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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
PASO ROBLES CAB COLLECTIVE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3940-7 BROAD ST 301

City or town, state or province, country, and ZIP or foreign postal code
SAN LUIS OBISPO, CA 93401

D Employer identification number
46-1639273

E Telephone number
(805) 543-2288

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 188,189

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | Description | | Amount |
|---|---|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 77,000 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a | | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b | | 109,407 |
| c Less direct expenses from gaming and fundraising events 6c | | 73,693 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d | | 35,714 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | 1,782 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 114,496 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 15,000 |
| | 13 Professional fees and other payments to independent contractors | 13 | 53,927 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 936 |
| | 15 Printing, publications, postage, and shipping | 15 | 567 |
| | 16 Other expenses (describe in Schedule O) | 16 | 20,195 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 90,625 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 23,871 | |
| Net Assets | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | -8,741 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 15,130 |

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|------------------|
| 22 Cash, savings, and investments | 2,042 | 22 15,279 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 780 | 24 100 |
| 25 Total assets | 2,822 | 25 15,379 |
| 26 Total liabilities (describe in Schedule O). | 11,563 | 26 249 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -8,741 | 27 15,130 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| DANIEL DAOU PRESIDENT | 2 00 | 0 | | |
| MICHAEL MOONEY SECRETARY | 2 00 | 0 | | |
| CYNTHIA LOHR TREASURER | 2 00 | 0 | | |
| JESSICA KOLLHOFF MEMBER | 2 00 | 0 | | |
| CLARENCE CHIA MEMBER | 2 00 | 0 | | |
| LINDA PARKER SANPEI EXECUTIVE DI | 20 00 | 15,000 | | |
| CINDY PAUP ASSISTANT TR | 2 00 | 0 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of LINDA PARKER SANPEI Telephone no (805) 543-2288 Located at 641 HIGUERA STREET STE 211 SAN LUIS OBISPO, CA ZIP + 4 93401

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 47-49b: All 'No'

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here: Signature of officer (CYNTHIA LOHR, TREASURER) and Date (2017-07-25)

Paid Preparer Use Only: Print/Type preparer's name (MARY EINKAUF), Preparer's signature, Date (2017-07-17), Check self-employed, PTIN (P00743300), Firm's name (EKMANIAN TAX & ACCOUNTING A PROF CORP), Firm's EIN (20-8144804), Firm's address (404 EAST BRANCH STREET, ARROYO GRANDE, CA 934202803), Phone no (805) 556-4512

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:

Software Version:

EIN: 46-1639273

Name: PASO ROBLES CAB COLLECTIVE

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|--|--|--|
| <p>28 THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | |

Form 990EZ, Part III - Statement of Program Service Accomplishments

| <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|--|--|--|
| <p>29 THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>29a</p> | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PASO ROBLES CAB COLLECTIVE

Employer identification number
46-1639273

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|--|--------------|------------------|---|
| | | <u>CABS OF DISTINC</u> (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 109,407 | | | 109,407 |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 109,407 | | | 109,407 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 23,621 | | | 23,621 |
| | 7 Food and beverages | 25,774 | | | 25,774 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 24,298 | | | 24,298 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 73,693 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 35,714 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|--|--|--|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PASO ROBLES CAB COLLECTIVE

Employer identification number

46-1639273

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------------------|
| FORM 990-EZ, PART I, LINE 8 | OTHER 1,782 TOTAL 1,782 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 16 | OTHER COST OF GOODS SOLD 4,119 EXPENSES ADVERTISING AND PROMOTION 5,214 OFFICE 162 TRAVEL 3,317 INSURANCE 2,031 GRAPHICS/DESIGN 4,692 MEMBER LUNCHEONS 238 WEBSITE 422 TOTAL 20,195 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| FORM 990-EZ, PART II, LINE 24 | PREPAID EXPENSES AND DEFERRED CHARGES 780 100 TOTAL 780 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 881 249 DEFERRED REVENUE 10,682 0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------|---|
| FORM 990-EZ, PART III | THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990-EZ, PART III, LINE 28 | THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990-EZ, PART III, LINE 31 | THE MISSION OF THE PASO ROBLES CAB COLLECTIVE IS TO EDUCATE CONSUMERS ON THE QUALITY OF CABERNET SAUVIGNON AND BORDEAUX VARIETALS PRODUCED IN PASO ROBLES, AND TO PROMOTE THE VARIETALS THEMSELVES AS WELL AS THE GLOBAL MARKETING OF THE VARIETALS |