITLE:	
DATES OF INVOLVEMENT:		
ORGANIZATION:	TITLE:	
DATES OF INVOLVEMENT:		

For more information, contact Visit SLO CAL at 805-541-8000.



August 22, 2018

Burkart & Stevens, an Accountancy Corporation 694 Santa Rosa Street San Luis Obispo, California 93401

This representation letter is provided in connection with your audit of the financial statements of San Luis Obispo County Visitors and Conference Bureau (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018, and the related statement of activities and changes in net assets, and statement of cash flows for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of August 22, 2018 the following representations made to you during your audit:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated July 23, 2018, including our responsibility for the preparation and fair presentation of the financial statements.
- The financial statements referred to above are fairly presented in conformity with U.S. generally accepted accounting principles.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. generally accepted accounting principles.
- All events subsequent to the date of the financial statements and for which U.S. generally accepted accounting principles requires adjustment or disclosure have been adjusted or disclosed.
- We are in agreement with the adjusting journal entries you have proposed, and they have been posted to the entity's accounts.
- The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. generally accepted accounting principles.
- Material concentrations have been properly disclosed in accordance with U.S. generally accepted accounting principles.
- Guarantees, whether written or oral, under which the company is contingently liable, have been properly recorded or disclosed in accordance with U.S. generally accepted accounting principles.

Information Provided

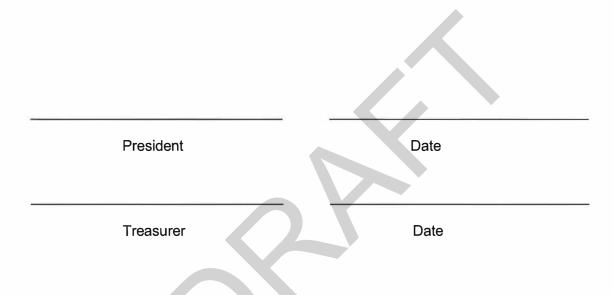
- We have provided you with:
 - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the Organization from whom you determined it necessary to obtain audit evidence.
 - Minutes of meetings of the governing board or summaries of actions of recent meetings for which minutes have not yet been prepared.
- All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

- We have no knowledge of any fraud or suspected fraud that affects the Organization and involves:
 - o Management
 - Employees who have significant roles in internal control, or
 - Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the Organization's financial statements communicated by employees, former employees, grantors, regulators, or others.
- We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing the financial statements.
- We have disclosed to you all known actual or possible litigation, claims, and assessment whose effects should be considered when preparing the financial statements.
- We have disclosed to you the identity of the Organization's related parties and all the relatedparty relationships and transactions of which we are aware.
- The Organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
- The San Luis Obispo County Visitors and Conference Bureau is an exempt organization under Section 501(c)(6) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the entity's tax-exempt status, and all activities subject to tax on the unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.

Other Services

In regards to the financial statement preparation and tax services performed by you, we have:

- Made all management decisions and performed all management functions.
- Designated an individual with suitable skill, knowledge, or experience to oversee the services.
- Evaluated the adequacy and results of the services performed.
- Accepted responsibility for the results of the services.



INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2018

Independent Auditors' Report and Financial Statements Year Ended June 30, 2018

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS	
Statement of Financial Position	3
Statement of Activities	4
Statement of Changes in Net Assets	5
Statement of Cash Flows	
Statement of Gasti Flows	
NOTES TO FINANCIAL STATEMENTS	7-10



To the Board of Directors San Luis Obispo County Visitors and Conference Bureau 1334 Marsh Street San Luis Obispo, CA 93401

We have audited the accompanying financial statements of San Luis Obispo County Visitors and Conference Bureau (the Organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

San Luis Obispo County Visitors and Conference Bureau Independent Auditors' Report (continued) For the year ended June 30, 2018

Auditor's responsibility (continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of San Luis Obispo County Visitors and Conference Bureau as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

BURKART & STEVENS an Accountancy Corporation

August 22, 2018

STATEMENT OF FINANCIAL POSITION June 30, 2018

ASSETS	2018
Current assets Cash and cash eqivalents (Note 2) Investments (Note 2) Accounts receivable (Note 2) Prepaid expenses	\$ 685,390 528,927 746,785 135,779
Total current assets	2,096,881
Property and equipment (Notes 2 and 3) Property and equipment, net of accumulated depreciation of \$46,464	178,751
Other assets Trademark	15,750
Total assets	\$ 2,291,382
LIABILITIES AND NET ASSETS	2018
Current liabilities Accounts payable Payroll liabilities Credit cards payable Other accrued expenses Total current liabilities	\$ 162,914 172 9,776 30,527 203,389
Net assets:	
Unrestricted: Unreserved Reserved (Note 7)	1,885,782 202,211
Total net assets	2,087,993
Total liabilities and net assets	\$ 2,291,382

STATEMENT OF ACTIVITIES For the Year Ended June 30, 2018

Revenue and Support	Ur	nrestricted
Membership dues	\$	44,422
Assessment revenue (Note 2)		3,979,906
In-kind donations (Note 6)		9,628
Interest		2,470
Other income		7,794
Total revenues		4,044,220
Expenses		
Advertising and promotion (Note 9)		1,159,134
Marketing		637,848
Salaries and wages		634,550
Trade shows		196,401
Contract services		112,561
Website		94,442
Partner services		74,088
Health and workers compensation insurance		61,274
Trade and media		53,905
Rent - office (Note 5)		51,391
Payroll tax		49,738
Staff expenses		49,439
Legal and professional fees		48,639
Sponsorships		35,279
Printing		26,609
Office supplies and postage		22,957
Computer expenses		21,496
Depreciation (Note 3)		20,853
Dues and subscriptions		20,485
Retirement plan (Note 4)	1	17,051
Utilities	1	17,019
Board/committee meetings	1	14,914
Insurance		13,887
Equipment rent	1	2,627
Rent - storage		2,528
Themed programs		2,274
Credit card charges	1	1,831
Loss on disposal of fixed assets		929 828
Repairs and maintenance Retirement plan administration fee		
Taxes		729 657
Total expenses		3,446,363
Change in net assets	\$	597,857

STATEMENT OF CHANGES IN NET ASSETS For the Year Ended June 30, 2018

	-4	_	_	_	-4	_
N	et	а	9	96	37	9

Beginning - July 1, 2017

Change in net assets

Ending - June 30, 2018

U	Unrestricted				
\$	1,490,136				
	597,857				
\$	2,087,993				

STATEMENT OF CASH FLOWS For the Year Ended June 30, 2017

		2017
Cook flows from anaroting activities		
Cash flows from operating activities: (Deficiency)/excess of revenues over expenses	\$	597,857
(Belidieriey)rexcess of revenues over expenses	*	337,037
Reconciliation of excess of revenues over expenses		
to cash provided by operating activities:		
Depreciation		20,853
Loss on disposal of fixed assets		828
(Increase) decrease in accounts receivable		67,950
(Increase) decrease in prepaid expenses		(112,073)
(Decrease) increase in accounts payable		(68,562) (297)
(Decrease) increase in payroll liabilities (Decrease) increase in credit cards payable		5,156
(Decrease) increase in other accrued expenses		30,527
(Bedreade) moreade in outer accided expenses		00,027
Net cash provided (used) by operating activities		542,239
Cash flows from investing activities:		
Purchase of fixed assets		(61,284)
Investments		(528,927)
Net cash provided (used) by investing activities		(590,211)
Net increase in cash		(47,972)
Cash at beginning of year		733,261
Cash at end of year	\$	685,289

Supplemental disclosure (see Note 1 for additional income tax disclosure)

Income taxes paid for the year ended June 30, 2018	\$
Interest paid for the year ended June 30, 2018	\$

10

NOTES TO FINANCIAL STATEMENTS June 30, 2018

NOTE 1: ORGANIZATION AND PURPOSE

San Luis Obispo County Visitors and Conference Bureau (Organization) is a not-for-profit corporation organized to inspire travel and foster our unique experiences to create life-long ambassadors and economic growth for San Luis Obispo County. The Organization works with strategic partners, our members and our lodging constituents to build the brand through a data-driven, efficient and dynamic marketing program. The Organization's activities include marketing, advertising, public relations, group sales, promotions, events and sponsorships. The Organization is exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(6).

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation – The Organization's policy is to prepare its financial statements on the accrual basis of accounting. Accordingly, revenues are recognized when earned and expenses are recognized when the obligation is incurred.

Cash and Cash Equivalents – Cash and cash equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments – Investments are carried at fair value and consist of certificates of deposit.

Accounts Receivable – Accounts receivable consists mainly of assessment revenue. Management has determined that there are no uncollectible accounts at June 30, 2018. Therefore, no allowance for doubtful accounts has been recorded.

Revenue - The Organization receives the majority of its revenues from tourist related industry memberships, member supported programs and assessment revenue, all of which are entirely within San Luis Obispo County.

Fixed Assets – Fixed assets are recorded at cost. Items valued at \$ 500 or more are capitalized. Depreciation is provided for using straight-line method over the useful life of the related asset. Fixed assets are depreciated over periods ranging from 5 to 27.5 years.

Employees - The Organization employs eight full-time employees.

Use of Estimates – The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Financial Statement Presentation – Under Statement of Financial Standards No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Organization has only unrestricted net assets. Unrestricted net assets represent the portion of expendable funds that are available for support of Organization operations.

NOTES TO FINANCIAL STATEMENTS June 30, 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions – Statement of Financial Accounting Standards No. 116 requires the Organization to record contributions received as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. Donor-restricted contributions whose restrictions are met in the same year are reported as unrestricted support. SFAS No. 116 also requires recognition of contributed services meeting certain criteria, at fair values. The organization has only unrestricted contributions.

NOTE 2: ASSESSMENT REVENUE

In June 2015, the Organization was awarded a contract to manage the countywide Tourism Marketing District beginning July 1, 2015 and running through June 30, 2020. The district provides a 1% assessment on all lodging room nights in San Luis Obispo County for those businesses paying TOT. The 1% assessment is remitted to the Organization to use for countywide tourism marketing. The following amounts were received during the fiscal year ended June 30, 2018:

	<u>2018</u>
County of San Luis Obispo City of San Luis Obispo City of Atascadero City of Morro Bay City of Grover Beach City of Arroyo Grande City of Paso Robles City of Pismo Beach	\$ 1,120,954 744,099 137,017 328,221 35,776 94,307 546,325 973,207
	\$ _3,979,906

NOTE 3: FIXED ASSETS

Fixed assets at June 30, 2018 consisted of the following:

	<u>2018</u>
Furniture, fixtures and equipment	\$ 121,702
Computer hardware and software	31,747
Leasehold improvements	71,766
	225,215
Less: Accumulated depreciation	<u>(46,464)</u>
Net fixed assets	\$ 178,751

Depreciation expense for the year ended June 30, 2018 was \$ 20,853, including amortization of assets held under capital leases.

NOTES TO FINANCIAL STATEMENTS June 30, 2018

NOTE 4: PENSION PLAN

The Organization has a profit sharing plan. The Organization contributed \$ 17,051 to the pension plan during the fiscal year ended June 30, 2018. The plan covers all employees over the age of 18 who have been employed for one year or more and have worked 1,000 or more hours during the current year. The Organization's contribution to the profit sharing plan is not mandatory.

