



January 31, 2023

Lisa Maxwell
Community Development Director
950 West Mall Square, 2nd Floor
Alameda, CA 94501

Dear Ms. Maxwell;

As President of the Downtown Alameda Business Association, I am pleased to submit the attached BIA Activity Report, listing of the current Board of Directors and financials.

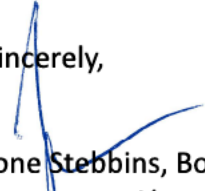
Downtown Alameda Business Association seeks to make Alameda, especially the Downtown, a vibrant and vital community which embraces diverse offerings of services, shopping, entertainment and dining experiences. To cultivate a district where arts and leisure are promoted, enjoyed and appreciated, all the while keeping our community and visitors feeling safe and invited to spend their time visiting our locally owned shops and restaurants.

As we all work toward the “next normal” we anticipate the continued need for creative collaboration. Over the last three years, Downtown Alameda Business Association, West Alameda Business Association, Alameda Chamber & Economic Alliance and the City of Alameda embarked on robust, unifying partnerships; combining resources and joining forces to support the local business community with a steadfast commitment to listen and respond to evolving needs. This has set the stage for continued collaborative efforts and achievements that will benefit our community.

In 2023 Downtown looks forward to implementing new, and reinstating familiar events and activities which will support our members while providing memorable experiences for our community. We look forward to discussing the future configuration and uses of the public spaces in the area, and to continue to move our community forward together.

Attached we have provided an overview of the activities and accomplishments for FY 2022/23, our current work plan for 2023, as well as our Board approved 2023/24 budgets and required financial records.

Sincerely,


Jane Stebbins, Board President
Downtown Alameda Business Association



PROPOSED ASSESSMENT FOR BUSINESS IMPROVEMENT AREA FISCAL YEAR 2023/24

INTRODUCTION:

The Downtown Alameda Business Association is recommending a BIA budget of one hundred two thousand dollars (\$102,000) in restricted funds for the Downtown Alameda Business Association for fiscal year 2023/2024. This recommendation is based on the actual income derived from the BIA assessment in fiscal 2022/2023.

BUDGET:

The BIA provides one of the funding sources for the entire scope of the activities proposed in this report. After a three year pause, we support returning to the customary annual CPI increase and continuation of the current billing timeline. The other source of revenue are funds raised by the Downtown Association special events. With major fundraising events beginning to return, our budget has been adjusted to reflect the current situation.

MEMBERSHIP PROFILE:

Over 400 merchants comprise the current boundaries of the downtown district including 110 popular restaurants, bars, and casual eateries. The district welcomed 28 new businesses in 2022. The breakdown is as follows:

- 28% Services
- 27% Beauty & Health
- 21% Food & Drink
- 18% Retail
- 6% Other

STRATEGIC PLANNING:

In 2020 we launched our Strategic Plan, a five-year road map that guides our path forward. Now, three years into implementation, the vision, values and priorities remain more relevant than ever. With this roadmap in place, our Board and Committees are able to set priorities, focus energy and resources to ensure that all stakeholders are working toward these common goals.

COMMITTEE STRUCTURE

In 2022 we continued to implement work plans and focus priorities amongst our three (3) committees: Outreach, Clean, Green & Safe, and Marketing. This implementation has enabled us to empower the committees to create more functional work plans that are aligned to the stated priorities that have emerged throughout our strategic planning process as well as deftly respond to new challenges as they emerged.

ACTIVITIES:

This last year, the evolution of the Commercial Streets and Parklet Program continues to provide a vital lifeline to economic recovery, enabling businesses to activate the additional space and expand their footprint at a still critical time. It is clear that the benefits of the parklets go beyond the individual permit holders. These outdoor gathering areas provide a welcome source of economic vitality and energy to the entire district. The focus of 2022 was evolving this program into a sustainable and longer term option for businesses and the district. The November of 2021 Council vote to continue this program until November of 2023, supported the vibrancy of the district and ensured its safety; by committing to purchase decorative concrete barricades and offering to reimburse additional costs for increased insurance coverage. We worked closely with the Economic Development, Public Works & Planning Department team to offer valuable 1:1 guidance to permit holders, many with site-specific needs, who are interested in continuing their participation in this vital program and availing the resources offered to support their investment.

