

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

**OCEAN BEACH MERCHANT'S  
ASSOCIATION, INC**

**\*\* - \*\*\*5092**

**Net Asset / Fund Balance at Beginning of Year** 202,598

**Revenue**

Contributions	<u>144,521</u>	
Program service revenue	<u>424,201</u>	
Investment income	<u>19</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
<b>Total revenue</b>		<u>568,741</u>

**Expenses**

Program services	<u>525,730</u>	
Management and general	<u>126,285</u>	
Fundraising		
<b>Total expenses</b>		<u>652,015</u>
<b>Excess / (deficit)</b>		<u>-83,274</u>

Changes

**Net Asset / Fund Balance at End of Year** 119,324

**Reconciliation of Revenue**

Total revenue per financial statements	<u>568,741</u>	
Less:		
Unrealized gains		
Donated services		
Recoveries		
Other		
Plus:		
Investment expenses		
Other		
<b>Total revenue per return</b>	<u><u>568,741</u></u>	

**Reconciliation of Expenses**

Total expenses per financial statements	<u>652,015</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other		
<b>Total expenses per return</b>	<u><u>652,015</u></u>	

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>276,407</u>	<u>302,599</u>	
Liabilities	<u>73,809</u>	<u>183,275</u>	
Net assets	<u><u>202,598</u></u>	<u><u>119,324</u></u>	<u>-83,274</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/20  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 20 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**OCEAN BEACH MERCHANT'S ASSOCIATION, INC**

Employer identification number

**\*\* - \*\*\*5092**

Name and title of officer

**BARBARA IACOMETTI  
PRESIDENT**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>568,741</u>
2a Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

I authorize **BATTEN ACCOUNTANCY INC** to enter my PIN **50921** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 10/06/20

**Part III Certification and Authentication**

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

**\*\*\*\*\***  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } 10/06/20

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b> Doing business as <b>OCEAN BEACH MAINSTREET ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 7990</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO CA 92167</b>	<b>D</b> Employer identification number <b>** - *** 5092</b> <b>E</b> Telephone number <b>619-224-4906</b> <b>G</b> Gross receipts \$ <b>568,741</b>
<b>F</b> Name and address of principal officer: <b>BARBARA IACOMETTI</b> <b>4993 NIAGARA AVE #205</b> <b>SAN DIEGO CA 92107</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.OCEANBEACHSANDIEGO.COM</b>		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>180,592</b>	<b>144,521</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>700,428</b>	<b>424,201</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-499</b>	<b>19</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>880,521</b>	<b>568,741</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>233,758</b>	<b>207,398</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>0</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>638,756</b>	<b>444,617</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>872,514</b>	<b>652,015</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,007</b>	<b>-83,274</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>276,407</b>	<b>302,599</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>73,809</b>	<b>183,275</b>
		<b>202,598</b>	<b>119,324</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BARBARA IACOMETTI</b> Type or print name and title	Date <b>PRESIDENT</b>
	Print/Type preparer's name <b>JERE R. BATTEN, CPA</b>	Preparer's signature Date <b>10/07/20</b>
<b>Paid Preparer Use Only</b>	Firm's name } <b>BATTEN ACCOUNTANCY INC</b> <b>4696 GREENE ST</b> Firm's address } <b>SAN DIEGO, CA 92107-1420</b>	Firm's EIN } Phone no. <b>619-501-6359</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **168,267** including grants of \$ ) (Revenue \$ **60,579** )

**TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY PROVIDING A PLATFORM FOR AREA BUSINESS TO DEVELOP MARKETING CAMPAIGNS**

4b (Code: ) (Expenses \$ **171,720** including grants of \$ ) (Revenue \$ **83,305** )

**TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.**

4c (Code: ) (Expenses \$ **185,743** including grants of \$ ) (Revenue \$ **280,317** )

**TO PROMOTE LOCAL BUSINESS BY HOSTING SPECIAL EVENTS AND PROVIDING PROGRAMS**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 525,730**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included 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 (gambling) winnings to prize winners?		

1a	22
1b	0

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>9</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**DENISE KNOX**  
**SAN DIEGO**

**1868 BACON ST**

**CA 92107**

**619-224-4906**



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

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

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

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

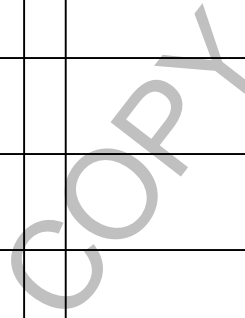
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MICHAEL AKEY</b>	1.00									
1ST VP	0.00	X		X			0	0	0	
(2) <b>CRAIG GERWIG</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) <b>GARY GILMORE</b>	1.00									
ER CHAIR	0.00	X					0	0	0	
(4) <b>BARBARA IACOMETTI</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(5) <b>KYLE JAWORSKI</b>	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) <b>MATT KALLA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>CAROL LADIGES</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>RON MARCOTTE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>DAVE MARTIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>KEN MOSS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>TEVIA OSKIN</b>	1.00									
PROMOTION CHAIR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MIKE STIFANO</b>	1.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(13) <b>CC SUMMERFIELD</b>	1.00									
<b>2ND VP</b>	0.00	X		X			0	0	0	
(14) <b>BETH WRIGHT</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	



<b>1b Subtotal</b> .....	<b>u</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....	<b>u</b>
<b>d Total (add lines 1b and 1c)</b> .....	<b>u</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	12,410				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	106,560				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,551				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	<b>h Total. Add lines 1a-1f</b>	<b>u</b>	<b>144,521</b>				
<b>Program Service Revenue</b>	2a <b>FARMER'S MARKET</b>	Business Code	228,843	228,843			
	b <b>MAINTENANCE ASSESSMENT</b>		69,601	69,601			
	c <b>OTHER EVENTS</b>		49,947	49,947			
	d <b>PROMOTION</b>		35,033	35,033			
	e <b>ASSESSMENT - BIDC</b>		24,058	24,058			
	f All other program service revenue		16,719	16,719			
	<b>g Total. Add lines 2a-2f</b>	<b>u</b>	<b>424,201</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	u		19		19	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
c Gain or (loss)	7c						
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
<b>Miscellaneous Revenue</b>	11a	Business Code					
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>	<b>u</b>					
<b>12 Total revenue. See instructions</b>	<b>u</b>	<b>568,741</b>	<b>424,201</b>	<b>0</b>	<b>19</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	192,547	143,740	48,807	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,851	11,295	3,556	
11 Fees for services (nonemployees):				
a Management	42,648	42,648		
b Legal				
c Accounting	18,226	129	18,097	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,588	26,925	663	
12 Advertising and promotion	21,663	21,658	5	
13 Office expenses	26,062	20,923	5,139	
14 Information technology	23,569	22,061	1,508	
15 Royalties				
16 Occupancy	16,900	5,860	11,040	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	428	329	99	
20 Interest	756		756	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,641		3,641	
23 Insurance	19,075	5,664	13,411	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	43,007	43,007		
b REPAIRS AND MAINTENANCE	33,379	30,238	3,141	
c FIREWORKS	26,960	26,960		
d EVENT SERVICES	26,142	25,467	675	
e All other expenses	114,573	98,826	15,747	
25 Total functional expenses. Add lines 1 through 24e	652,015	525,730	126,285	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	96,232	1	79,751
	2	Savings and temporary cash investments	46,773	2	167,688
	3	Pledges and grants receivable, net	72,949	3	22,550
	4	Accounts receivable, net	15,739	4	903
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	10,694	8	11,790
	9	Prepaid expenses and deferred charges	17,637	9	7,175
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	48,293		
	10b	Less: accumulated depreciation	36,351	10c	11,942
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	800	15	800
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	276,407	16	302,599	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	48,280	17	3,811
	18	Grants payable		18	
	19	Deferred revenue	15,680	19	17,889
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	150,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,849	25	11,575
	26	<b>Total liabilities.</b> Add lines 17 through 25	73,809	26	183,275
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	202,598	27	119,324
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	202,598	32	119,324	
33	<b>Total liabilities and net assets/fund balances</b>	276,407	33	302,599	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>568,741</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>652,015</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-83,274</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>202,598</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>119,324</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