NOTE 5: COMMITMENTS

Building Rent

The Organization signed a lease on December 6, 2013 for new office space which provided for an initial seventeen-month term with four consecutive one-year renewal options. The base rent was \$1,643 per month plus common area expenses which are estimated to be \$575 per month. The lease was amended to extend the term through July 31, 2015. As of July 17, 2015, the Organization signed a lease for new office space located at 1334 Marsh Street in San Luis Obispo. The initial term is 36 months with optional three consecutive two-year terms. The total rent per month amounted to \$4,125 during the year ended June 30, 2018.

Copier

On August 12, 2015 the Organization entered into a fifty-eight month lease agreement with De Lage Landen Financial for a copier beginning on August 12, 2015 and ending June 12, 2020. The lease calls for monthly rental payments of \$143 beginning on September 15, 2015. Future minimum lease payments are as follows:

	<u>Year</u>	<u>Am</u>	<u>Amount</u>		
For the year ending June 30,	2019 2020	\$	1,716 1,573		
Total	2020	\$	3,289		

NOTE 6: DONATED MATERTIALS

The Organization receives donations of goods from members of the community. During they year ended June 30, 2018 donations of goods were \$ 9,628. In-kind donations are reflected in the accompanying financial statements.

NOTE 7: NET ASSETS – RESERVED

Based upon funding contracts with various governmental agencies, the Organization is required to reserve 5% of total recorded revenue during the year. These funds are to be used during periods when there are lower than anticipated collections and unforeseeable costs in carrying out the programs. The total reserved at June 30, 2018 is \$ 202,211.

NOTES TO FINANCIAL STATEMENTS June 30, 2018

NOTE 8: CONCENTRATION OF CREDIT RISK

The Organization maintains its operating cash account at an institution which is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At various times throughout the year, the balance has exceeded the insured amount. The total in excess of the FDIC insured limits amounted to \$496,000 at June 30, 2018.

NOTE 9: ADVERTISING COSTS

Advertising costs are expensed as incurred throughout the year. Advertising costs for is as follows:

2018

Advertising costs for the year ending June 30, \$ 1,159,134

NOTE 10: RECENT ACCOUNTING PRONOUNCEMENTS AFFECTING THE ORGANIZATION

Presentation of Financial Statements of Not-for-Profit Entities -

In August 2016, the Financial Accounting Standards Board (FASB) issued new guidance for the presentation of financial statements which includes, among other things, a required statement of functional expenses and new terms for donor restricted contributions. The new standard is effective for fiscal years beginning after December 31, 2017 and interim periods with fiscal years beginning after December 31, 2018 with early adoption permitted. Management has decided to not adopt this standard early. Although this standard requires presentation changes, management does not expect that this standard will have a material impact to the presentation of the Statement of Activities and the Statement of Financial Position upon adoption.

Accounting for Leases -

In February 2016, the FASB issued a new accounting standard that amends the guidance for the accounting and disclosure of leases. This new standard requires that lessees recognize the assets and liabilities that arise from leases on the balance sheet and disclose qualitative and quantitative information about their leasing arrangements. The new standard is effective for interim and annual periods, beginning on and after January 1, 2019, and may be adopted earlier. Management continues to evaluate the impact that this new standard will have on the financial statements. Management does not expect that this standard will have a material impact to the Statement of Activities or that this standard will have a material impact to assets and liabilities on the Statement of Financial Position upon adoption.

Management has not yet made any decision with respect to the timing or method of adoption of these accounting changes.

NOTE 11: SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 22, 2018, the date which the financial statements were available to be issued. There were no subsequent events to report.

Communication with Those Charged with Governance at the Conclusion of the Audit

August 22, 2018

Board of Directors San Luis Obispo County Visitors and Conference Bureau San Luis Obispo, CA. 93401

We have audited the financial statements of San Luis Obispo Visitors and Conference Bureau, a nonprofit organization, for the year ended June 30, 2018, and have issued our report thereon dated August 22, 2018. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated August 22, 2018. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by San Luis Obispo Visitors and Conference Bureau are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2017/2018. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Board of Directors San Luis Obispo County Visitors and Conference Bureau

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 22, 2018.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involved application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors charged with governance and, if appropriate, management of San Luis Obispo County Visitors and Conference Bureau and is not intended to be, and should not be, used by anyone other than these specified parties.

BURKART & STEVENS, an Accountancy Corporation

San Luis Obispo, CA August 22, 2018



MANAGEMENT ADVISORY COMMENTS

For the Year Ended June 30, 2018 August 22, 2018

To The Board of Directors at San Luis Obispo County Visitors and Conference Bureau San Luis Obispo, CA. 93401

In planning and performing our audit of the financial statements of San Luis Obispo County Visitors and Conference Bureau as of and for the year ended June 30, 2018, in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given theses limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

However, during our audit we became aware of some matters that are opportunities for strengthening internal controls and operating efficiency. This letter does not affect our report dated August 22, 2018, on the financial statements of San Luis Obispo County Visitors and Conference Bureau.

We will review the status of these comments during our next audit engagement. We have already discussed many of these comments and suggestions with Organization management, and we will be pleased to discuss these comments in further detail at your convenience, to perform any additional study of these matters, or to assist you in implementing the recommendations. Our comments are summarized as follows:

August 22, 2018
San Luis Obispo County
Visitors and Conference Bureau
Page 2

Segregation of Accounting Duties

During our audit of the cash receipt process, it was noted that the person opening the mail was posting the cash receipts, preparing the bank deposit and taking the deposit to the bank.

Recommendation:

It is recommended that another individual open the checks when they come in the mail and make a listing of the checks received prior to giving them to that individual to prepare the bank deposit. This list can then be reconciled with the deposits recorded on the books by the bookkeeper.

Concentration Risk

During our test of cash, it was noted that cash accounts that were held with one bank exceeded the \$250,000 FDIC (Federal Deposit Insurance Corporation) insured limits by approximately \$496,000 at June 30, 2018.

Recommendation:

We recommended that the Organization transfer funds to a second bank sufficient enough to fall under the FDIC per depositor insured limits.

We wish to thank Chuck, Brendan and Annie at San Luis Obispo County Visitors and Conference Bureau for their support and assistance during our audit.

This report is intended solely for the information and use of the Board of Directors, management and others within the Organization and is not intended to be and should not be used by anyone other than these specified parties. This letter does not affect our report dated August 22, 2018 for the financial statements of San Luis Obispo County Visitors and Conference Bureau.

BURKART & STEVENS
Accountancy Corporation

August 22, 2018

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2017 calen	dar year, or ta	x year beginn	ing 7/	01	, 2017,	and endin	i g 6/	30	,	2018		
В	Check if applicable: C D Employer identification nu						ication number							
	Address change San Luis Obispo County Visitors and						77-0221126							
		Name change Conference Bureau							E Telepho					
		-	1334 MARSH STREET											
		ıl return		OBISPO,		01				(80	5) 54	1-8000		
	Final r	return/terminated	DIM LOLD	0210107	011 50 1	01								
	Ame	nded return								G Gross r	eceipts \$	4,044	,220.	
	Appli	ication pending	F Name and ad	dress of principal of	officer: CHI	ICK DAVI	SON		H(a) Is this	a group retur	n for subo	ordinates? Yes	X	
			Same As (C Above	011	0011 21111			H(b) Are all	l subordinates ' attach a list.	included	? Yes	No	
$\overline{}$	Tax-exe	empt status		X 501(c) (6) • (insert no.)	4947(a)(1) or	527	IT INO,	attach a list.	(see instr	uctions) —		
<u>.</u>		•	W.SLOCAL.		, (10 17 (4)(1) 01		H/a) Croup	exemption n	ımbor ►			
K			X Corporation		Association	OH	1.	·/						
		f organization:		Trust	ASSOCIATION	Other ►	L	Year of format	ion: 198	O IMI :	state of leg	gal domicile: CI	<u>1</u>	
Pa	art I	Summar				-:: : :	10 - 110 	1D.T.D.T. M	D 3 1 1 1 1 1	7.17D EG	OMED.	011D 1111T		
			ibe the organiz										<u>iue </u>	
ě	<u> </u>		ICES TO CE	EATE LIF	E-LONG	<u>AMOBASS</u>	<u> SADORS AN</u>	D_ECONO	<u>)MIC_GI</u>	ROWTH_I	OR S	<u>AN_LUIS_</u>		
핇	<u>C</u>	<u> DBISPO</u> C	C <u>OUNTY.</u>											
Ĕ								<u> </u>						
ŏ	2 C	heck this bo		e organization							net ass	ets.		
Ġ	3 N		oting members								3		15	
တ	4 N		idependent vot								4		15	
₽	5 ⊺		r of individuals								5		9	
Activities & Governance	6 ⊤		r of volunteers	•							6		44	
Ą			ed business re								7a		0.	
	b N	let unrelated	d business taxa	able income fr	om Form	990-T, line 3	34				7b		0.	
										Prior Year		Current Y	'ear	
45	8 C	ontributions	s and grants (F	art VIII, line 1	h)		,		. 4	4,441,2	279.	4,033	956.	
Revenue	9 Program service revenue (Part VIII, line 2g)								•					
š	10 In	nvestment ir	ncome (Part VI	II, column (A)	, lines 3,	4, and 7d).					61.	1	,541.	
æ	11 0	ther revenu	ie (Part VIII, co	olumn (A), line	es 5, 6d, 8	c, 9c, 10c, a	and 11e)						7,794.	
			e – add lines 8							4,441,3	340.		3,291.	
			imilar amounts										7 =	
							-							
			id to or for members (Part IX, column (A), line 4)									750 770		
S	15 5							•	_	017,	40.	750,778.		
Expenses	16a P	rofessional	fundraising fee	es (Part IX, co	iumn (A),	line I Ie)								
ĝ	b T	otal fundrais	sing expenses	(Part IX, colu	mn (D), lir	ne 25) 🟲								
Ш	17 O	ther expens	ses (Part IX, co	olumn (A), line	es 11a-11d	d, 11f-24e)			. 2	2,877,9)59.	2,694,656.		
			es. Add lines 1							3,495,6		3,445,434.		
			s expenses. Su							945,6			7,857.	
- S		.0101100 1000	3 0xp011303. 00	1511401 1110 10	110111 11110				_	ng of Currer		End of Y		
ts c	20 T	otal accets	(Part X, line 1	6)						3				
Bak	20 T		es (Part X, line	•					_	1,726,7			382.	
Net Assets	21 '									236,5				
			r fund balances	s. Subtract line	e 21 from	line 20			. 1	L,490,1	36.	2,087	,993.	
Pa	art II	Signatur	re Block											
Unde	er penaltie	s of perjury, I de	eclare that I have earer (other than office	xamined this return	, including a	ccompanying sc	hedules and state	ments, and to	the best of n	ny knowledge	and belief	f, it is true, correc	t, and	
com	piete. Deci	aration of prepa	arer (otner than office	er) is based on ai	Information	or which prepare	er nas any knowie	age.						
														