This year marked the transition from 'Open With Care' to 'Welcome Friends' & 'Happy To See You' messaging as the district, businesses, staff and customers returned to in-person activities. Our social media marketing is a key component to engage and inform beyond our business community. We actively committed to increasing our presence and interaction and this connectivity enables us to interact directly with our neighbors. By finding new opportunities to share personal stories and insights from businesses, we are able to offer informative, uplifting and engaging content. Using our platform we are also able to enhance the visibility of our businesses by amplifying their messages to our followers and inviting them to reciprocate, compounds the benefits. This engagement has proven successful. Our Instagram followers increased by 24% and Facebook by 8% since January of 2022 (Since 2020 Instagram increased by 211% & Facebook by 19%).

Optimism and flexibility were key to launching our return to safe, in-person events. Downtown Alameda hosted four Alameda Strolls events: Whiskey Stroll, Rock & Roll Beer Stroll, Autumn Wine Stroll and the free, family-friendly, Hot Cocoa Stroll, all eagerly and enthusiastically embraced by our community.

Just in time for the holidays, our theme, *Shop, Sip, Gather TOGETHER*, welcomed the return of our Hot Cocoa Stroll (with businesses offering complimentary sips & nibbles to families & friends); *Shop Later Thursdays*, that showcased the district with extended hours, the addition of live musical performances and holiday activations on Alameda Avenue and in Parklets throughout the district. Taking direction from our Board and membership, important advocacy issues were addressed. From supporting the continuation of the Commercial Streets, to assisting new businesses who bravely set their sights on opening, to addressing the complex issues of code compliance, homelessness, parking and graffiti, we worked in partnership with the City and other business groups to effect changes that support Alameda's business community.

FINANCIAL HEALTH:

We enter the new fiscal year with enough funds for our operation, however we need to create revenue streams to begin the path to repayment of our SBA loan and rebuilding our reserves to meet our policy goals. The resumption of major fundraising events will enable us to begin that rebuilding process. We will continue to closely monitor our budget and will review and adjust quarterly. The Downtown Association continues a regular review of our monthly financial reporting (QuickBooks) by outside accounting management. We also have increased oversight by our Treasurer of banking, financial planning, and financial obligations of the Downtown Association.

LEADERSHIP:

The focus of the Downtown Alameda Business Association looks beyond the support, safety and advocacy for the businesses and their staff who comprise our district. We strive to make Alameda, especially the Downtown, a vibrant community which embraces diverse offerings of services, shopping, entertainment and dining experiences. To foster a district where arts and leisure are promoted, enjoyed and appreciated, all the while keeping our community and visitors feeling safe and invited to spend their time visiting our locally owned shops and restaurants. Leading this effort is Executive Director, Kathy Weber.

Our Board leadership is demonstrated by significant involvement of all Board members and Officers. We continue our leadership plan using the positions of President-Elect, President and Past President, as well as Treasurer and Secretary to have an effective Executive Committee which provides continuity while inviting new ideas and approaches. Our Officers hold office on a calendar year basis, making an effective bridge through our fiscal year planning. We have been provided with the strong leadership of Cindy Kahl and Ron Mooney over the past year, and now Jone Stebbins leads as our President with Sadiya Kazi-Koya serving as President-Elect.

CONCLUSION:

The Downtown Alameda Business Association would like to thank the Alameda City Council, City Manager, Economic Development and Community Services, Alameda Police, Public Works, Planning and Finance Departments for their support of the business community. The work that we have accomplished would not have been possible without the dedication of the City of Alameda's leadership and staff. From the activation of the Commercial Streets Program, parklet permitting, public safety and Shop Local campaigns, their focus on the preservation and support of our business community has been clear and unwavering. The joint collaboration with the City and business community illustrates that the BIA is a valuable tool in our continuing efforts to support Downtown Alameda and sustain our Historic District.