\*\* - \*\*\*5092

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>7,509</b>	<b>2,169</b>	<b>5,340</b>
<b>d</b> Equipment .....		<b>2,285</b>	<b>1,578</b>	<b>707</b>
<b>e</b> Other .....		<b>38,499</b>	<b>32,604</b>	<b>5,895</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>11,942</b>



**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED SALARIES AND RELATED EXPENSE</b>	<b>10,294</b>
(3) <b>CREDIT CARD PAYABLE</b>	<b>1,148</b>
(4) <b>SALES TAX PAYABLE</b>	<b>133</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 11,575</b>

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



**Part XIII** Supplemental Information *(continued)*

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**OCEAN BEACH MERCHANT'S  
ASSOCIATION, INC**

Employer identification number

**\*\* - \*\*\*5092**

**FORM 990 - ORGANIZATION'S MISSION**

**TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY**

**PROVIDING A PLATFORM FOR AREA BUSINESSES TO DEVELOP**

**MARKETING CAMPAIGNS, ENHANCE PUBLIC IMPROVEMENTS, AND**

**BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

**ORGANIZATION HAS MEMBERS THAT PAY AN ANNUAL FEE.**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

**BOARD MEMBERS ELECTED BY MEMBERS.**

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

**BOARD OF DIRECTORS APPROVES SIGNIFICANT ACTIONS OF THE ORGANIZATION**

**INCLUDING EMPLOYMENT COMPENSATION AGREEMENTS, BUDGET APPROVAL, FINANCIAL**

**OVERSIGHT, AND MAJOR PURCHASES.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**COPY OF RETURN PROVIDED TO BOARD OF DIRECTORS FOR REVIEW BEFORE FILING**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**APPROVED BY BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**APPROVED BY BOARD OF DIRECTORS.**

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\*-\*\*\*5092

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

TRASH REMOVAL

\$ 25,366

\$ -27

\$ 0

LANDSCAPING

\$ 10,600

\$ 0

\$ 0

EVENT SUPPLIES

\$ 8,882

\$ 230

\$ 0

EVENT SERVICES

\$ 6,810

\$ 0

\$ 0

DUES AND SUBSCRIPTIONS

\$ 1,798

\$ 4,464

\$ 0

REPAIR AND MAINTENANCE

\$ 5,843

\$ 0

\$ 0

TELEPHONE

\$ 778

\$ 5,038

\$ 0

TRASH REMOVAL

\$ 5,064

\$ 0

\$ 0

BANNER PROGRAM

\$ 4,937

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 4,800

\$ 0

\$ 0

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\* - \*\*\*5092

**SECURITY**

\$ 4,466 \$ 0 \$ 0

**LICENSES AND FEES**

\$ 3,157 \$ 0 \$ 0

**LICENSES AND FEES**

\$ 2,565 \$ 0 \$ 0

**HOLIDAY DECORATIONS**

\$ 2,456 \$ 0 \$ 0

**EVENT SUPPLIES**

\$ 2,249 \$ 0 \$ 0

**EQUIPMENT RENTAL**

\$ 0 \$ 2,242 \$ 0

**LICENSES AND FEES**

\$ 2,167 \$ 0 \$ 0

**UTILITIES**

\$ 758 \$ 1,369 \$ 0

**ANNUAL AWARDS CELEBRATION**

\$ 1,741 \$ 0 \$ 0

**EVENT SERVICES**

\$ 1,575 \$ 0 \$ 0

**LICENSE AND PERMITS**

\$ 0 \$ 1,074 \$ 0

**DONATIONS**

\$ 0 \$ 1,000 \$ 0

**AWARDS AND PLAQUES**

\$ 614 \$ 0 \$ 0

**EVENT SERVICES**

Name of the organization <b>OCEAN BEACH MERCHANT'S</b>	Employer identification number <b>** - ***5092</b>
---	---

\$	555	\$	0	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	512	\$	0	\$	0
<b>TRASH REMOVAL</b>					
\$	408	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	7	\$	357	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	300	\$	0	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	260	\$	0	\$	0
<b>EVENT SUPPLIES</b>					
\$	174	\$	0	\$	0
<b>LICENSES AND FEES</b>					
\$	150	\$	0	\$	0
<b>DUES AND SUBSCRIPTIONS</b>					
\$	108	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	-1	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	-273	\$	0	\$	0
<b>TOTAL</b>					
\$	98,826	\$	15,747	\$	0

COPY

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return **OCEAN BEACH MERCHANT'S ASSOCIATION, INC**

Identifying number  
**\*\* - \*\*\*5092**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,641

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,641
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