Sig	gn	Signatu	ure of officer						Da	ate				
He	re	CHU	CK DAVISO	N					Pres	ident				
			r print name and tit											
		Print/Type p	preparer's name		Preparer's sig	gnature		Date		Check	if P	PTIN		
Pa	id	Dennie	s J Burka	rt	Dennie	J Burka	rt			self-employ		200118088	₹	
	ııd eparer					O DUING	41.	I .		Jon Simpley	<u> </u>		<u>'</u>	
T I (eparer se Only	-		rt & Ste						Firmal- FIN	> 77	0014050		
US	o Only	Firm's addre		Santa Rosa						Firm's EIN		0014050		
				uis Obis						Phone no.	(805	,		
Ma	y the IRS	S discuss th	nis return with	the preparer s	snown abo	ve? (see ins	structions)					X Yes	No	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
ı	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

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

Form 990 (2017) San Luis Obispo County Visitors and 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....

Check if Schedule O contains a response or note to any line in this Part V			. П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł
(gambling) winnings to prize winners?	1 c	Χ	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 9			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
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).	_		37
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	1		
	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C 1-		
	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			ł
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?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
Form 8282?	7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
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?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.).			ł
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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			
c Enter the amount of reserves on hand			37
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? <i>If 'No,' provide an explanation in Schedule O.</i>	14b	000	(2017)
BAA TEEA0105L 08/08/17	LOIII	22U ((2017)

Form 990 (2017) San Luis Obispo County Visitors and 77-0221126 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... Χ 10 a 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...See.Schedule.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) See Sch. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

SAN LUIS OBISPO CA 93401 (805)

541-8000

CHUCK DAVISON 1334 MARSH STREET

	Form 990 (2017)	San	Luis	Obispo	County	^v Visitors	and
--	-----------------	-----	------	--------	--------	-----------------------	-----

77-0221126

Page 7

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAY JAMISON	2									
PAST PRESIDENT	0	X		X				0.	0.	0.
(2) CLINT PEARCE	2									
CHAIR	0	Χ		X				0.	0.	0.
(3) SAM MILLER	1_1_									
MEMBER	0	X						0.	0.	0.
(4) SARAH MAGGELET	1									
MEMBER	0	Χ						0.	0.	0.
_(5)_LORI_KELLER	2							_	_	
Secretary	0	Χ		Χ				0.	0.	0.
_(6) AMAR SOHI	1									
MEMBER	0	Χ						0.	0.	0.
	2	.,						•	•	•
VICE CHAIR	0	Χ		X				0.	0.	0.
(8) NIPOOL PATEL	1							0	0	0
MEMBER	0	Х						0.	0.	0.
(9) VAL SEYMOUR	1							0	0	0
MEMBER	0	Χ						0.	0.	0.
(10) JIM HAMILTON	1	17						0	0	0
MEMBER	1	Х						0.	0.	0.
(11) MARK EADS	— — —	37						0	0	0
MEMBER	0	Х						0.	0.	0.
(12) KATHLEEN BONELLI MEMBER	$-\frac{0}{1}$	Х						0.	0.	0.
(13) AARON GRAVES	2	Λ						0.	0.	<u> </u>
TREASURER	2	Х						0.	0.	0.
(14) ROGER WIGHTMAN	1	21						0.	0.	<u> </u>
MEMBER		Х						0.	0.	0.
						1 1		Ŭ.	٠.	<u></u>

Part VII Section A. Officers, Directors, T		Key	Ŀт	_	_	es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
	(B)			(0	•							
(A)	Average hours	(do	not c	heck	more	than	one h an	(D)	(E)	_	(F)	
Name and title	per week		cer an	nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of ot	her
	(list any hours	or d	isn	Officer	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f	npensation rom the ganizatio	
	for related	Individual or director	utio	<u>Q</u>	em	lest o	ner			ar	d related anization	t
	organiza - tions	or tr	malt		Key employee	e				0.9	aa	.0
	below dotted	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
	line)		8			ated						
(15) CHUCK DAVISON	40											
President & CEO				Χ				0.	0.			0.
(16) CHUCK DAVISON	40											
PRESIDENT & CEO	0				Х			204,000.	0.			0.
(17)												
(18)												
(19)												
(20)												
(20)		-					ŀ					
(21)												
(21)		-						· ·				
(22)												
						7						
(23)												
(24)				1								
(05)												
(25)	4			8								
1 b Sub-total							•	204,000.	0.			0.
c Total from continuation sheets to Part VII, Sec	tion A						•	204,000.	0.			0.
d Total (add lines 1b and 1c)								204,000.	0.			0.
2 Total number of individuals (including but not limit							ved			oensatio	n	<u> </u>
from the organization 1												
	7										Yes	No
3 Did the organization list any former officer, dire	ector, or tru	stee,	, key	em	ploy	yee,	or h	nighest compensati	ted employee			
on line 1a? If 'Yes,' compléte Schedule J for so	uch individu	ıal								. 3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations greater	of reportab	le co	mpe	nsa	tion	and	oth	er compensation	from			
such individual										. 4	Х	
5 Did any person listed on line 1a receive or acc	rue comper	nsatio	on fro	om :	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Y	es,' comple	ete So	ched	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compe	ncated ind	onon	dont	· cor	atra	otorc	tha	at received more th	aan \$100 000 of			
compensation from the organization. Report comp	ensation for	the c	alend	dar <u>y</u>	year	endi	ng v	with or within the or	ganization's tax yea	r.		
(A) Name and business ac								(B)		_ (C)	
Name and business ac	aress							Description (of services	Compe	ensatio	n
2 Total number of independent contractors (including	but not lim	ited to	o tho	se I	ister	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization				'			-,					

Form 990 (2017) San Luis Obispo County Visitors and 77-0221126 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b 44,422 c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 3,979,906 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 9,628 g Noncash contributions included in lines 1a-1f: \$ 4,033,956 **Business Code** Program Service Revenue h f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 2,470 2,470. Income from investment of tax-exempt bond proceeds . > Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses 929 c Gain or (loss)..... -929 d Net gain or (loss)..... -929 -929 8 a Gross income from fundraising events Other Revenue (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... **Business Code 11a** OTHER 7,794 7,794 **d** All other revenue..... e Total. Add lines 11a-11d 7,794

4,043,291

6,865

0

,470

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4)	organizations must	complete all c	olumns. All other	r organizations	must complete	column (A).
Check if So	chedule O contains	a response of	or note to any li	ne in this Part	t IX	

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 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 5	Benefits paid to or for members	204,000.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	430,550.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	130/330.						
	employer contributions)	17,051.						
9	Other employee benefits	49,439.						
10	Payroll taxes	49,738.						
	Fees for services (non-employees):	45,750.						
	Management							
	-							
	Legal							
	Accounting	48,639.						
	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)							
12	Advertising and promotion	1,159,134.						
	Office expenses	22,957.						
	Information technology	22,931.						
	Royalties							
15		F1 201						
16	Occupancy	51,391.						
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	7						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	20,853.						
23	Insurance	75,161.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,						
а	MARKETING	637,848.						
	TRADE SHOWS	196,401.						
	CONTRACT LABOR	112,561.						
	FIEDCIEE	94,442.						
	All other expenses	275,269.						
	Total functional expenses. Add lines 1 through 24e	3,445,434.						
		5,445,454.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

		Check if Schodule O contains a reconstruct to	00011	ing in this Dart V			
		Check if Schedule O contains a response or note to	any I	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			733,261.	1	685,390.
	2	Savings and temporary cash investments			·	2	528,927.
	3	Pledges and grants receivable, net				3	,
	4	Accounts receivable, net		<u> </u>	814,735.	4	746,785.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated et Part II of Schedule L	officer mploye	s, directors, ees. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(1) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	3)(B), a	and contributing untary employees'		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			23,706.	9	135,779.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	225,215.			
	b	Less: accumulated depreciation	10 b	46,464.	139,249.	10 c	178,751.
	11	Investments – publicly traded securities			203/2131	11	2.07.021
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,750.	15	15,750.
	16				1,726,701.	16	2,291,382.
_	17	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses	3+)		231,476.	17	162,914.
	18	Grants payable			231,470.	18	102,714.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete Part I				21	
itie	22	Loans and other payables to current and former office					
Liabilities		key employees, highest compensated employees, and Complete Part II of Schedule L	disa.	alified persons.		22	
	23	Secured mortgages and notes payable to unrelated the	ird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			5,089.	25	40,475.
	26	Total liabilities. Add lines 17 through 25			236,565.	26	203,389.
35		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
ğ	27	Unrestricted net assets			1,490,136.	27	2,087,993.
ala	28	Temporarily restricted net assets.		<u> </u>	1,400,100.	28	2,001,555.
B	29	Permanently restricted net assets				29	
ııı		Organizations that do not follow SFAS 117 (ASC 958), ch					
Net Assets or Fund Balances		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipm				31	
As	32	Retained earnings, endowment, accumulated income,		<u> </u>		32	
et	33	Total net assets or fund balances		<u> </u>	1,490,136.	33	2,087,993.
Z	34	Total liabilities and net assets/fund balances		<u> </u>	1,726,701.	34	2,291,382.

	() builded obtained vibration and	<u> </u>			
Pai	rt 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	4	,043	,291.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3	, 445	,434.
3	Revenue less expenses. Subtract line 2 from line 1	3		597	,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,490	,136.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	,087	,993.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Ye	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-	
·			_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х
- `				- 4	21
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?			2ь Х	7
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		· · · · ·	- D 2	`
	basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c X	ζ.
	If the organization changed either its oversight process or selection process during the tax year, explain				
_	in Schedule O. See Schedule O				
38	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		;	За	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	li+	····	-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	
	or additio, explain mig in behind did of dire describe diry steps taken to diddigo such dudits		•	, 5	

BAA Form **990** (2017)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of the organization San Luis Obis	po County Visitors and	Employer identification number
Conference Bu	reau	77-0221126
Organization type (check one):		<u> </u>
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not trea	ated as a private foundation
	527 political organization	
	_	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (1	0) organization can check boxes for both the General Rul	e and a Special Rule. See instructions.
General Rule		,
X For an organization filing Form 990,	990-EZ, or 990-PF that received, during the year, contributions for determining a	utions totaling \$5,000 or more (in money or a contributor's total contributions.
Special Rules		
\square under sections 509(a)(1) and 170(b)(1)(tion 501(c)(3) filing Form 990 or 990-EZ that met the 33-1(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part Illuring the year, total contributions of the greater of (1) \$5, orm 990-EZ, line 1. Complete Parts I and II.	L line 13 16a or 16b and that
For an organization described in sectouring the year, total contributions of purposes, or for the prevention of cru	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that more than \$1,000 <i>exclusively</i> for religious, charitable, so welty to children or animals. Complete Parts I, II, and III.	received from any one contributor, cientific, literary, or educational
during the year, contributions <i>exclus</i> . \$1,000. If this box is checked, enter charitable, etc., purpose. Don't comp	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ively for religious, charitable, etc., purposes, but no such here the total contributions that were received during the lete any of the parts unless the General Rule applies to that the charitable, etc., contributions totaling \$5,000 or more during \$5,000 or more duri	contributions totaled more than year for an <i>exclusively</i> religious, this organization because
990-PF), but it must answer 'No' on Part	ed by the General Rule and/or the Special Rules doesn't it. IV, line 2, of its Form 990; or check the box on line H of	its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it doesn't me	et the filing requirements of Schedule B (Form 990, 990-	上∠, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Page