Strategic Plan: Vision & Priorities

In 2020 we launched our Strategic Plan, a five-year road map that is a valuable guide for our path forward. Now, three years into implementation, the vision, values and priorities remain more relevant than ever.

Strengthen Membership

Provide value in membership by offering business training and workshops in areas of interest. Encourage members to fully participate in activities by reducing barriers and seeking feedback. Ensure the Association Board is strong and healthy.

Improve Downtown Amenities

Act and advocate to improve Physical Amenities and the Business Climate. Create a comprehensive, prioritized plan for improving cleanliness and stewarding resources. Improve public transportation & parking. Make the arts a prominent feature, and support the use of Chochenyo Park for events.

Promote Downtown

Promote the district in a way that serves our members, the Association, and the citizens of Alameda. Generate awareness of, and excitement about, Downtown Alameda and its businesses.

Anticipate Trends

Respond to market trends as our customer base, and the nature of commerce itself, shifts and evolves. Share best practices, innovative models, and relevant economic data with membership.

Reenvision Events

Re-examine and analyze the value of the Association's large street events while maintaining sufficient income to meet operating costs and achieve strategic priorities.

Welcome Arch

Define Downtown Alameda as a distinct destination and welcome travelers crossing the Park Street bridge by constructing a signature landmark "Welcome" arch over Park Street.

With this roadmap in place, our Board and Committees are able to set priorities, focus energy and resources to ensure that all stakeholders are working toward these common goals.

STRATEGIC PLAN

2020 VISION

STRENGTHEN MEMBERSHIP

Provide value in membership by offering business training and workshops in areas of interest. Encourage members to fully participate in activities by reducing barriers and seeking feedback.

PROMOTE DOWNTOWN

Promote the district in a way that serves our members, the Association, and the citizens of Alameda. Generate awareness of, and excitement about, Downtown Alameda and its businesses.

RE-EXAMINE STREET EVENTS

Create a task force dedicated to re-examining and analyzing the value of the Association's large street events while maintaining sufficient income to meet operating costs and achieve strategic priorities.

IMPROVE DOWNTOWN

Physical Amenities

Create a comprehensive, prioritized plan for improvements, steward current resources, improve cleanliness.

Business Climate

Make the arts a prominent feature, improve public transportation & parking, support Jackson Park improvements.

RESPOND TO TRENDS

Respond to market trends as our customer base, and the nature of commerce itself, shifts and evolves. Share best practices, innovative models, and relevant economic data with membership.

INSTALL WELCOME ARCH

Define Downtown Alameda as a distinct destination and welcome travelers crossing the Park Street bridge by constructing a signature landmark "Welcome" arch over Park Street.

SHARE YOUR FEEDBACK!

CONTACT: [KATHY@DOWNTOWNALAMEDA.COM](mailto:kathy@downtownalameda.com)

2022 Achievements

Strengthen Membership

- Assisted 19 businesses in successfully applying for continuation in the Parklet Program, and 10 of those businesses in applying for the insurance reimbursement program.
- Promoted the City's Facade Grant Program that resulted in 8 business and property owners submitting applications.
- Facilitated regular communication with member businesses and gained feedback through Bi-Monthly Mixers, Town Halls, email updates, surveys, and personal visits.
- Hosted and promoted multiple conversations with APD Chief Joshi & APD Officers to discuss Downtown public safety concerns.
- In collaboration with the City, hosted special presentations for businesses on topics that included Vision Zero, Alameda's Housing Element and Active Transportation Plan.
- Provided ongoing resources for ADA Compliance.
- Hosted a Social Media Webinar to position businesses for success prior to the holiday season.
- Worked with Alameda Restaurant & Bar Coalition, Alameda Chamber & Economic Alliance, West Alameda Business Association, City Staff and electeds to discuss the future of the 15% cap on fees charged by food delivery apps within the City of Alameda.
- Welcomed 28 new Downtown businesses.