**THERE ARE NO AMOUNTS FOR PAGE 2**



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## Federal Asset Report

FYE: 6/30/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
10	Tents	6/30/06	740			740	5 MO S/L	740	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709			2,709	7 MO S/L	2,709	0
13	Shore Office Furniture	11/02/06	528			528	7 MO S/L	528	0
14	Farkas Store Fixtures	11/27/06	403			403	7 MO S/L	403	0
16	Home Depot	1/03/07	477			477	7 MO S/L	477	0
17	Ikea Cabinet for Copy Machine	3/30/07	189			189	7 MO S/L	189	0
18	Racks & Wheels	4/25/07	401			401	7 MO S/L	401	0
19	3 Tarps for Street Fair	6/15/07	747			747	7 MO S/L	747	0
23	Website	10/13/09	1,300			1,300	3 MO S/L	1,300	0
24	50 Trash Cans	2/08/11	3,045			3,045	5 MO S/L	3,045	0
25	Office Buildout	2/14/11	695			695	7 MO S/L	695	0
28	Adobe Software-Liz & Denny	3/18/11	898			898	3 MO S/L	898	0
29	Computer & printer-Denny	3/29/11	1,226			1,226	5 MO S/L	1,226	0
32	2 Electrical Wire Cover Ramps	10/01/11	184			184	7 MO S/L	184	0
33	LAPTOP	12/21/12	739			739	5 MO S/L	739	0
34	AWNING	6/26/13	2,063			2,063	5 MO S/L	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970			970	7 MO S/L	750	139
36	Computer	3/14/14	978			978	5 MO S/L	978	0
37	Website - directory	6/06/14	4,000			4,000	5 MO S/L	4,000	0
38	Printer	2/19/14	826			826	7 MO S/L	629	119
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440			3,440	15 MO S/L	1,128	229
40	GENERATOR EZGF-1620854	9/09/15	2,285			2,285	7 MO S/L	1,251	327
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509			7,509	15 MO S/L	1,669	500
42	Trashcan	11/01/16	1,050			1,050	7 MO S/L	400	150
43	3 Cross Street Holiday Swags	9/12/16	8,273			8,273	5 MO S/L	4,688	1,654
44	HP OMen 870-247c Desktop computer	10/11/17	1,309			1,309	5 MO S/L	458	262
45	HP Omen 870-247c Desktop computer	11/16/17	1,309			1,309	5 MO S/L	415	261
<b>Total Other Depreciation</b>			<u>48,293</u>			<u>48,293</u>		<u>32,710</u>	<u>3,641</u>
<b>Total ACRS and Other Depreciation</b>			<u>48,293</u>			<u>48,293</u>		<u>32,710</u>	<u>3,641</u>
<b>Grand Totals</b>			48,293			48,293		32,710	3,641
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>48,293</u>			<u>48,293</u>		<u>32,710</u>	<u>3,641</u>

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## CA Asset Report

FYE: 6/30/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Other Depreciation:</b>								
10	Tents	6/30/06	740	740	740	0	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	2,709	2,709	0	0	0
13	Shore Office Furniture	11/02/06	528	528	528	0	0	0
14	Farkas Store Fixtures	11/27/06	403	403	403	0	0	0
16	Home Depot	1/03/07	477	477	477	0	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	189	189	0	0	0
18	Racks & Wheels	4/25/07	401	401	401	0	0	0
19	3 Tarps for Street Fair	6/15/07	747	747	747	0	0	0
23	Website	10/13/09	1,300	1,300	1,300	0	0	0
24	50 Trash Cans	2/08/11	3,045	3,045	3,045	0	0	0
25	Office Buildout	2/14/11	695	695	695	0	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	898	898	0	0	0
29	Computer & printer-Denny	3/29/11	1,226	1,226	1,226	0	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	184	184	0	0	0
33	LAPTOP	12/21/12	739	739	739	0	0	0
34	AWNING	6/26/13	2,063	2,063	2,063	0	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	970	750	139	139	0
36	Computer	3/14/14	978	978	978	0	0	0
37	Website - directory	6/06/14	4,000	4,000	4,000	0	0	0
38	Printer	2/19/14	826	826	629	119	119	0
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440	3,440	1,128	229	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	2,285	1,251	327	327	0
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509	7,509	1,669	500	500	0
42	Trashcan	11/01/16	1,050	1,050	400	150	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	8,273	4,688	1,654	1,654	0
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	1,309	458	262	262	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	1,309	415	261	261	0
<b>Total Other Depreciation</b>			<b>48,293</b>	<b>48,293</b>	<b>32,710</b>	<b>3,641</b>	<b>3,641</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>48,293</b>	<b>48,293</b>	<b>32,710</b>	<b>3,641</b>	<b>3,641</b>	<b>0</b>
<b>Grand Totals</b>			<b>48,293</b>	<b>48,293</b>	<b>32,710</b>	<b>3,641</b>	<b>3,641</b>	<b>0</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>48,293</b>	<b>48,293</b>	<b>32,710</b>	<b>3,641</b>	<b>3,641</b>	<b>0</b>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

COPY

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**Future Depreciation Report FYE: 6/30/21**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
10	Tents	6/30/06	740	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	0	0
13	Shore Office Furniture	11/02/06	528	0	0
14	Farkas Store Fixtures	11/27/06	403	0	0
16	Home Depot	1/03/07	477	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	0	0
18	Racks & Wheels	4/25/07	401	0	0
19	3 Tarps for Street Fair	6/15/07	747	0	0
23	Website	10/13/09	1,300	0	0
24	50 Trash Cans	2/08/11	3,045	0	0
25	Office Buildout	2/14/11	695	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	0	0
29	Computer & printer-Denny	3/29/11	1,226	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	0	0
33	LAPTOP	12/21/12	739	0	0
34	AWNING	6/26/13	2,063	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	81	0
36	Computer	3/14/14	978	0	0
37	Website - directory	6/06/14	4,000	0	0
38	Printer	2/19/14	826	78	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	326	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	501	0
42	Trashcan	11/01/16	1,050	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	1,655	0
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	262	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	262	0
<b>Total Other Depreciation</b>			<u>48,293</u>	<u>3,544</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>48,293</u>	<u>3,544</u>	<u>0</u>
<b>Grand Totals</b>			<u>48,293</u>	<u>3,544</u>	<u>0</u>

Asset	Description	Date In Service	Cost	CA
<b>Other Depreciation:</b>				
10	Tents	6/30/06	740	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	0
13	Shore Office Furniture	11/02/06	528	0
14	Farkas Store Fixtures	11/27/06	403	0
16	Home Depot	1/03/07	477	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	0
18	Racks & Wheels	4/25/07	401	0
19	3 Tarps for Street Fair	6/15/07	747	0
23	Website	10/13/09	1,300	0
24	50 Trash Cans	2/08/11	3,045	0
25	Office Buildout	2/14/11	695	0
28	Adobe Software-Liz & Denny	3/18/11	898	0
29	Computer & printer-Denny	3/29/11	1,226	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	0
33	LAPTOP	12/21/12	739	0
34	AWNING	6/26/13	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	81
36	Computer	3/14/14	978	0
37	Website - directory	6/06/14	4,000	0
38	Printer	2/19/14	826	78
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229
40	GENERATOR EZGF-1620854	9/09/15	2,285	326
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	501
42	Trashcan	11/01/16	1,050	150
43	3 Cross Street Holiday Swags	9/12/16	8,273	1,655
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	262
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	262
<b>Total Other Depreciation</b>			<u>48,293</u>	<u>3,544</u>
<b>Total ACRS and Other Depreciation</b>			<u>48,293</u>	<u>3,544</u>
<b>Grand Totals</b>			<u>48,293</u>	<u>3,544</u>