1 of

2 of Part I

Name of organization
San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
--------	--------------	---------------------	---------------	------------------	---------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF ATASCADERO CALIFORNIA		Person X
	6550 EL CAMINO REAL	\$ <u>137,017.</u>	Payroll Noncash
	ATASCADERO, CA 93422		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF GROVER BEACH CALIFORNIA		Person X Payroll
	180 HIGHWAY ONE	\$ <u>_35,776.</u>	
	GROVER_BEACH, CA_93433		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF MORRO BAY CALIFORNIA		Person X Payroll
	845 EMBARCADERO	\$328,221.	
	MORRO BAY, CA 93442		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF PASO ROBLES		Person X Payroll
	1000 SPRING STREET	\$546,325.	
	PASO ROBLES, CA 93446		(Complete Dort II for
	Theo Robbid, Ch 33440		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	
(a) Number	(b)	(c) Total contributions	(d) Type of contribution Person X
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4 CITY OF PISMO BEACH	Total contributions	(d) Type of contribution Person X Payroll
Number	(b) Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD	Total contributions	(d) Type of contribution
<u>5</u>	Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449	\$ 973,207.	Complete Part II for noncash contribution (d) Type of contribution (d) Type of contribution Person X X X X X X X X X
5 (a) Number	Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449 Name, address, and ZIP + 4	\$ 973,207.	roncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Page

2 of

2 of Part I

San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,120,954.	Person X Payroll Noncash (Complete Part II for
	SAN LUIS OBISPO, CA 93401		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF ARROYO GRANDE		Person X
	300 E BRANCH STREET	\$ <u>94,307.</u>	Payroll Noncash
	ARROYO GRANDE, CA 93420		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page

1 t

of Part II

1

San Luis Obispo County Visitors and

Employer identification number 77-0221126

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		- 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - -	
ΒΔΔ	<u> </u>	- Y	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 to

of Part III

Name of organization
San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)							
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held						
	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
(a)	(b)	(c)		(d)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
	<u></u>							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			· — — —					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
				1 1 D (E 000 000 EE 000 DE) (001E)				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	xy Tax) (see separate instruc Section 501(c)(4), (5), or (6) o	tions), then organizations: Complete Part III.			
		s Obispo County Visitors an	d	Employer identification	ation number
	Conferen	nce Bureau		77-022112	
	•	rganization is exempt under secti	, ,	•	zation.
	(see instructions for definition	organization's direct and indirect political on of 'political campaign activities')			
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instructions)			
Pai	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	····· > \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$	
2		organization's funds contributed to other organ			
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a se received that were promptly and directly deal action committee (PAC). If additional spanning	livered to a separate po	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A Complete if section 501	the organization (h)).	on is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	ection under
address,	, EIN, expenses, ar	ngs to an affiliated group (and share of excess lobbying	g expenditures).		÷,
	Limits on Lobb	ecked box A and 'limited co ying Expenditures		(a) Filing	(b) Affiliated
•	ı 'expenditures' me	ans amounts paid or incur	*	organization's totals	group totals
1 a Total lobbying expendit	•				
		legislative body (direct lob			
	•	and 1b)			
		ines 1c and 1d)			
f Lobbying nontaxable ar	mount. Enter the ar	mount from the following ta	ble in		
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000	idilii (d) 01 (b) 10.	20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		of line 1f)			
_		ss, enter -0			
i If there is an amount other	er than zero on eithe	er line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No
		4-Year Averaging Period at made a section 501(h) e	Under section 501(h)		
·	columns b	elow. See the separate inst	tructions for lines 2a th	rough 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
ВАА					ı 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).		1 Form		1 6	age 3
, , , , , , , , , , , , , , , , , , ,	(a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1		Χ
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Χ
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	. 3		Χ
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part I	, or sec II-A, lin	tion 50 e 3, is	1(c)	

1	Dues, assessments and similar amounts from members	1	44,422.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover from last year.	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.
D -			•

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

San Luis Obispo County Visitors and

	Conference Bureau			77-0221126
Par	Organizations Maintaining Donor A Complete if the organization answe	Advised Funds or Other street 'Yes' on Form 990, P	Similar Funds art IV, line 6.	or Accounts.
		(a) Donor advised fund	ds	(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			
-	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	advisors in writing that the ass ganization's exclusive legal con	sets held in donor trol?	advised funds Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing t the donor or donor advisor, or	hat grant funds ca for any other purp	an be used only pose conferring Yes No
Par	t II Conservation Easements.			
ı aı	Complete if the organization answe	red 'Yes' on Form 990 F	art IV line 7	
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., reci			nistorically important land area
	Protection of natural habitat		reservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held last day of the tax year.	l a qualified conservation contribu	ition in the form of	
				Held at the End of the Tax Year
ä	a Total number of conservation easements			2a
I	Total acreage restricted by conservation easeme	nts		2 b
(Number of conservation easements on a certified	I historic structure included in ((a)	2 c
(Number of conservation easements included in (structure listed in the National Register	c) acquired after 7/25/06, and r	not on a historic	2 d
3	Number of conservation easements modified, transfetax year ►		<u> </u>	rganization during the
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regal		nspection handlin	g of violations
•	and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, ins			<u> </u>
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, handling of violations, and en	forcing conservation	n easements during the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports coinclude, if applicable, the text of the footnote to tonservation easements.			
Par	Complete if the organization answer	ons of Art, Historical Tre red 'Yes' on Form 990, P	easures, or Othe Part IV, line 8.	ner Similar Assets.
1 a	a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	for public exhibition, education, o	r research in furthe	statement and balance sheet works of rance of public service, provide,
ı	o If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	oublic exhibition, education, or res	search in furtheranc	e of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lin	e 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hist amounts required to be reported under SFAS 116	orical treasures, or other similar a 5 (ASC 958) relating to these it	assets for financial (ems:	
	a Revenue included on Form 990, Part VIII, line 1.			
ı	Assets included in Form 990, Part X			

Part III Organizations Maintaining Con-	ections of Art, mist	orical freasures, or	Other Sillillar ASS	els (Contin	ueu)
3 Using the organization's acquisition, accession, a items (check all that apply):		-	re a significant use of its	collection	
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	tions and explain how the	y further the organization's	s exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	aintained as part of the o	organization's collection	?	Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if [.] n Form 990, Part X,	the organization an: line 21.	swered 'Yes' on Fo	rm 990, Pa	art IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or other	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
, ,	•	J		Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
3					
2a Did the organization include an amount on Fo				Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the expla	nation has been provide	ed on Part XIII		
· · · · · · · · · · · · · · · · · · ·					
Part V Endowment Funds. Complete if	the organization ar	nswered 'Yes' on Fo	orm 990, Part IV, lir	<u>ne 10.</u>	
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	ars back
1 a 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 curre	ent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment	%				
b Permanent endowment ►					
c Temporarily restricted endowment ►	06				
The percentages on lines 2a, 2b, and 2c should	egual 100%				
The percentages on lines 2a, 25, and 26 should	equal 10070.				
3 a Are there endowment funds not in the possessio organization by:				Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				. 3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	ations listed as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses of the	organization's endowm	ent funds.			
Part VI Land, Buildings, and Equipmen	t.				
Complete if the organization ans		m 990, Part IV, line	11a. See Form 99	0, Part X,	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other		225 215	16 161	170	7 5 1
Total. Add lines 1a through 1e. (Column (d) must e	aual Form 000 Dart V	225, 215.	<u>46,464.</u> ►		3,751.
Total. Add lines 1a through 1e. (Column (a) must e	eyuai ruiiii 990, Part X,	colullii (B), IIIIe 10C.)		1/8	3,751.

Schedule **D** (Form 990) 2017

Part VII	Investments - Other Securities.		N/A	
	· · · · · · · · · · · · · · · · · · ·), Part IV, line 11b. See Form 990, Part X,	
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	lue
	sial derivatives			
(3) Other	y-held equity interests			
(A)				
(B) — — —				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
<u>(l)</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12.) ►		27.72	
Part VIII	Investments – Program Related. Complete if the organization answered	L'Yes' on Form 990	N/A), 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 mark	
(1)	• • • • • • • • • • • • • • • • • • • •	, ,	.,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, column (B) line 13.) 🟲			
Part IX	Other Assets.	N/A		
), Part IV, line 11d. See Form 990, Part X,	
(1)	(a) De	scription	(b) Book	value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Co	olumn (b) must equal Form 990, Part X, column (l	B) line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
(1) Fede	(a) Description of liability	(b) Book value	<u> </u>	
	DIT CARD PAYABLE	9,77	16	
	IER ACCRUED EXPENSES	30,52		
	ROLL LIABILITIES	17		
(5)				
(6)				
(7)				
(8)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)	. • 40,47	5.	
2			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,043,291.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	4,043,291.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,043,291.
D. IVII D. III II CE. A. III LEI II LOLL LI MILLE	_	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
	Retur	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		a, 445, 434.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2 e	3,445,434.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2 e	3,445,434.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	3,445,434.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	3,445,434.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	3,445,434.

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

Part X - FIN 48 Footnote

MANAGEMENT HAS REVIEWED THE FINANCIAL STATEMENTS AND HAVE DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS

BAA Schedule **D** (Form 990) 2017

SCHEDULE J (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part	Questions Regarding Compensation			
ı art	Questions regarding compensation		Yes	No
1 a	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.		103	110
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	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		
	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
	Receive a severance payment or change-of-control payment?			Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	The set 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.			
	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:			
	The organization?			
	Any related organization?	5b		
	If 'Yes' on line 5a or 5b, describe in Part III.			
	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:			
	The organization?			
	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		
	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		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Detirement	(D) Novetovolsto	(E) Tatal of	(E) Common action
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
CHUCK DAVISON	(i)	204,000.	0.	0.	0.	0.	204,000.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)		L		L		L	
2	(ii)							
	(i)		L				L	
3	(ii)							
	(i)				L		L	
4	(ii)							
	(i)		L		L		L	
5	(ii)							
	(i)							
6	(ii)							
	(i)				L		L	
7	(ii)							
	(i)				L		L	
8	(ii)							
	(i)		L		L		L	
9	(ii)							
	(i)		Y		L		L	
10	(ii)							
	(i)							
11	(ii)							
	(i)		L		L		L	
12	(ii)							
	(i)							
13	(ii)							
	(i)		L		L		L	
14	(ii)							
	(i)				L		L	
15	(ii)				<u> </u>			
	(i)				L			
16	(ii)			 .		 .		
DAA			TEE \(\dag{1102} \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/17	•		ماريام معام C	L/Eours 000\ 2017

BAA

TEEA4102L 08/09/17

Schedule J (Form 990) 2017

Part III Supplemental Information

Schedule J (Form 990) 2017

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.



SCHEDULE 0 (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

San Luis Obispo County Visitors and Conference Bureau

Employer identification number

77-0221126

Form 990, Part VI, Line 11b - Form 990 Review Process

TAX RETURN REVIEWED BY TREASURER AND PRESIDENT PRIOR TO FILING

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

COMPENSATION IS DETERMINED USING COMPARABLE DATA AND IS VOTED ON BY THE BOARD OF

DIRECTORS

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

INFORMATION IS AVAILABLE UPON REQUEST.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

COPIES AVAILABLE UPON REQUEST

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

EXECUTIVE BOARD ACTS AS AUDIT COMMITTEE AND REVIEWS AUDIT REPORT.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2017 FTB 3586' on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the

close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE ___. CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR CALIFORNIA FORM **Payment Voucher for Corporations and**

2017 **Exempt Organizations e-filed Returns**

3586 (e-file)

1644196 SANL 77-0221126 000000000000 17 FORM 3

TYB 07-01-17 TYE 06-30-18

SAN LUIS OBISPO COUNTY VISITORS AND CONFERENCE BUREAU

CHUCK DAVISON

1334 MARSH STREET

93401 SAN LUIS OBISPO CA

(805) 541-8000

AMOUNT OF PAYMENT 10.