Improve Downtown Amenities

- Activated programming and maintenance of the al fresco dining area on Alameda Ave.
- Initiated conversations with Pacific Coast Farmers Market and Foragers Market to evaluate the feasibility and identify potential locations for a Downtown Farmers Market.
- Reached out to the Alameda High School Environmental Club to invite partnership, support and volunteer hours to the District.
- Working with West Alameda Business Association and the Economic Development Department to support an ambassador-type program to create a proactive system for identifying issues (homeless, crime, cleaning, etc.)
- Identified existing, and established new systems for reporting maintenance needs and monitoring cleaning that includes the resumption of monthly district walks, usage of SeeClickFix and direct reporting.
- Established an ongoing and set schedule of power washing of sidewalks in the entire district utilizing L&L funds.
- Acquired and installed twenty-two new lighted decorations for Holiday 2022.
- Expanded the installation area for holiday flags to include Park Street at Buena Vista, Central Avenue and Santa Clara Avenue.
- Created a web listing of available properties in the downtown district.

Promote Downtown

- Increased Instagram followers by 24% and Facebook by 8% since January of 2022 (Since 2020 Instagram has increased by 211% & Facebook by 19%).
- Increased exposure and amplified messaging for downtown businesses on social media by reposting when they use #downtownalameda and @downtownalameda.
- Expanded email communications to promote downtown businesses and activities and increased subscribers by 19% in 2022.
- Collaborated with the Alameda Chamber & Economic Alliance and West Alameda Business Association to promote the *Visit and Shop Alameda Gift Card (16 of 25 participants are located in Downtown Alameda)*.
- Worked with local nonprofit organizations to support local causes and engage the community. Alameda Food Bank, Rhythmix and Meals on Wheels were direct beneficiaries for Alameda Strolls events. In addition to being included in promotional materials, Downtown Alameda now earmarks \$1 from each ticket sold and provides collection canisters for additional donations. This effort has resulted in over \$1,300 in financial support to these partners.
- Collaborated with the City to promote retail and restaurant promotions including Alameda Restaurant Week, and the Holiday & Shop Local spending campaign.

Reenvision Events

- Collaborated with City staff to encourage business involvement and promote Alameda Restaurant Week 2022.
- Downtown Alameda was one of the lead organizers involved in the planning and production of the inaugural *Pride In The Park* events at Chochenyo Park. The *Pride Block Party* at Alameda Avenue was a welcoming, family-friendly and enjoyable component of the weekend-long slate of activities in the district.
- Hosted Four Alameda Strolls events (Whiskey Stroll; Rock & Roll Beer Stroll, Autumn Wine Stroll, Hot Cocoa Stroll).
- Resumed in-person holiday activities and events to include shop local “Together” messaging, featuring live music & Shop Later evenings.

Staff & Board Involvement

- Board members continue to provide valuable input for City-led programs such as the Alameda Housing Element and Active Transportation Plan.
- Staff participation in monthly CARES Team meetings and focused Business District Homeless Outreach meetings.
- Staff & Committee involvement in Alameda Housing Element, Active Transportation Plan and the Clement/Tilden Stakeholder meetings & presentations.
- Staff and Board continue to collaborate and have regular communications with City staff and local business organizations including: West Alameda Business Association, Alameda Chamber & Economic Alliance, EGA, and CASA.

Work Plan 2023/2024

As our staff and the Board leadership continue to implement the Strategic Plan outlined above, our Work Plan identifies and creates a clear path to prioritize those goals and objectives. In addition to the committee objectives listed below, Downtown Alameda will continue to work closely with the West Alameda Business Association to identify and address issues of importance to our stakeholders and the small business community.

OUTREACH COMMITTEE:

Develops and maintains relationships with stakeholders and important entities including local businesses, property owners, City staff, and various government agencies.