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2018 &amp; 2019</b>
Name		For calendar year 2019, or tax year beginning <b>07/01/19</b> , ending <b>06/30/20</b>		Taxpayer Identification Number
<b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>				<b>** - *** 5092</b>
		<b>2018</b>	<b>2019</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1. 32,699	25,551	-7,148
	2. Membership dues and assessments	2. 13,395	12,410	-985
	3. Government contributions and grants	3. 134,498	106,560	-27,938
	4. Program service revenue	4. 700,428	424,201	-276,227
	5. Investment income	5. 19	19	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -518		518
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 880,521	568,741	-311,780
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 233,758	207,398	-26,360
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 101,587	88,462	-13,125
	19. Occupancy, rent, utilities, and maintenance	19. 20,187	16,900	-3,287
	20. Depreciation and Depletion	20. 4,621	3,641	-980
	21. Other expenses	21. 512,361	335,614	-176,747
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 872,514	652,015	-220,499
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 8,007	-83,274	-91,281
<b>Other Information</b>	24. Total exempt revenue	24. 880,521	568,741	-311,780
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 699,929	424,220	-275,709
	27. Total assets	27. 276,407	302,599	26,192
	28. Total liabilities	28. 73,809	183,275	109,466
	29. Retained earnings	29. 202,598	119,324	-83,274
	30. Number of voting members of governing body	30. 14	14	
	31. Number of independent voting members of governing body	31. 14	14	
	32. Number of employees	32. 7	9	
	33. Number of volunteers	33. 250	250	

Form **990****Tax Projection Worksheet****2019 & 2020**

Name

**OCEAN BEACH MERCHANT'S  
ASSOCIATION, INC**

Taxpayer Identification Number

**\*\* - \*\*\* 5092**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 25,551	25,551	
	2. Membership dues and assessments	2. 12,410	12,410	
	3. Government contributions and grants	3. 106,560	106,560	
	4. Program service revenue	4. 424,201	424,201	
	5. Investment income	5. 19	19	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 568,741</b>	<b>568,741</b>	
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 207,398	207,398	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 88,462	88,462	
	19. Occupancy, rent, utilities, and maintenance	19. 16,900	16,900	
	20. Depreciation and Depletion	20. 3,641	3,641	
	21. Other expenses	21. 335,614	335,614	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 652,015</b>	<b>652,015</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. -83,274</b>	<b>-83,274</b>	
<b>Other</b>	24. Total exempt revenue	24. 568,741	568,741	
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 424,220	424,220	
	27. Total assets	27. 302,599	302,599	
	28. Total liabilities	28. 183,275	183,275	
	29. Retained earnings	29. 119,324	119,324	
	30. Number of voting members of governing body	30. 14	14	
	31. Number of independent voting members of governing body	31. 14	14	
	32. Number of employees	32. 9	9	
	33. Number of volunteers	33. 250	250	

<b>Form 990</b>	<b>Tax Return History</b>	<b>2019</b>
Name <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>		Employer Identification Number <b>**_***5092</b>

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....	124,128	121,127	120,294	167,197	132,111	132,111
Membership dues .....	16,585	16,665	15,590	13,395	12,410	12,410
Program service revenue .....	673,240	729,717	733,218	700,428	424,201	424,201
Capital gain or loss .....				-518		
Investment income .....	36	18	20	19	19	19
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>813,989</b>	<b>867,527</b>	<b>869,122</b>	<b>880,521</b>	<b>568,741</b>	<b>568,741</b>
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	235,008	274,975	246,126	233,758	207,398	207,398
Professional fees .....	77,616	88,181	98,132	101,587	88,462	88,462
Occupancy costs .....	20,422	22,639	20,216	20,187	16,900	16,900
Depreciation and depletion .....	3,896	4,949	5,481	4,621	3,641	3,641
Other expenses .....	466,276	500,139	493,808	512,361	335,614	335,614
<b>Total expenses</b> .....	<b>803,218</b>	<b>890,883</b>	<b>863,763</b>	<b>872,514</b>	<b>652,015</b>	<b>652,015</b>
<b>Excess or (Deficit)</b> .....	<b>10,771</b>	<b>-23,356</b>	<b>5,359</b>	<b>8,007</b>	<b>-83,274</b>	<b>-83,274</b>
<b>Total exempt revenue</b> .....	<b>813,989</b>	<b>867,527</b>	<b>869,122</b>	<b>880,521</b>	<b>568,741</b>	<b>568,741</b>
Total unrelated revenue .....						
Total excludable revenue .....	673,276	729,735	733,238	699,929	424,220	424,220
Total Assets .....	286,485	260,999	226,699	276,407	302,599	302,599
Total Liabilities .....	56,798	54,668	32,108	73,809	183,275	183,275
Net Fund Balances .....	229,687	206,331	194,591	202,598	119,324	119,324



**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
SAVINGS INTEREST	\$ 19			14 CA		
TOTAL	<u>\$ 19</u>					

COPY

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 23,412	\$ 22,749	\$ 663	\$
STREET FAIR				
CONTRACT LABOR	2,000	2,000		
FIREWORKS				
SECURITY	176	176		
OTHER EVENTS				
CONTRACT LABOR	2,000	2,000		
TOTAL	\$ 27,588	\$ 26,925	\$ 663	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRASH REMOVAL	\$ 25,339	\$ 25,366	\$ -27	\$
LANDSCAPING	10,600	10,600		
EVENT SUPPLIES	9,112	8,882	230	
EVENT SERVICES	6,810	6,810		
DUES AND SUBSCRIPTIONS	6,262	1,798	4,464	
REPAIR AND MAINTENANCE	5,843	5,843		
TELEPHONE	5,816	778	5,038	
TRASH REMOVAL	5,064	5,064		
BANNER PROGRAM	4,937	4,937		
EVENT ENTERTAINMENT	4,800	4,800		
SECURITY	4,466	4,466		
LICENSES AND FEES	3,157	3,157		
LICENSES AND FEES	2,565	2,565		
HOLIDAY DECORATIONS	2,456	2,456		
EVENT SUPPLIES	2,249	2,249		
EQUIPMENT RENTAL	2,242		2,242	
LICENSES AND FEES	2,167	2,167		
UTILITIES	2,127	758	1,369	
ANNUAL AWARDS CELEBRATION	1,741	1,741		