6181176 059 CACA1201L 12/05/17 FTB 3586 2017

2017 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2017 or f	scal year beginning (mm/dd/yyyy)	7/01/201	7 , and ending (r	mm/dd/yyyy) 6/30/	201	8 ·			
Corporation/Or	ganization nam	SAN LUIS OBISPO COUNT			·		California corporation nu	ımber		
		CONFERENCE BUREAU				1	1644196			
	rmation. See in:	tructions.				7	EIN 77-0221126			
	(suite or room)	DE EM				Р	PMB no.			
City	ARSH STI	CEET			State	Z	ip code			
SAN LUI	IS OBIS	?O			CA		93401			
Foreign country	y name				Foreign province/state/county	F	oreign postal code			
A First Retu	ırn	· · · · · · · · · · · · · · · · · · ·	Yes X No	J If exempt under I	R&TC Section 23701d, has the aged in political activities?	9				
B Amended	$Return \dots .$	·	Yes X No				Yes	No		
C IRC Section	on 4947(a)(1)	rust	Yes X No	Goo mod dodono				□ N/A		
D Final Info	rmation Return	?		K le the organization	on exempt under R&TC Sectio	n 22701	Ig? Yes	X No		
• Di	issolved	Surrendered (Withdrawn) Merg	ged/Reorganized		gross receipts from	11 23/01	.y • [103	21 110		
	e (mm/dd/yyy			nonmember sour	ces		j 			
_	counting metho	-		L If organization is	exempt under R&TC Sectioning fee exception, check box.	23701d				
		Accrual 3 Other	Sch H (990)		equired		• 🔲			
	eturn mea? 1 ner 990 series	● 990T 2 ● 990-PF 3 ●	2011 H (990)		n a Limited Liability Compan		=	X No		
		ee instructions	Yes X No	N Did the organizat	ion file Form 100 or Form 109	to rep	oort	_		
H Is this or	nanization in a	group exemption?	Yes X No		on under audit by the IRS or h		IRS	X No		
	vhat is the par				r year?			X No		
				P Is federal Form 1	023/1024 pending?		Yes	No		
I Did the o	rganization hav	e any changes to its quidelines		Date filed with IR			_			
	•		Yes X No				CACA1112L	01/02/18		
Part I	Complete I	Part I unless not required to file this	form. See Ger	neral Information	B and C.					
	1 Gross	sales or receipts from other sources	s. From Side 2	, Part II, line 8	•	1	10	,264.		
	2 Gross	dues and assessments from members	ers and affiliat	es		2				
Receipts and	3 Gross	contributions, gifts, grants, and sim	ilar amounts r	eceived	SEE SCH. B.	3	4,033	,956.		
Revenues	4 Total	gross receipts for filing requirement	test. Add line	1 through line 3.						
	This	ine must be completed. If the result	is less than \$!	50,000, s <u>ee Gene</u>	eral Information B •	4	4,044	,220.		
	5 Cost	of goods sold		• 5						
	6 Cost	or other basis, and sales expenses o	of assets sold.	• 6	929.					
	7 Total	costs. Add line 5 and line 6				7		929.		
		gross income. Subtract line 7 from li				8	4,043	,291.		
Expenses	9 Total	expenses and disbursements. From	Side 2, Part II	, line 18		9	3,445	,434.		
	10 Exce	ss of receipts over expenses and disl	bursements. S	ubtract line 9 fror	m line 8 •	10	597	, 857.		
	11 Total	payments				11				
		ax. See General Information K			•	12				
	13 Paym	ents balance. If line 11 is more than	line 12, subtra	act line 12 from li	ne 11 •	13				
Filing	14 Use t	ax balance. If line 12 is more than lir	ne 11, subtract	line 11 from line	12 •	14				
Fee	15 Filing	fee \$10 or \$25. See General Inform	ation F			15		10.		
	16 Pena	ties and Interest. See General Inforr	mation J			16				
	17 Baland	e due. Add line 12, line 15, and line 16. Then	subtract line 11 fro	om the result		17		10.		
C!		s of perjury, I declare that I have examined this remplete. Declaration of preparer (other than taxpa					knowledge and belief,			
Sign Here		mplete. Declaration of preparer (other than taxpa	ayer) is based on al	I information of which p	oreparer has any knowledge. Date		■ Telephone			
	Signature of officer		PRESID	ENT			(805) 541-8	000		
	Dana a sanda N		1	Date	Check if		• PTIN			
Paid	Preparer's signature	DENNIS J BURKART			self- employed		P00118088			
Preparer's Use Only	Firm's name DOMMAN & DIEVEND						● FEIN			
USE UTILY	(or yours, if self-employed) 694 SANTA ROSA STREET						77-0014050			
	and address	SAN LUIS OBISPO, C.	A 93401			• Telephone				
						- 1	(805) 543-6			
	May the F	TB discuss this return with the prepa	arer shown abo	ve? See instructi	ons	•	X Yes	No		

SAN LUIS OBISPO COUNTY VISITORS AND

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		rega	rdless of amount of gross receipts	 complete 	Part II or furnis	sh subs	stitute information				
		1	Gross sales or receipts from all	business	activities. See	instru	ctions		1		
		2	Interest						2		2,470.
		3	Dividends						3		
Rece		4	Gross rents								
from Othe		5	Gross royalties								
Sour		6	Gross amount received from sa								
		7	Other income. Attach schedule.								7,794.
		8	Total gross sales or receipts from other								10,264.
		9	Contributions, gifts, grants, and similar		_						10,204.
		10	Disbursements to or for member	-							
		11	Compensation of officers, direc								204,000.
		12	Other salaries and wages								430,550.
Expe	enses	13	Interest								430,330.
and	urse-	14	Taxes								40 730
men		15	Rents								49,738.
		16	Depreciation and depletion (Se								51,391.
		17	Other Expenses and Disbursem								20,853.
		18	Total expenses and disbursements. Add								2,688,902.
Cala			Balance Sheet	ille 9 tilloug							3,445,434.
	edule	; L	Balance Sneet	1	Beginning of	taxab			d of ta	xable	
Asse					(a)		(b)	(c)		•	(d)
1			receivable				733,261.			•	1,214,317. 746,785.
3			eivable			-	814,735.			•	740,703.
3 4										•	
5			state government obligations							•	
6			n other bonds							•	
7			in stock							•	
8			ns			7				•	
9	•	•	nents. Attach schedule							•	
10 a			issets		167,090.			225,2	215.		
			lated depreciation		27,841.	7	139,249.	46,4			178,751.
11										•	
12			Attach schedule STM	1			39,456.			•	151,529.
13							1,726,701.				2,291,382.
			net worth				1, 120, 1011				2,231,0021
14			able				231,476.			•	162,914.
			, gifts, or grants payable							•	
16			otes payable							•	
17			yable							•	
18			es. Attach schedule				5,089.				40,475.
19			or principal fund				1,490,136.			•	2,087,993.
20			pital surplus. Attach reconciliation				1, 150, 150.			•	2,00,,550.
21			nings or income fund							•	
22			ies and net worth				1,726,701.				2,291,382.
Sch	edule	: M-	Reconciliation of income per Do not complete this schedule					s less than \$50.00	0.		
1	Net inc	ome n	· · · · · · · · · · · · · · · · · · ·	•	597,857			books this year not in			
2	Federal	incon	ne tax		031,7001	•		h schedule		•	
3	Excess	of cap	oital losses over capital gains	•		8	Deductions in this		• •		
4			ecorded on books this year.				against book incom	-			
	Attach	schedı	ıle	•						•	
5			orded on books this year not deducted			9		nd line 8	[
			. Attach schedule	•		10	Net income per				
6	Total. A	\dd lin	e 1 through line 5		597,857	•	Subtract line 9	from line 6			597 , 857.

Side 2 Form 199 2017 059 3652174 CACA1112L 01/02/18

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization San Luis Obispo	County Visitors and	Employer identification number
Conference Bure	eau	77-0221126
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	d as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ger	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule a	nd a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990	0-EZ, or 990-PF that received, during the year, contribution nplete Parts I and II. See instructions for determining a co	ns totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(received from any one contributor, during	n 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/39 (vi), that checked Schedule A (Form 990 or 990-EZ), Part II, ling the year, total contributions of the greater of (1) \$5,000 n 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
during the year, total contributions of m	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recore than \$1,000 <i>exclusively</i> for religious, charitable, scienty to children or animals. Complete Parts I, II, and III.	eived from any one contributor, tific, literary, or educational
during the year, contributions exclusive \$1,000. If this box is checked, enter he charitable, etc., purpose. Don't complet	in 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recyly for religious, charitable, etc., purposes, but no such concrete the total contributions that were received during the year e any of the parts unless the General Rule applies to this ritable, etc., contributions totaling \$5,000 or more during the parts unless the General Rule applies to this ritable, etc., contributions totaling \$5,000 or more during the second seco	ntributions totaled more than ar for an <i>exclusively</i> religious, organization because
Caution. An organization that isn't covered 990-PF), but it must answer 'No' on Part IV	by the General Rule and/or the Special Rules doesn't file , line 2, of its Form 990; or check the box on line H of its the filing requirements of Schedule B (Form 990, 990-EZ,	Schedule B (Form 990, 990-EZ, or Form 990-EZ or on its Form 990-PF.