2023/2024 Objectives:

1. Address Vacancies. Work with the City on marketing business opportunities. Improve aesthetics of vacant storefronts.
 - a. Work with City Staff on adjusting the uses allowed in the Zoning Ordinance for the District.
 - b. Market Properties Available on website.
 - c. Consider Window Art/Displays: Help address concerns with: insurance issues, access Partner with organizations like Rhythmix, Alameda Education Foundation.
2. Focus on the removal of temporary signage, plywood, and graffiti.
 - a. Target specific buildings and areas for review.
 - b. Work with City officials to determine options for code compliance/enforcement.
 - c. Develop an action plan to address areas such as the block north of Park Street & Lincoln Ave.
3. Revise New Member Welcome packet.
4. Support continuation and expansion of the Facade Grant program.
5. Work with City Staff, Outreach resources, and APD to assist with the homeless population.
 - a. Provide resources to business and property owners to address concerns on public & private property.
6. Develop survey(s) to find out from the members what their concerns are in the District.
7. Work on keeping the Alameda Avenue area viable for everyone.
 - a. Expand the Alameda Avenue experience.
8. Create specific events for Chochenyo Park.
9. Work with the City to reinstate an 'Ambassador' program to the District.

Work Plan 2023/2024

CLEAN, GREEN & SAFE COMMITTEE:

Plans and executes key programs that are vital to the Downtown Association including managing the L&L Assessment and operational functions for street maintenance, event execution, and volunteers.

2023/2024 Objectives:

1. Work with the Marketing Committee to continue installation of a new Holiday Decor & Lighting Program.
2. Support fundraising opportunities for the Association.
3. Strengthen a volunteer program to support downtown activities and member involvement.
4. Invite active engagement with District members and stakeholders.
 - a. Reestablish Monthly Mixers and coordinate impactful programming.
 - b. Establish a series of Block Meetings to engage 1:1 with members and address issues concerns and invite participation in organizational activities.
5. Continue activation of Alameda Avenue and begin activities to include a Farmers Market and evening entertainment.
6. Support long-term opportunity for the Commercial Streets and the Parklet Program.
7. Work with the City to create an Anti-Litter Campaign to include community re-education and awareness.
 - a. Reinstate and expand the *Tidy Up Tuesday!* Program.
8. Work with the City to install directional parking signage.
9. Continue ongoing systems for monitoring cleaning and reporting needs.
10. Work with the City to reinstate an 'Ambassador' program to the District.

Work Plan 2023/2024

MARKETING COMMITTEE:

Develops the Downtown Association's long-term marketing plan, creating a consistent brand and key messaging strategy to bring visitors to the downtown; plans and implements public events.

2023/2024 Objectives:

- Create an event structure to include:
 - Strolls (4 per year).
 - A variety of smaller & more frequent fundraising events.
- Reenvision & reinstate annual events: Art & Wine (July 2023) and Spring Festival (2024).
- Create revenue-generating activation on Alameda Avenue.
- Establish a Weekly Farmers Market on Alameda Avenue.
- Collaborate with the City on planning and promoting Alameda Restaurant Week and shop local campaigns.
- Continue promotion of the district and its businesses through consistent social media messaging and relevant advertising & promotional opportunities.
- Strengthen communication to the public to generate excitement about Downtown Alameda.
- Enhance communication to the Membership via email, online opportunities, monthly Mixers and personal visits.
- Work with select nonprofit organizations to support local organizations and engage the community.



DOWNTOWN ALAMEDA
2023 Board of Directors

Officers

Position	Name	Business	Email
President	Jone Stebbins	Honey Salon	jonestebbins@mac.com
President Elect	Sadiya Kazi-Koya	Swings & Wings	swingsandwingsalameda@gmail.com
Past President	Ron Mooney	Daisy's	ron@ronmooney.net
Treasurer	Tony Wright	Johnathan's Chicken & Barbecue	tastyspoonzinc@gmail.com
Secretary	Sabrina Cazarez	Twirl	info@twirlalameda.com
			<i># progression of President's position: President-Elect, President, Past President</i>
At Large Directors			
Position	Name	Business	Email
At Large	Naomi Berghoef	Mommy's Trading Post	mommystadingpost@gmail.com
At Large	Casey Hunt	Alley & Vine	casey@alleyandvine.com
At Large	Mike Yakura	Spinning Bones	mike@shrutefarmsgroup.com
At Large	Tony Yu	The Pampered Pup	tonyyu28@gmail.com
Appointed Chair	Steve Busse	Parke Centre Animal Hospital	steve_busse@yahoo.com
Appointed Chair	Barbara Mooney	Daisy's	barbaramooney@mac.com
Emeritus Board Member	Kyle Conner	Alameda Theatre & Cinema Grill	kyle@alamedatheatres.com
Emeritus Board Member	Donna Layburn	Alameda Marketplace	donna.layburn@gmail.com
Staff			
Executive Director	Kathy Weber	510.523.1392	kathy@downtownalameda.com
Events & Membership Coordinator	Ali Savage	510.523.1392	ali@downtownalameda.com
Marketing/Communications Consultant	Mei-Ling Jenks	510.523.1392	mei-ling@downtownalameda.com