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## Federal Statements

FYE: 6/30/2020

**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
EVENT SERVICES	\$ 1,575	\$ 1,575		\$
LICENSE AND PERMITS	1,074		1,074	
DONATIONS	1,000		1,000	
AWARDS AND PLAQUES	614	614		
EVENT SERVICES	555	555		
EQUIPMENT RENTAL	512	512		
TRASH REMOVAL	408	408		
MISCELLANEOUS	364	7	357	
EQUIPMENT RENTAL	300	300		
EQUIPMENT RENTAL	260	260		
EVENT SUPPLIES	174	174		
LICENSES AND FEES	150	150		
DUES AND SUBSCRIPTIONS	108	108		
MISCELLANEOUS	-1	-1		
MISCELLANEOUS	-273	-273		
TOTAL	\$ <u>114,573</u>	\$ <u>98,826</u>	\$ <u>15,747</u>	\$ <u>0</u>

## Form 199 Return Summary

For calendar year 2019, or tax year beginning **07/01/2019** , and ending **06/30/2020**

**OCEAN BEACH MERCHANT'S  
ASSOCIATION, INC**

**\*\* - \*\*\*5092**

Gross sales / receipts	<u>424,220</u>	
Dues from members		
Contributions / grants	<u>144,521</u>	
Total costs		
Expenses	<u>652,015</u>	
<b>Excess / (deficit)</b>		<u><u>-83,274</u></u>
Filing fee	<u>10</u>	
Total payments		
Penalties and interest		
Use tax		
<b>Balance due</b>		<u>10</u>
<b>Refund</b>		<u><u>          </u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>276,407</u>	<u>302,599</u>	
Liabilities	<u>73,809</u>	<u>183,275</u>	
Net assets	<u><u>202,598</u></u>	<u><u>119,324</u></u>	<u><u>-83,274</u></u>

### Miscellaneous Information

Amended return  
Return / extended due date 11/16/20



**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding**Description

COUNTY OF SAN DIEGO  
CHIEF FINANCIAL OFFICER  
OFFICE OF FINANCIAL PLANNING  
COUNTY OF SAN DIEGO  
1600 PACIFIC HIGHWAY, ROOM 352  
SAN DIEGO, CA 92101  
CITY OF SAN DIEGO COMMISSION FOR ARTS & CULTURE  
CONTRACT ADMINISTRATOR  
1200 THIRD AVE, SUITE 924  
SAN DIEGO, CA 92101-4106  
CITY OF SAN DIEGO - MANAGEMENT GRANTS  
MARTHA LUNA  
ECONOMIC DEVELOPMENT DEPARTMENT  
1200 THIRD AVE, SUITE 1400  
SAN DIEGO, CA 92101-4106

COPY

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b> Doing business as <b>OCEAN BEACH MAINSTREET ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 7990</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO CA 92167</b>	<b>D</b> Employer identification number <b>** - *** 5092</b> <b>E</b> Telephone number <b>619-224-4906</b> <b>G</b> Gross receipts \$ <b>568,741</b>
<b>F</b> Name and address of principal officer: <b>BARBARA IACOMETTI</b> <b>4993 NIAGARA AVE #205</b> <b>SAN DIEGO CA 92107</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.OCEANBEACHSANDIEGO.COM</b>		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>180,592</b>	Current Year <b>144,521</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>700,428</b>	<b>424,201</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-499</b>	<b>19</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>880,521</b>	<b>568,741</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>233,758</b>	<b>207,398</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>0</b>		<b>0</b>	<b>0</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>638,756</b>	<b>444,617</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>872,514</b>	<b>652,015</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,007</b>	<b>-83,274</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>276,407</b>	End of Year <b>302,599</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>73,809</b>	<b>183,275</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>202,598</b>	<b>119,324</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BARBARA IACOMETTI</b> Type or print name and title	Date <b>PRESIDENT</b>
	Print/Type preparer's name <b>JERE R. BATTEN, CPA</b>	Preparer's signature Date <b>10/07/20</b>
<b>Paid Preparer Use Only</b>	Firm's name } <b>BATTEN ACCOUNTANCY INC</b> <b>4696 GREENE ST</b> Firm's address } <b>SAN DIEGO, CA 92107-1420</b>	Firm's EIN } Phone no. <b>619-501-6359</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **168,267** including grants of \$ ) (Revenue \$ **60,579** )

**TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY PROVIDING A PLATFORM FOR AREA BUSINESS TO DEVELOP MARKETING CAMPAIGNS**

4b (Code: ) (Expenses \$ **171,720** including grants of \$ ) (Revenue \$ **83,305** )

**TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.**

4c (Code: ) (Expenses \$ **185,743** including grants of \$ ) (Revenue \$ **280,317** )

**TO PROMOTE LOCAL BUSINESS BY HOSTING SPECIAL EVENTS AND PROVIDING PROGRAMS**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 525,730**



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included 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 (gambling) winnings to prize winners?		

1a	22
1b	0

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>9</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**DENISE KNOX**  
**SAN DIEGO**

**1868 BACON ST**

**CA 92107**

**619-224-4906**

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

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

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

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

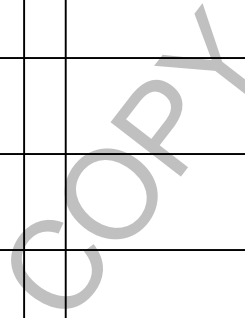
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MICHAEL AKEY</b>	1.00									
1ST VP	0.00	X		X			0	0	0	
(2) <b>CRAIG GERWIG</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) <b>GARY GILMORE</b>	1.00									
ER CHAIR	0.00	X					0	0	0	
(4) <b>BARBARA IACOMETTI</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(5) <b>KYLE JAWORSKI</b>	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) <b>MATT KALLA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>CAROL LADIGES</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>RON MARCOTTE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>DAVE MARTIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>KEN MOSS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>TEVIA OSKIN</b>	1.00									
PROMOTION CHAIR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MIKE STIFANO</b>	1.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(13) <b>CC SUMMERFIELD</b>	1.00									
<b>2ND VP</b>	0.00	X		X			0	0	0	
(14) <b>BETH WRIGHT</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
<b>1b Subtotal</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			