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 of

2 of Part I

Name of organization
San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
--------	--------------	---------------------	---------------	------------------	---------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF ATASCADERO CALIFORNIA		Person X
	6550 EL CAMINO REAL	\$ <u>137,017.</u>	Payroll Noncash
	ATASCADERO, CA 93422		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF GROVER BEACH CALIFORNIA		Person X Payroll
	180 HIGHWAY ONE	\$ <u>_35,776.</u>	
	GROVER_BEACH, CA_93433		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF MORRO BAY CALIFORNIA		Person X Payroll
	845 EMBARCADERO	\$328,221.	
	MORRO BAY, CA 93442		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF PASO ROBLES		Person X Payroll
	1000 SPRING STREET	\$546,325.	
	PASO ROBLES, CA 93446		(Complete Dort II for
	Theo Robbid, Ch 33440		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	
(a) Number	(b)	(c) Total contributions	(d) Type of contribution Person X
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4 CITY OF PISMO BEACH	Total contributions	(d) Type of contribution Person X Payroll
Number	(b) Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD	Total contributions	(d) Type of contribution
<u>5</u>	Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449	\$ 973,207.	Complete Part II for noncash contribution (d) Type of contribution (d) Type of contribution Person X X X X X X X X X
5 (a) Number	Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449 Name, address, and ZIP + 4	\$ 973,207.	roncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Page

2 of

2 of Part I

San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,120,954.	Person X Payroll Noncash (Complete Part II for
	SAN LUIS OBISPO, CA 93401		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF ARROYO GRANDE		Person X
	300 E BRANCH STREET	\$ <u>94,307.</u>	Payroll Noncash
	ARROYO GRANDE, CA 93420		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page

1 t

of Part II

1

San Luis Obispo County Visitors and

Employer identification number 77-0221126

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		- 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - -	
ΒΔΔ	<u> </u>	- Y	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

to 1 of Part III

Name of organization
San Luis Obispo County Visitors and

Employer identification number

77-0221126

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the	tc., contributions to orga he year from any one contril	nizations o	described in section 501(c)(7), (8), te columns (a) through (e) and
	the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total (Enter this information once. S	al of <i>exclusive</i>	ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
		·	 	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee

3885

		-	•									
	ch to Form 100 or For	m 100W. FORI	M 199									
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D				Califor	nia co	rporatio	on number
		ENCE BUREAU							164	419	6	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lir	mitation					3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		(b) C	ost (business i	use only)	(c) E	ected	cost			
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7						
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in c	olumn (c), l	ine 6 and li	ne 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8 .				••••			9		
10	Carryover of disallov									10		
11	Business income lim				•					11		
12	IRC Section 179 exp					_				12		
13	,								_			
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	-	Under R&TO	Section	2435				
14	(a)	(b)	(c)	Dam.	(d)	(e)	(f)		(0	g)	£	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life of		Deprecia this		101	Additional first year
	5. p. sp 5. sy	(allov	wable in					,		depreciation
				earli	er years							
	BINETRY	3/25/2016	14,434.		656.	S/L		28			25.	
	OORING	2/23/2016	15,418.		748.	S/L		28			61.	
COI	JNTERTOP	4/08/2016	2,800.		127.	S/L		28		1	02.	
NE:	WORK SERVER	6/28/2007	1,437.			200DB		5				
CUS	STOM BUILT PC	5/30/2008	539.		539.	200DB	<u> </u>	5				
15	Add the amounts in	column (g) and co	lumn (h). The total	of colur	nn (h) may	not exceed	ı					
	\$2,000. See instructi							5	20	0,8	53.	
Par	t III Summary											
16	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	line 15,	, column (g) the amoun) or Its on line 1	5 colum	ne (c	ı) and (h) Or		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Forn	n 4562, line	22				[17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differend	e here and	on_Form	100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 1/ is	less than line 16, nia denreciation am	enter th	e difference re used to d	e here and c determine n	on Form let incom	100 (ne he	or fore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18	
Par	t IV Amortization										•	
19	(a)	(b)	(c)		((d)	(e)		(f)			(g)
	Description	Date acquire			Amorti	ization allowable	R&TC		Period			Amortization
	of property	(mm/dd/yyyy	v) other bas	515	in earlie		sectio		percent	aye		for this year
					55.110	, ,	(220					
								_			+	
								-+			+	
								+			-	
	—										-	
20	Total. Add the amou	107								20	-	
21	Total amortization cl		•							21	1	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	ce here and	on Form	100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess triail lifte 20,	enter th	e umerence	: nere and c	שווסדווו	100 (וע	22		
	. 51111 100 TT, Olde Z,											

3885

		•	-										
	ch to Form 100 or For	m 100W. FORI	4 199										
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D				Califor	rnia coi	rporatio	n number	
		ENCE BUREAU			-				164	419	6		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179								
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 , 000)
2	Total cost of IRC Sec	ction 179 property	placed in service							2			
3	Threshold cost of IRO									3		\$200,000)
4	Reduction in limitation									4			_
5	Dollar limitation for t		act line 4 from line							5			_
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Ele	cted co	st				
										_			
7	Listed property (elec		•										
8	Total elected cost of	·								8			_
9	Tentative deduction.									9			_
10	Carryover of disallow									10			_
11	Business income lim				•					11 12	-		_
12	IRC Section 179 exp					_				12			
13 Par	,		ional First Year Dep					24256					
	· · · · · · · · · · · · · · · · · · ·			l			1	4330			1	/ I-\	_
14	(a) Description	(b) Date acquired	(c) Cost or	Deni	(d) reciation	(e) Depreciation	Life o	r D	epreci	g) ation	for	(h) Additional first	
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate			year	101	year	
					wable in er years							depreciation	
TM7	AC 20"	6/10/2009	1,620.	Carn	1,620.	S/L		5					-
	LL LAPTOP CPU	4/29/2010	847.		847.	S/L		5					_
		7/23/2010				_		5					_
	MPUTERS/MONIT		1,500. 854.		1,500. 854.	S/L		5					_
		8/19/2010				S/L		7		1 2	0 E		_
	MPUTER AND SO	6/30/2012	8,433.		6,326.	S/L	1			1,2	05.		_
	Add the amounts in \$2,000. See instructi							5					
Par	t III Summary												
16	Total: If the corporat	ion is electing:		E 15									
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	1111e 15. 356. add	, column (g) I the amoun) or ts on line 1	5. columr	ıs (a)	and (h) or			
	Depreciation (if no e										16		
	Total depreciation cla										17		
18	Depreciation adjustments form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	e here and	on Form	100 o	r				
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	ire used to d	determine r	et income	e befo	re				
	state adjustments on	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18		
Par	t IV Amortization				T		_						
19	(a)	(b)	(c)		(()	d)	(e)		(f)	سما		(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or	allowable	R&TC section		Period ercent			Amortization for this year	
	. 119	(11 3333	,		in earlie	er years	(see inst			- 3 -		Tor triis year	
								\perp					
													_
						-							
20	Total. Add the amou	nts in column (g)								20			
21	Total amortization cl	aimed for federal r	ourposes from fede	ral Forn	n 4562, line	44				21			
22			•										
	Amortization adjustments form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 1	00 or					
	Form 100W, Side 2,	line 12								22			_

3885

		-	-								
	ch to Form 100 or For	m 100W. FORI	4 199								
Corpo	ration name SAN LU	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califo	rnia corp	ooratio	n number
		ENCE BUREAU						164	4196	5	
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service						2		
3	Threshold cost of IR								3		\$200 , 000
4	Reduction in limitation								4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line						5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Elect	ed cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
8	Total elected cost of	·							8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim				•				11		
12	IRC Section 179 exp								12		
13	Carryover of disallov							1250			
Par		nd Election of Addit		reciation			1				
14	(a) Description	(b) Date acquired	(c) Cost or	Deni	(d) reciation	(e) Depreciation	(f) Life or	Depreci	g)	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		year	101	year
		, , , , , , , , , , , , , , , , , , , ,			wable in				•		depreciation
	D 117711 00 DT	F /1 F /0010	0.4.4	earii	er years	0/7	<u> </u>	,	1.0	. 1	
	AD WITH CC RE		844.		635.	S/L	7	-		1.	
	28" MONITOR	6/30/2016	331.		71.	S/L	7	-	4	7.	
	TABLETS	6/30/2016	1,183.		254.	S/L	7			_	
	COMPUTER	12/07/2015	2,785.		836.	S/L	5			57.	
LG	28"MONITOR	9/02/2015	329.		71.	S/L	1 7	7	4	7.	
15	Add the amounts in										
Par	\$2,000. See instruct	ions for line 14, co	iumin (11)				13			l.	
	Total: If the corporal	tion is alacting:							<u> </u>		
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	. column (a)	or or					
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1					
17	Depreciation (if no e	•								16 17	
	Total depreciation cl Depreciation adjustn									17	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	e here and o	on Form 100	0 or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	ire used to o	determine r	et income l	before	١.		
Dor	state adjustments or	n Form 100 or Form	n 100w, no adjustn	nent is i	necessary.).					18	
Pari 19		(b)	(0)			۸/	(0)	(6)		1	(m)
19	(a) Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) ization	(e) R&TC	(f)	d or		(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	section	percent	tage		for this year
					in earlie	er years	(see instr)				
								1			
								1			
								1			
									1		
20	Total. Add the amou	ınts in column (g).							20		
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	on_Form 1	00 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 100	0 or	22		
	Form 100W, Side 2,	ııııe ı∠							22	l	

3885

		-	-								
	ch to Form 100 or For	rm 100W. FORI	м 199								
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califo	rnia corp	ooratio	n number
		ENCE BUREAU						164	4196	5	
Par	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25 , 000
2	Total cost of IRC Se		•						2		
3	Threshold cost of IR								3		\$200,000
4	Reduction in limitation								4		
5	Dollar limitation for		act line 4 from line						5		
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c) Elect	ed cost	-		
									_		
									_		
									_		
			70 1)	<u> </u>					-		
8	Listed property (elec		•				no 7		8	l	
9	Total elected cost of Tentative deduction.	·							9		
10	Carryover of disallow								10		
11	Business income lim								11		
12	IRC Section 179 exp								12		
13	·								1		
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 24	356			
14	(a)	(b)	(c)	_	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate	Depreci	iation i year	for	Additional first year
	or property	(IIIII/dd/yyyy)	otrici basis	allo	wable in	Inctiou	Tate	UIIS	ycai		depreciation
				earli	er years						
	LL COMPUTER	12/14/2015	851.		255.	S/L	5			0.	
	LL COMPUTER	12/14/2015	851.		255.	S/L	5			0.	
	MINATOR	9/09/2012	409.		261.	S/L	7	+		8.	
	EDENZA	1/31/2014	561.		280.	S/L	7	+		30.	
COI	NFERENCE TABL	6/06/2016	3,102.		665.	S/L	1 7	<u>' </u>	44	13.	
15	Add the amounts in \$2,000. See instruct										
Par	t III Summary										
16	Total: If the corpora	tion is electing:	1 1 10	15							
	IRC Section 179 exp Additional first year	pense, add the amo depreciation under	ount on line 12 and R&TC Section 243	i iine 15 356. add	, column (g) the amoun) or ts on line 1	5. columns	(a) and (h	n) or		
	Depreciation (if no e									16	
	Total depreciation cl								· · · · _*	17	
18	Depreciation adjustr Form 100W, Side 1,	ment. If line 17 is g	reater than line 16	, enter t	he difference	e here and	on Form 10	00 or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts a	re used to d	determine r	net income l	before			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	ment is r	necessary.).				· · · · · · ·	18	
Par		1									
19	(a) Description	(b) Date acquire	d (c) Cost o	nr.	Amorti	d) ization	(e) R&TC	(f) Period	d or		(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	section	percent			for this year
					in earlie	er years	(see instr)				
									T		
20	Total. Add the amou	107							20		
21	Total amortization c		•						21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the	he difference	ce here and	on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12							22		
	· · · · · · · · · · · · · · · · · · ·								•	•	