BUDGET Item	Full Year		
	Approved 1/25/2023	July 23 - December '23	January 24 - June '24
INCOME:	2023-2024	2023-2024	2023-2024
<u>Unrestricted</u>			
Misc. Income (Assoc Members, P Lot, other misc)	\$8,000	\$4,000	\$4,000
Grant income (City ...)			
Stroll Events (4 events) {Net!}	\$80,000	\$35,000	\$45,000
Seasonal Markets / Alameda Ave {Net!}	\$20,000	\$10,000	\$10,000
<i>AWF + May Event</i>	\$95,000	\$65,000	\$30,000
<i>Use of loan / reserve (Not Income~!)</i>			
Unrestricted Funds Sub Total	\$203,000	\$114,000	\$89,000
<u>Restricted</u>			
BIA Payments	\$102,000	\$95,000	\$7,000
Restricted Income Sub Total	\$102,000	\$95,000	\$7,000
Funds to Use Grand Total	\$305,000	\$209,000	\$96,000
EXPENSES:			
<u>Unrestricted</u>			
Executive Director Salary (Combine w/ Memb Coord.)	100,000		
Employer Taxes & WC	12,000		
Meetings/Trainings (Outreach / Marketing)	3,000		
Outside Services & Office Exp	3,750		
Board Authorized Reserve	0		
Alameda Avenue Operations	20,000		
Event Coordinators Wages (incl tax, wc w/ Member Serv 2/3 Total)	37,500		
Advisory Committee Program	0		
Debt Payment (SBA loan)	\$7,800	\$3,900	\$3,900
Transfer to Restricted Programs (initatives & support)			
Sub Total	\$184,050		
<u>Restricted (BIA paid)</u>			
Utilities	\$2,400		
Member Meetings & Awards (Membership Program)	\$0		
Exec Dir. wages (Membership allocation)	\$20,000		
Employer Taxes & Workers Comp (Restricted)	\$2,400		
Marketing Program. (Promotion)	\$10,000		
Accounting / Tax Prep	\$7,500		

2023-24 Downtown Budget (PSBA)

Postage/Printing	\$1,000		
Supplies	\$500		
Marketing / Event Coordinator (6 mos) Employee			
Marketing Consultant/Internet Media	\$20,000		
Liability/D&O Insurance	\$3,000		
Office Rent	\$32,000		
Other Office Costs	\$1,500		
Outreach Committee (Econ-Gov Relations Program)	\$1,000		
Website - Maint. & Email & online programs	\$2,500		
CAMSA/CDA Conference	\$1,000		
Sub Total *	104,800		
Expenses Grand Totals	288,850		
Reserve to be Budgeted (reduction)*	\$ 16,150.00		
<p>If added reserve goes as planned, expect to make an additional SBA loan payment in mid 2024 to reduce loan</p>			