**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a					
	b	Membership dues	1b	12,410				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	106,560				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,551				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	<b>Total.</b> Add lines 1a-1f	u	144,521				
<b>Program Service Revenue</b>	2a	FARMER'S MARKET	Business Code	228,843	228,843			
	b	MAINTENANCE ASSESSMENT		69,601	69,601			
	c	OTHER EVENTS		49,947	49,947			
	d	PROMOTION		35,033	35,033			
	e	ASSESSMENT - BIDC		24,058	24,058			
	f	All other program service revenue		16,719	16,719			
	g	<b>Total.</b> Add lines 2a-2f	u	424,201				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)	u		19		19	
	4	Income from investment of tax-exempt bond proceeds	u					
	5	Royalties	u					
	6a	Gross rents	6a	(i) Real				
			6a	(ii) Personal				
			6a					
	b	Less: rental expenses	6b					
	c	Rental inc. or (loss)	6c					
	d	Net rental income or (loss)	u					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
			7a	(ii) Other				
			7a					
	b	Less: cost or other basis and sales exps.	7b					
c	Gain or (loss)	7c						
d	Net gain or (loss)	u						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
		8a						
		8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events	u						
9a	Gross income from gaming activities. See Part IV, line 19	9a						
		9a						
		9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities	u						
10a	Gross sales of inventory, less returns and allowances	10a						
		10a						
		10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory	u						
<b>Miscellaneous Revenue</b>	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d	u					
12	<b>Total revenue.</b> See instructions	u	568,741	424,201	0	19		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	192,547	143,740	48,807	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,851	11,295	3,556	
11 Fees for services (nonemployees):				
a Management	42,648	42,648		
b Legal				
c Accounting	18,226	129	18,097	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,588	26,925	663	
12 Advertising and promotion	21,663	21,658	5	
13 Office expenses	26,062	20,923	5,139	
14 Information technology	23,569	22,061	1,508	
15 Royalties				
16 Occupancy	16,900	5,860	11,040	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	428	329	99	
20 Interest	756		756	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,641		3,641	
23 Insurance	19,075	5,664	13,411	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	43,007	43,007		
b REPAIRS AND MAINTENANCE	33,379	30,238	3,141	
c FIREWORKS	26,960	26,960		
d EVENT SERVICES	26,142	25,467	675	
e All other expenses	114,573	98,826	15,747	
25 Total functional expenses. Add lines 1 through 24e	652,015	525,730	126,285	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	96,232	1	79,751
	2 Savings and temporary cash investments	46,773	2	167,688
	3 Pledges and grants receivable, net	72,949	3	22,550
	4 Accounts receivable, net	15,739	4	903
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,694	8	11,790
	9 Prepaid expenses and deferred charges	17,637	9	7,175
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,293		
	b Less: accumulated depreciation	10b 36,351	10c 15,583	11,942
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	800	15	800
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	276,407	16	302,599	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	48,280	17	3,811
	18 Grants payable		18	
	19 Deferred revenue	15,680	19	17,889
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,849	25	11,575
	26 <b>Total liabilities.</b> Add lines 17 through 25	73,809	26	183,275
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	202,598	27	119,324
	28 Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	202,598	32	119,324
33 <b>Total liabilities and net assets/fund balances</b>	276,407	33	302,599	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>568,741</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>652,015</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-83,274</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>202,598</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>119,324</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

\*\* - \*\*\*5092

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>7,509</b>	<b>2,169</b>	<b>5,340</b>
<b>d</b> Equipment .....		<b>2,285</b>	<b>1,578</b>	<b>707</b>
<b>e</b> Other .....		<b>38,499</b>	<b>32,604</b>	<b>5,895</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>11,942</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED SALARIES AND RELATED EXPENSE</b>	<b>10,294</b>
(3) <b>CREDIT CARD PAYABLE</b>	<b>1,148</b>
(4) <b>SALES TAX PAYABLE</b>	<b>133</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 11,575</b>

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



**Part XIII** Supplemental Information *(continued)*

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**OCEAN BEACH MERCHANT'S  
ASSOCIATION, INC**

Employer identification number

**\*\* - \*\*\*5092**

**FORM 990 - ORGANIZATION'S MISSION**

**TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY**

**PROVIDING A PLATFORM FOR AREA BUSINESSES TO DEVELOP**

**MARKETING CAMPAIGNS, ENHANCE PUBLIC IMPROVEMENTS, AND**

**BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

**ORGANIZATION HAS MEMBERS THAT PAY AN ANNUAL FEE.**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

**BOARD MEMBERS ELECTED BY MEMBERS.**

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

**BOARD OF DIRECTORS APPROVES SIGNIFICANT ACTIONS OF THE ORGANIZATION**

**INCLUDING EMPLOYMENT COMPENSATION AGREEMENTS, BUDGET APPROVAL, FINANCIAL**

**OVERSIGHT, AND MAJOR PURCHASES.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**COPY OF RETURN PROVIDED TO BOARD OF DIRECTORS FOR REVIEW BEFORE FILING**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**APPROVED BY BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**APPROVED BY BOARD OF DIRECTORS.**



Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\*-\*\*\*5092

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

TRASH REMOVAL

\$ 25,366

\$ -27

\$ 0

LANDSCAPING

\$ 10,600

\$ 0

\$ 0

EVENT SUPPLIES

\$ 8,882

\$ 230

\$ 0

EVENT SERVICES

\$ 6,810

\$ 0

\$ 0

DUES AND SUBSCRIPTIONS

\$ 1,798

\$ 4,464

\$ 0

REPAIR AND MAINTENANCE

\$ 5,843

\$ 0

\$ 0

TELEPHONE

\$ 778

\$ 5,038

\$ 0

TRASH REMOVAL

\$ 5,064

\$ 0

\$ 0

BANNER PROGRAM

\$ 4,937

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 4,800

\$ 0

\$ 0

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\*-\*\*\*5092

**SECURITY**

\$ 4,466 \$ 0 \$ 0

**LICENSES AND FEES**

\$ 3,157 \$ 0 \$ 0

**LICENSES AND FEES**

\$ 2,565 \$ 0 \$ 0

**HOLIDAY DECORATIONS**

\$ 2,456 \$ 0 \$ 0

**EVENT SUPPLIES**

\$ 2,249 \$ 0 \$ 0

**EQUIPMENT RENTAL**

\$ 0 \$ 2,242 \$ 0

**LICENSES AND FEES**

\$ 2,167 \$ 0 \$ 0

**UTILITIES**

\$ 758 \$ 1,369 \$ 0

**ANNUAL AWARDS CELEBRATION**

\$ 1,741 \$ 0 \$ 0

**EVENT SERVICES**

\$ 1,575 \$ 0 \$ 0

**LICENSE AND PERMITS**

\$ 0 \$ 1,074 \$ 0

**DONATIONS**

\$ 0 \$ 1,000 \$ 0

**AWARDS AND PLAQUES**

\$ 614 \$ 0 \$ 0

**EVENT SERVICES**

Name of the organization <b>OCEAN BEACH MERCHANT'S</b>	Employer identification number <b>** - ***5092</b>
---	---