3885

		-	-								
	ch to Form 100 or For	m 100W. FORI	1 199								
Corpo	ration name SAN LU	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califor	nia corp	oratio	n number
		ENCE BUREAU						164	4196	;	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25 , 000
2	Total cost of IRC Sec	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				3		\$200 , 000
4	Reduction in limitation								4		
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Electe	d cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7					
8	Total elected cost of	·							8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim				•				11		
12	IRC Section 179 exp					_			12		
13	· · · · · · · · · · · · · · · · · · ·							250			
Par	•	nd Election of Addit		reciation				1			
14	(a) Description	(b) Date acquired	(c) Cost or	Deni	(d) reciation	(e) Depreciation	(f) Life or	Depreci	g) ation f	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		year	OI	year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			wable in				•		depreciation
	DEGE CO	0/11/0015	0.054	earii	er years	0/7			4.0	_	
	DESKS	9/11/2015	2,854.		612.	S/L	7		40		
	CUBICLES	1/16/2016	2,574.		552.	S/L	7	1	36		
	CUBICLES	2/05/2016	3,838.		822.	S/L	7		54		
	FREE STANDING	3/18/2016	516.		111.	S/L	7			4.	
2 I	BOOKSHELVES	5/12/2016	663.		142.	S/L	7		9	5.	
15	Add the amounts in \$2,000. See instruct										
Par	t III Summary										
16	Total: If the corporat	ion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15 856. add	, column (g) I the amoun) or ts on line 1	5 columns	(a) and (h) or		
	Depreciation (if no e									6	
	Total depreciation cl								1	7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he difference	e here and	on_Form_10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, dia denreciation am	enter th nounts a	e aitterence ire used to a	e nere and d Hetermine n	on Form 100 let income b	or efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is i	necessary.).				1	8	
Par	t IV Amortization										
19	(a)	(b)	(c)		(0	d)	(e)	(f)			(g)
	Description of property	Date acquire			Amorti allowed or	ization	R&TC	Period	-		Amortization
	of property	(mm/dd/yyyy) Unler bas	515	in earlie		section (see instr)	percent	aye		for this year
					3270		,				
							<u> </u>				
20	Total Add H	man in a street ()			<u> </u>		<u> </u>		20		
20	Total. Add the amou	107							20		
21	Total amortization cl		•						21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	he difference	ce here and	on Form 10	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12.		enter th				OI	22		

3885

		-	•								
	ch to Form 100 or For	m 100W. FORI	M 199								
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califo	rnia cor	rporatio	n number
		ENCE BUREAU						164	419	6	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				3		\$200,000
4	Reduction in limitation								4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Elect	ed cost			
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7					
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in c	olumn (c), l	ine 6 and li	ne 7		8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		
11	Business income lim				•				11		
12	IRC Section 179 exp					_			12		
13	,										
Par	· · · · · · · · · · · · · · · · · · ·	1	ional First Year Dep	reciation			Section 24	1			
14	(a) Description	(b)	(c)	Don	(d)	(e)	(f)	Deprec	g)	for	(h) Additional first
	of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate		year	101	year
	1 1 3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			wable in				,		depreciation
		5 /05 /004 6	1 1 6 6	earii	er years	- /-	<u> </u>	_			
	CUBICLES	5/27/2016	1,166.		250.	S/L		7		67.	
	DOOR SIGNAGE		4,139.		887.	S/L		7		91.	
	DOOR SIGNAGE	5/06/2016	895.		192.	S/L		7	12	28.	
	ATHE CHAIR (2	6/30/2012	214.		214.	S/L		5			
LG	50" TV	9/08/2015	1,554.		333.	S/L	<u> </u>	7	22	22.	
15	Add the amounts in \$2,000. See instruct										
Par		10115 101 11116 14, 00	iuiiiii (ii)				13				
	Total: If the corporat	tion is electing:							ı	1	
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or or					
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1				10	
17	Depreciation (if no e									16 17	
	Total depreciation cl Depreciation adjustn								· · · ·	17	
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	e here and o	on Form 10	0 or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	ire used to o	determine r	et income	before		10	
Dar	state adjustments or	n Form 100 or Forn	n 100w, no adjustn	nent is r	necessary.).					18	
Par		(h)	(0)			۸/	(0)	(4)		1	(m)
19	(a) Description	(b) Date acquire	d (c) Cost o	r	Amorti	d) ization	(e) R&TC	(f)	d or		(g) Amortization
	of property	(mm/dd/yyy)			allowed or	allowable	section	percen			for this year
					in earlie	er years	(see instr)			╄	
										-	
										1	
										1	
20	Total. Add the amou	ınts in column (g).							20		
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21	L	
22			•								
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 10	0 or		1	
	Form 100W, Side 2,	line 12							22		

3885

		-	-								
	ch to Form 100 or For	m 100W. FORI	1 199								
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califor	rnia corp	oratio	n number
		ENCE BUREAU						164	4196		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						2		
3	Threshold cost of IRO								3		\$200 , 000
4	Reduction in limitation								4		
5	Dollar limitation for t		act line 4 from line						5		
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Electe	ed cost			
7	Listed property (elec		•								
8	Total elected cost of	·							8		
9	Tentative deduction.								9		
10	Carryover of disallow								10		
11 12	Business income lim IRC Section 179 exp								11 12		
13	·					_			12		
Par	-	nd Election of Addit						356			
14	-			l			1	1	۳)		(b)
14	(a) Description	(b) Date acquired	(c) Cost or	Depr	(d) reciation	(e) Depreciation	(f) Life or	Depreci	g) ation f	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		year		year
					wable in er years						depreciation
A DI	MIN TV	1/20/2016	1,283.	1	275.	S/L	7		18	3.	
	NASONIC PHONE	9/04/2015	11,724.		2,512.	S/L	7		1,67	-	
	RDWARE	1/23/2017	1,812.	7	151.	S/L	5		36		
	PATIO CHAIRS	7/05/2016	583.		83.	S/L	7	1		3.	
	HIGH BACK BLA	7/14/2016	950.		136.	S/L	7	1	13	-	
										•	
13	Add the amounts in \$2,000. See instruction										
Par		10113 101 11110 14, 00	idinii (ii)							Į.	
	Total: If the corporat	ion is electing:								1	
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	, column (g)	or					
	Additional first year of Depreciation (if no e									6	
17	Total depreciation cl									7	
	Depreciation adjustm								··· ·	_	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	e here and c	on Form 100	or or			
	Form 100W, Side 2, state adjustments or	illie 12. (II Callioff Form 100 or Forn	iia depreciation am n 100W no adjustn	nent is r	re used to the cessary)	determine n	iet income t	eiore	1	8	
Par					1000000						
19	(a)	(b)	(c)		((d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Period	-		Amortization
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie		section (see instr)	percent	age		for this year
					σαι πο	,	(300 111011)				
20	Total. Add the amou	nte in column (a)						<u> </u>	20		
21	Total amortization cl	107							21		
			•						-1		
22	Amortization adjustn Form 100W, Side 1,	nent. If lifte ∠1 is g line 6. If line 21 is	less than line 20	, enter t enter th	ne umerence e difference	e here and o	on Form 100	or or			
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·						22		

3885

		-	•								
	ch to Form 100 or For	m 100W. FORI	M 199								
Corpo	ration name	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Califo	rnia cor	ooratio	n number
		ENCE BUREAU						164	4196	5	
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25 , 000
2			•								
3											\$200 , 000
4											
5			act line 4 from line						5		
6	(a)	Description of property		(b) 0	ost (business ı	use only)	(c) Elect	ed cost			
7			•								
8											
9											
10	-										
11					•						
12						_			12		
13								1256			
Par				reciation			1			1	4.5
14	(a) Description			Deni				Denrec	g) iation	for	
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate			101	year
											depreciation
זיום	/ERSE OSMOSIS	9/26/2016	1644196 1644								
	OS SPEAKER										
								_			
	AND STOOL						1	+			
	DOOR SIGNAGE						+	-			
2 1	BOOKCASES	2/02/2017	507.		30.	S/L	1 ,	/		2.	
15											
Par	t III Summary										
16	Total: If the corporat	tion is electing:	1 1 10 1	. 15							
	Additional first year	ense, add the amo depreciation under	R&TC Section 243	iine is 356. add	, column (g) I the amoun) or ts on line 1	5. columns	(a) and (h	n) or		
										16	
									<u> </u>	17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he difference	e here and	on Form 1	00 or			
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	enter til 10unts a	re used to	determine r	net income	before			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).					18	
Par	t IV Amortization										
19	(a)				(0	d)	(e)	(f)			
	Description of property				Amorti allowed or	zation allowable					
	or property	(11111111111111111111111111111111111111	ourior bas	515				Porooni	lago		ioi tilis year
				_							
								1			
								1			
20	Total Add the amou	ints in column (a)	l .		I		I	1	20		
21		107									
			•						-1		
22	Form 100W, Side 1.	line 6. If line 21 is g	less than line 20.	, enter t enter th	ne umerence e difference	e here and a	on Form 10	oo or 0 or	1		
	Form 100W, Side 2,	line 12	, 		· · · · · · · · · · · · · · · · · · ·				22		

3885

		-	-									
	ch to Form 100 or For	m 100W. FORI	И 199									
Corpo	ration name SAN LU	IS OBISPO CO	OUNTY VISITO	RS AN	1D			Cal	lifornia d	corporation	on number	
		ENCE BUREAU						16	5441	96		
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction	under IRC Section	179 for California.								\$25 , 000)
2	Total cost of IRC Se	ction 179 property	placed in service									
3										_	\$200 , 000)
4												
5			act line 4 from line	1					. 5	<u> </u>		_
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Elec	ted cost				
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7						
8		·							·			
9												
10	-									_		_
11					•					_		_
12						_			. 12	!		_
13	,							4250				
	· · · · · · · · · · · · · · · · · · ·			reciation			Section 2	4356				_
14	(a)			Don			(f)	Donre	(g)	n for		
						method	rate					
	Threshold cost of IRC Section 179 property before reduction in limitation. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. Ca) Dollar limitation for taxable year. Subtract line 4 from line 1. If zero roles, enter -0. (a) Description of property (b) Cost (business use only) (c) Elected cost (d) Elected cost (e) Elected cost (e) Elected cost (f) Elected cost (g) El											
		5 /05 /0015	0.160	earii		- /-		_				_
			•				+					_
			•			_	+					_
					99.							_
INT	TEL DESKTOP/H					S/L				64.		_
3 I	LG LED MONITO	1/11/2018	830.			S/L		5		83.		
15												
Par	t III Summary						•					
16	Total: If the corporat	tion is electing:		<u> </u>								_
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or	E column	c (a) and	(h) a			
17		•								17		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	on Form 1	100 or				_
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and o	on Form 10	00 or				
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).					18		
Par			· · · · · · · · · · · · · · · · · · ·									_
19	(a)	(b)	(c)		(0	d)	(e)	((f)		(g)	
	Description	Date acquire	d Cost o		Amorti	ization	R&TC	Peri	iod or		Amortization	
	or property	(mm/aa/yyyy	other bas	SIS					entage		for this year	
					m. came	, you.o	(000	/				-
												-
								+				-
							 	+		_		_
								+				_
	—						<u> </u>					_
20	Total. Add the amou	107										_
21	Total amortization cl		•						. 21	_		_
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form	100 or				
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess triait lifte 20,	enter th	e umerence	: Here and C	או בסנננו ול	וט טו	. 22			
	. 51111 15577, Oldo Z,											_