\$	555	\$	0	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	512	\$	0	\$	0
<b>TRASH REMOVAL</b>					
\$	408	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	7	\$	357	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	300	\$	0	\$	0
<b>EQUIPMENT RENTAL</b>					
\$	260	\$	0	\$	0
<b>EVENT SUPPLIES</b>					
\$	174	\$	0	\$	0
<b>LICENSES AND FEES</b>					
\$	150	\$	0	\$	0
<b>DUES AND SUBSCRIPTIONS</b>					
\$	108	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	-1	\$	0	\$	0
<b>MISCELLANEOUS</b>					
\$	-273	\$	0	\$	0
<b>TOTAL</b>					
\$	98,826	\$	15,747	\$	0

COPY



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, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

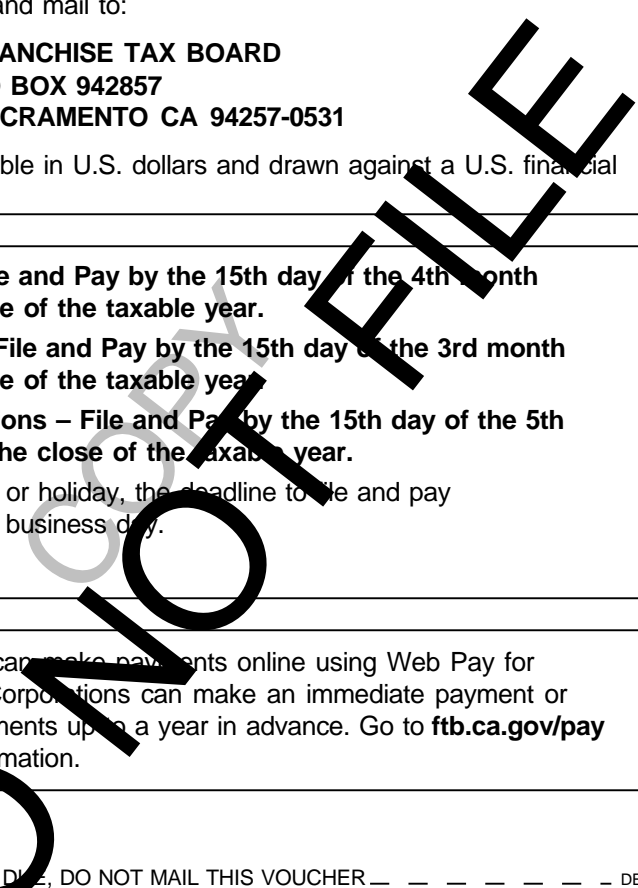
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

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.

ONLINE SERVICES: Corporations can make payments online using 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.



--- DETACH HERE --- 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

2019 Payment Voucher for Corporations and Exempt Organizations e-filed Returns

3586 (e-file)

1287381 OCEA \*\*-\*\*\*5092 000000000000 19 FORM 3
TYB 07-01-2019 TYE 06-30-2020
OCEAN BEACH MERCHANTS ASSOCIATION, INC
P.O. BOX 7990
SAN DIEGO CA 92167

(619) 224-4906

Amount of Payment 10.

TAXABLE YEAR **2019** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **07/01/2019**, and ending (mm/dd/yyyy) **06/30/2020**

Corporation/Organization name **OCEAN BEACH MERCHANT'S ASSOCIATION, INC** California corporation number **1287381**

Additional information. See instructions. **OCEAN BEACH MAINSTREET ASSOCIATION** FEIN **\*\* - \*\*\*5092**

Street address (suite or room) **P.O. BOX 7990** PMB no.

City **SAN DIEGO** State **CA** Zip code **92167**

Foreign country name Foreign province/state/county Foreign postal code

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) ● \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1) ●  990T (2) ●  990PF (3) ●  Sch H (990)  
 (4)  Other 990 series  
**G** Is this a group filing? See instructions ●  Yes  No  
**H** Is this organization in a group exemption ●  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ●  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** ●  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? ●  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ●   
**M** Is the organization a Limited Liability Company? ●  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ●  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ●  Yes  No  
**P** Is federal Form 1023/1024 pending? ●  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	424,220	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	144,521	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	568,741	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	568,741	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	652,015	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-83,274	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
16	Penalties and Interest. See General Information J	16		00	
17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00	

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

Signature of officer **u** Title **PRESIDENT** Date \_\_\_\_\_ Telephone **619-224-4906**

**Paid Preparer's Use Only** Preparer's signature **u** Date **10/07/2020** Check if self-employed  PTIN **P00605586**

Firm's name (or yours, if self-employed) and address **u BATTEN ACCOUNTANCY INC** Firm's FEIN \_\_\_\_\_ Telephone **619-501-6359**  
**4696 GREENE ST**  
**SAN DIEGO, CA 92107-1420**

May the FTB discuss this return with the preparer shown above? See instructions ●  Yes  No

**OCEAN BEACH MERCHANT 'S**

**\*\* - \*\*\*5092**

**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.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	424,201	00	
	2	Interest	•	2	19	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	424,220	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 1</b>	•	11		00	
	12	Other salaries and wages	•	12	192,547	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	756	00
		14	Taxes	•	14	12,062	00
		15	Rents	•	15	11,040	00
		16	Depreciation and depletion (See instructions)	•	16	3,641	00
		17	Other Expenses and Disbursements. Attach schedule <b>SEE STATEMENT 2</b>	•	17	431,969	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	652,015	00

<b>Schedule L Balance Sheet</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		143,005		247,439
2 Net accounts receivable		88,688		23,453
3 Net notes receivable				
4 Inventories		10,694		11,790
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	48,293		48,293	
b Less accumulated depreciation	32,710	15,583	36,351	11,942
11 Land				
12 Other assets. Attach schedule <b>STMT 3</b>		18,437		7,975
13 <b>Total assets</b>		276,407		302,599
<b>Liabilities and net worth</b>				
14 Accounts payable		48,280		3,811
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable <b>STMT 4</b>				150,000
18 Other liabilities. Attach schedule <b>STMT 5</b>		25,529		29,464
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		202,598		119,324
22 <b>Total liabilities and net worth</b>		276,407		302,599

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	•	-83,274
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5	•	-83,274
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	-83,274

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## California Statements

FYE: 6/30/2020

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address				Avg Hrs	Compensation Amount
	City	State	Zip	Title		
BARBARA IACOMETTI			4993 NIAGARA AVE #205			
	SAN DIEGO	CA	92107	PRESIDENT	1.00	
MICHAEL AKEY			2180 CHATSWORTH BLVD.			
	SAN DIEGO	CA	92107	1ST VP	1.00	
CC SUMMERFIELD			4314 VOLTAIRE ST			
	SAN DIEGO	CA	92107	2ND VP	1.00	
MIKE STIFANO			1921 BACON ST			
	SAN DIEGO	CA	92107	TREASURER	1.00	
KYLE JAWORSKI			1851 BACON STREET			
	SAN DIEGO	CA	92107	SECRETARY	1.00	
GARY GILMORE			2675 ROSECRANS			
	SAN DIEGO	CA	92106	ER CHAIR	1.00	
TEVIA OSKIN						
	SAN DIEGO	CA	92107	PROMOTION CHAIR	1.00	
DAVE MARTIN			1150 ANCHORAGE LN #100			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
KEN MOSS						
				DIRECTOR	1.00	
CRAIG GERWIG			4864 NEWPORT AVE			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
MATT KALLA			4148 VOLTAIRE ST			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
BETH WRIGHT			1919 CABLE ST			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
RON MARCOTTE			2744 MIDWAY DR.			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
CAROL LADIGES			5059 NEWPORT AVE #102			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
TOTAL						<u>0</u>



## California Statements

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	\$
FARMER'S MARKET	
REPAIR AND MAINTENANCE	5,843
PRINTING AND PUBLICATIONS	534
	270
ADVERTISING	600
OCCUPANCY	3,700
MANAGEMENT FEES	42,648
INSURANCE	2,490
EVENT ENTERTAINMENT	4,800
EVENT SUPPLIES	2,249
EVENT SERVICES	555
TRASH REMOVAL	5,064
EQUIPMENT RENTAL	512
MISCELLANEOUS	-273
REPAIR AND MAINTENANCE	
STREET FAIR	
PRINTING AND PUBLICATIONS	213
WEBSITE - WEBCAM	553
BANK CHARGES	1,473
ADVERTISING	1,025
	129
OCCUPANCY	2,160
CONTRACT LABOR	2,000
INSURANCE	29
AWARDS AND PLAQUES	
EQUIPMENT RENTAL	
EVENT ENTERTAINMENT	
EVENT SERVICES	1,575
EVENT SUPPLIES	
SECURITY	
TRASH REMOVAL	
MISCELLANEOUS	
DUES AND SUBSCRIPTIONS	108
FIREWORKS	
	300
SECURITY	176
INSURANCE	911
FIREWORKS	26,960
EQUIPMENT RENTAL	300
OTHER EVENTS	
ADVERTISING	700
CONTRACT LABOR	2,000
INSURANCE	1,301
SECURITY	4,466
EVENT SERVICES	6,810
EVENT SUPPLIES	174
EQUIPMENT RENTAL	260
TRASH REMOVAL	408
MISCELLANEOUS	-1
PAYROLL TAXES	8,875

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## California Statements

**Statement 2 - Form 199, Part II, Line 17 - Other Expenses (continued)**

Description	Amount
PAYROLL TAXES	\$ 1,953
ACCOUNTING	18,097
CONTRACT LABOR	23,412
NEWSLETTER	4,214
POSTAGE AND DELIVERY	4,255
PRINTING AND REPRODUCTION	9,007
PRINTING AND REPRODUCTION	156
MEETING EXPENSE	330
MEETING EXPENSE	98
AWARDS AND PLAQUES	614
BANNER PROGRAM	4,937
DONATIONS	1,000
DUES AND SUBSCRIPTIONS	6,262
EQUIPMENT RENTAL	2,242
EVENT ENTERTAINMENT	
EVENT SERVICES	3,955
EVENT SERVICES	22,187
EVENT SUPPLIES	5,481
EVENT SUPPLIES	3,631
HOLIDAY DECORATIONS	2,456
LANDSCAPING	10,600
LICENSE AND PERMITS	1,074
MISCELLANEOUS	364
MISCELLANEOUS	
REPAIRS AND MAINTENANCE	3,141
REPAIRS AND MAINTENANCE	30,238
SECURITY	43,007
TELEPHONE	5,846
TELEPHONE	-30
TRASH REMOVAL	-27
TRASH REMOVAL	25,366
UTILITIES	2,127
ADVERTISING	10,866
PROMOTION SUPPLIES	7,782
PROMOTION SUPPLIES	13
BANK CHARGES	3,000
BANK CHARGES	125
OFFICE EXPENSE	2,816
WEBSITE - WEB CAM	23,016
INSURANCE	13,439
INSURANCE	905
POSTAGE AND DELIVERY	-1
ANNUAL AWARDS CELEBRATION	1,741
ADVERTISING	377
TOTAL	<u>\$ 431,969</u>

**California Statements****Statement 3 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 800	\$ 800
PREPAID EXPENSES	17,637	7,175
TOTAL	<u>\$ 18,437</u>	<u>\$ 7,975</u>

**Statement 4 - Form 199, Schedule L, Line 17 - Mortgages Payable**

Description	Beginning of Year	End of Year
SBA EIDL LOAN	\$	\$ 150,000
TOTAL	<u>\$ 0</u>	<u>\$ 150,000</u>

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

Description	Beginning of Year	End of Year
ACCRUED SALARIES AND RELATED EXPENSE	\$ 6,579	\$ 10,294
CREDIT CARD PAYABLE	1,943	1,148
SALES TAX PAYABLE	1,327	133
DEFERRED REVENUE	15,680	17,889
TOTAL	<u>\$ 25,529</u>	<u>\$ 29,464</u>

TAXABLE YEAR

CALIFORNIA FORM

**2019**

# Corporation Depreciation and Amortization

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name **OCEAN BEACH MERCHANT'S ASSOCIATION, INC**

California corporation number **1287381**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		
9	Tentative deduction. Enter the smaller of line 5 or line 8		
10	Carryover of disallowed deduction from prior taxable years		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12		

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14	SEE STATEMENT 1	1				3,641	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	3,641
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**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	3,641
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

**Part IV Amortization**

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						

20	Total. Add the amounts in column (g)	20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22

## California Statements

## Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
DESK, 6 DRAWER CABINET, TWO WHITE CABINETS	2/03/14	\$ 970	\$ 750	S/L	7.00	\$ 139	\$
PRINTER	2/19/14	826	629	S/L	7.00	119	
AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	1,128	S/L	15.00	229	
GENERATOR EZGF-1620854	9/09/15	2,285	1,251	S/L	7.00	327	
LEASEHOLD IMPROVEMENTS - FLOOD REPAIR	2/24/16	7,509	1,669	S/L	15.00	500	
TRASHCAN	11/01/16	1,050	400	S/L	7.00	150	
3 CROSS STREET HOLIDAY SWAGS	9/12/16	8,273	4,688	S/L	5.00	1,654	
HP OMEN 870-247C DESKTOP COMPUTER	10/11/17	1,309	458	S/L	5.00	262	
HP OMEN 870-247C DESKTOP COMPUTER	11/16/17	1,309	415	S/L	5.00	261	
TOTAL		\$ 26,971	\$ 11,388			\$ 3,641	\$ 0