3885

Attac	ch to Form 100 or For	m 100W. FORM	4 199								
Corpo	ration name	IS OBISPO CO		DC 7/1	ID.			Califo	rnia corp	oratio	n number
		ENCE BUREAU	JONII VISIIO	KS AI	עו			164	4196		
Par		pense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	•							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2		· · ·
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lir	nitation				3		\$200,000
4	Reduction in limitation								4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If ze	ro or less,	enter -0			5		
6	(a)	Description of property		(b) C	ost (business	use only)	(c) Electe	ed cost			
7	Listed property (elec		•								
8	Total elected cost of								8		
9	Tentative deduction.								9		
10	Carryover of disallov								10 11		
11 12	Business income lim IRC Section 179 exp				•				12		
13	Carryover of disallov			-		A			12		
Par		nd Election of Additi						356			
14	(a)	(b)	(c)		(d)	(e)	(f)	1	g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Depreci	iation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	this	year		year depreciation
					er years						иергестаногі
API	LE COMPUTER	1/11/2018	2,321.			S/L	5	5	23	2.	
	LAPTOPS AND	3/01/2018	3,050.			S/L	5	_	20		_
	IPUTER	4/01/2018	1,993.	1		S/L	5	_	10		_
	MERA EQUIPMEN	7/15/2017	3,459.			S/L	7		49		_
	IPUTER	11/01/2017	3,326.	7		S/L	5		44		
	Add the amounts in			of colu	nn (h) may						_
	\$2,000. See instruct										
Par	t III Summary						<u>'</u>	•			
16	Total: If the corporat	tion is electing:		—							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15,	column (g)) or Its on line 1	5 columns	(a) and (h	1) Or		
	Depreciation (if no e									6	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Forn	n 4562, line	22			1	7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he differend	ce here and	on_Form_10	00 or			
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or								1	8	
Par	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC section	Period percent			Amortization
	or property	(IIIIII/aa/yyyy) Other bas	313		er years	(see instr)	percern	lage		for this year
20	Total. Add the amou	ints in column (g).							20		
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21		
22	Amortization adjustr	nent. If line 21 is a	reater than line 20.	, enter t	he differend	ce here and	on Form 10	00 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	e here and c	n Form 100	or or			
	Form 100W, Side 2,	line 12							22		

3885

Atta	ch to Form 100 or For	m 100W. FORM	4 199							
	ration name	1014	OUNTY VISITO	DC 7/1	ID.			Califor	nia corpora	ation number
		ENCE BUREAU	JONII VISIIO	KS AI	עוי			164	4196	
Par			perty Under IRC S	ection 1	179			1-00		
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						2	· · ·
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in Iir	mitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0				4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		(b) C	ost (business i	use only)	(c) Electe	ed cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ınts in c	olumn (c), l	line 6 and li	ne 7		8	
9	Tentative deduction.								9	
10	Carryover of disallow		,						10	
11	Business income lim				•				11	
12	IRC Section 179 exp					_ ·			12	
13	Carryover of disallow							250		
Par			onal First Year Dep	reciation	-			1		1
14	(a) Description	(b) Date acquired	(c) Cost or	Deni	(d) reciation	(e) Depreciation	Life or	Deprecia	g) ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		year	year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			wable in					depreciation
7 10	THE THE TENT OF THE TENT	6/20/2010	1 070	earii	er years	C /T	7			
_	JUSTABLE/STAN	6/30/2018	1,072.			S/L	7		0.4	
_	ONT OFFICE/RE	5/31/2018	7,890.			S/L	7		94	•
_	CK OFFICE FUR	6/30/2018	2,239.			S/L	7			
_	CK OFFICE IMP	6/30/2018	2,833.			S/L	10			
ELI	ECTRICAL IMPR	6/30/2018	2,855.			S/L	10			
	Add the amounts in \$2,000. See instruction									
Par	t III Summary									
16	Total: If the corporat	ion is electing:		. 15						
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	iine 15 356. add	, column (g) I the amoun) or its on line 1!	5. columns	(a) and (h) or	
	Depreciation (if no e									
	Total depreciation cl								17	
18	Depreciation adjustments form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	ce here and	on Form 10	00 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts a	re used to	determine n	et income b	pefore		
	state adjustments or	Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).				18	
Par	t IV Amortization				T		1			
19	(a)	(b)	(c)			d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC section	Period percent	-	Amortization for this year
		, , , , , , , , , , , , , , , , , , , ,	<i>,</i>		in earlie	er years	(see instr)	'	J	
20	Total. Add the amou	nts in column (g).							20	
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Forn	n 4562, line	44			21	
22			·							
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and c	n Form 100	or or	00	
	Form 100W, Side 2,	ııne 12							22	

TAXABLE YEAR CALIFORNIA FORM

2017 Corporation Depreciation and Amortization

38	225

	ch to Form 100 or For	m 100W. FORI	M 199						
Corpo	ration name SAN LU	IS OBISPO CO	OUNTY VISITO	RS AND			Califor	nia corpor	ation number
		ENCE BUREAU		_			164	4196	
Parl	l Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitatio	n			3	\$200 , 000
4	Reduction in limitation							4	
5	Dollar limitation for t	-	act line 4 from line					5	
6	(a)	Description of property		(b) Cost (bus	siness use only)	(c) Elected	l cost		
_			•						
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov							10 11	
11 12	Business income lim IRC Section 179 exp			•				12	
13	Carryover of disallov			•	A 7			12	
Parl		nd Election of Addit					56		
14	(a)	(b)	(c)	(d)				1)	(h)
1-4	Description	Date acquired	Cost or	Depreciati	on Deprecia		Deprecia	ation fo	
	of property	(mm/dd/yyyy)	other basis	allowed o	r metho		this	year	year
				allowable earlier yea					depreciation
GLZ	ASS WALLS/BAC	6/30/2018	28,777.		s/:	L 28			
		2, 20, 202							
15	Add the every water in	and and an	Lucas (b) The total	of columns (b)					
13	Add the amounts in \$2,000. See instruct								
Parl		10110 101 11110 1 1, 00							L
	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, colur	nn (g) or	15 .			
	Additional first year Depreciation (if no e								
17	Total depreciation cl	• •			107				
	Depreciation adjustn								
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the diffe	rence here ar	nd on Form 100	or		
	state adjustments or							18	
Parl			, ,		· · · · · ·				L
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire			Amortization red or allowat	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	other bas		earlier years	ole section (see instr)	percenta	aye	for this year
					, ·	,,			
20	Total. Add the amou	ints in column (a)		I				20	
21	Total amortization cl	107						21	
	Amortization adjustn								
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the diffe	rence here ar	nd on Form 100	or		
	Form 100W, Side 2,	line 12						22	

2017

California Statements

San Luis Obispo County Visitors and Conference Bureau

Page 1 77-0221126

Statement 1 Form 199, Part II, Line 7 Other Income

OTHER \$ 7,794.

Total \$ 7,794.

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:	Title and Average Hours <u>Per Week Devoted</u>	Total Compen-	Contri- bution to	Expense Account/
Name and Address CHUCK DAVISON				
CHUCK DAVISON	President & CEO \$ 40.00	0.	Ş U.	Ş U.
,				
JAY JAMISON	PAST PRESIDENT 2.00	0.	0.	0.
,		>		
CLINT PEARCE	CHAIR 2.00	0.	0.	0.
,				
SAM MILLER	MEMBER 1.00	0.	0.	0.
,	2.00			
SARAH MAGGELET	MEMBER 1.00	0.	0.	0.
,				
LORI KELLER	Secretary 2.00	0.	0.	0.
,				
AMAR SOHI	MEMBER	0.	0.	0.
,	1.00			
JOHN ARNOLD	VICE CHAIR	0.	0.	0.
	2.00			
,				
NIPOOL PATEL	MEMBER 1.00	0.	0.	0.
,				
VAL SEYMOUR	MEMBER 1.00	0.	0.	0.
,				

California Statements

San Luis Obispo County Visitors and Conference Bureau

77-0221126

Page 2

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

_	_			
Currer		\ττ: .		
CHIPPER	IT L	,,,,,,,,,	ers	-

Name and Address	Title and Average Hours <u>Per Week Devote</u>	Total Compen- l sation	Contri- bution to EBP & DC	Expense Account/ Other
JIM HAMILTON	MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
,				
MARK EADS	MEMBER 1.00	0.	0.	0.
,				
KATHLEEN BONELLI	MEMBER 1.00	0.	0.	0.
,				
AARON GRAVES	TREASURER 2.00	0.	0.	0.
,				
ROGER WIGHTMAN	MEMBER 1.00	0.	0.	0.
,				
	Tota	1 \$ 0.	\$ 0.	\$ 0.

Key Employees:

They Employees.	Name	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CHUCK DAVISON		PRESIDENT & CEO 40	204,000.	0.	0.
,					
		Total	\$ 204,000.	\$ 0.	\$ 0.

Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees Advertising and Promotion BOARD/COMMITTEE MEETINGS COMPUTER EXPENSES CONTRACT LABOR CREDIT CARD FEES DUES AND SUBSCRIPTIONS EQUIPMENT RENTAL Insurance MARKETING Office Expenses Other Employee Benefit	1,159,134.
Other Employee Benefit.	49,439.

1	n	1	_
Z	U		

California Statements

Page 3

San Luis Obispo County Visitors and Conference Bureau

77-0221126

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

PARTNER SERVICES. PENSION PLAN ADMIN FEE.	\$ 74,088. 729.
Pension Plan Contributions. PRINTING	17,051. 26,609.
REPAIRS & MAINTENANCE	828.
SPONSORSHIP STORAGE RENT	35,279. 2,528.
TAXES THEMED PROGRAMS	657. 2 274
TRADE AND MEDIA	53,905.
TRADE SHOWSUTILITIES	196,401. 17,019.
WEBSITE Total	94,442.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Prepaid Expenses and Deferred Charges	135,779.
TRADEMARK	15,750.
Total	\$ 151,529.

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

CREDIT CARD PAYABLE	9,776.
OTHER ACCRUED EXPENSES	30,527.
PAYROLL LIABILITIES	172.
Total	\$ 40,475.



VISIT SLO CAL BOARD APPLICATION FORM

NAME OF APPLICANT: Alma Ayom COMPANY: Sundance Ded & Breakfelt ADDRESS: 7735 Sundance Trail, Paso Robles, 14 93446 PHONE: (805) 226-2888 EMAIL: Info@ Sundance Band B. Com TOTAL YEARS IN HOSPITALITY INDUSTRY: 5
NAME OF APPLICANT: 4177
COMPANY: Ondance Ded Dreathy
ADDRESS: 7735 Sundance Trail, Paso Nosles, Col 13996
PHONE: (805) 226-2888 EMAIL: Into @ Sindance Band B. com
TOTAL YEARS IN HOSPITALITY INDUSTRY: 5
BACKGROUND EXPERIENCE: Diwner / Chef/Innteefer

Employment History

CURRENT EMPLOYER: Son dance 3/13 YRS OF SERVICE: 5
PAST EMPLOYER: NBC/Telemondo/Algo Más Enfertainment POSITION: TV Producis
PAST EMPLOYER: NBC / 186m on as 17150 MAS Enter la 1717 MAS PAST EMPLOYER: DO + 9600 S
POSITION: TV Producis

Community/Board Involvement

ORGANIZATION: The Welfness K	totelle (100K_
ORGANIZATION:	Tritle:
DATES OF INVOLVEMENT:	

Organization: Title:

DATES OF INVOLVEMENT:

For more information, contact Visit SLO CAL at 805-541-8000.

Subscribe Past Issues Translate ▼

View this email in your browser



TUESDAY, SEPTEMBER 25, 2018

4:30 - 6:00pm

3800 Golden Hill Road | Paso Robles

Cava Robles RV Resort in Paso Robles has opened its doors to a spectacular new resort experience.

We hope you will join in the celebration. Invitation to follow.







Copyright © 2018 Cava Robles RV Resort, All rights reserved.

Want to change how you receive these emails? You can <u>update your preferences</u> or <u>unsubscribe from this list</u>.