Downtown Alameda Business Association

07/21/22

Balance Sheet

Accrual Basis

As of June 30, 2022

	Jun 30, 22
ASSETS	
Current Assets	
Checking/Savings	
Bank of Marin Checking	4,313.40
Comerica Money Market (6236)	131,775.63
Money Market - B Marin	55,041.64
Paypal	0.72
Petty Cash	150.00
PEX Corp	176.29
PEX Card - 1997 (Kathy)	2,047.40
PEX Card - 7489 (Ali)	176.69
Total Checking/Savings	193,681.77
Accounts Receivable	
Accounts Receivable	750.00
Total Accounts Receivable	750.00
Other Current Assets	
Prepaid Expenses	
Prepaid Event Expenses	1,194.79
Prepaid Insurance	962.66
Total Prepaid Expenses	2,157.45
Notes Receivable	10,000.00
Total Other Current Assets	12,157.45
Total Current Assets	206,589.22
Fixed Assets	
Computer Equipment	2,163.00
Furniture & Fixtures	1,265.00
Accumulated Depreciation	-3,428.00
Total Fixed Assets	0.00
Other Assets	
Security Deposits	1,925.40
Total Other Assets	1,925.40
TOTAL ASSETS	208,514.62
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	4,230.00
Total Accounts Payable	4,230.00
Other Current Liabilities	
Accrued Payroll	4,735.53
Payroll Taxes Payable	1,946.85
Unearned Revenue	34,452.01
Total Other Current Liabilities	41,134.39
Total Current Liabilities	45,364.39
Long Term Liabilities	
SBA Loan Payable	158,557.99
Total Long Term Liabilities	158,557.99
Total Liabilities	203,922.38

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Downtown Alameda Business Association

07/21/22

Balance Sheet

Accrual Basis

As of June 30, 2022

	<u>Jun 30, 22</u>
Equity	
Temp. Restricted Funds	6,191.64
Unrestricted Funds	113,718.39
Net Income	-115,317.79
	<hr/>
Total Equity	4,592.24
	<hr/>
TOTAL LIABILITIES & EQUITY	<u>208,514.62</u>

Downtown Alameda Business Association
YTD Profit & Loss Budget vs. Actual
July 2021 through June 2022

	Jul '21 - Jun...	Budget	\$ Over Budg...
Ordinary Income/Expense			
Income			
UNRESTRICTED INCOME			
Event Income			
Stroll Events	33,658.58	45,300.00	-11,641.42
Total Event Income	33,658.58	45,300.00	-11,641.42
Program Income	3,100.00	3,100.00	0.00
Misc. Income	49,504.96	600.00	48,904.96
Total UNRESTRICTED INCOME	86,263.54	49,000.00	37,263.54
RESTRICTED INCOME			
City Grant	5,000.00	0.00	5,000.00
BIA Restricted Income	95,738.53	100,000.00	-4,261.47
Total RESTRICTED INCOME	100,738.53	100,000.00	738.53
Total Income	187,002.07	149,000.00	38,002.07
Gross Profit	187,002.07	149,000.00	38,002.07
Expense			
UNRESTRICTED EXPENSES			
Alameda Avenue	30,524.64	32,400.00	-1,875.36
Event Expenses			
Stroll Events	14,582.02	20,600.00	-6,017.98
Other Event Expenses	0.00	174.50	-174.50
Total Event Expenses	14,582.02	20,774.50	-6,192.48
Business Promotion Program	153.20	0.00	153.20
Executive Director's Salary	90,000.00	90,000.00	0.00
Event Manager - Wages	25,808.75	29,300.00	-3,491.25
Payroll Taxes - UNREST.	9,519.66	6,806.31	2,713.35
Worker's Comp. - Unrest.	0.00	178.69	-178.69
Member Outreach & Communication	145.03	59.96	85.07
Meetings/Training	335.06	748.00	-412.94
Merchant Service Fees	194.09	30.00	164.09
Office Supplies / Eqpmnt - Un	0.00	225.00	-225.00
Other Costs - Unrestricted	15.00		
Interest & Finance Charges	4,524.28	5,280.00	-755.72
Total UNRESTRICTED EXPENSES	175,801.73	185,802.46	-10,000.73
RESTRICTED EXPENSES			
Membership Program - Restricted	1,191.25	895.66	295.59
Marketing (Promo) - Restricted			
Social Media Posting / Ads	5,657.63	6,600.00	-942.37
Graphic Design	2,100.00	1,200.00	900.00
Theatre Ad	4,900.00	5,400.00	-500.00
Website	943.50	700.00	243.50
Merchant Events	5,013.07	250.00	4,763.07
Ad Agency Costs	47.99	0.00	47.99
Other Costs - Promo.	3,496.90	6,000.00	-2,503.10
Marketing (Promo) - Restricted - Other	0.00	250.00	-250.00
Total Marketing (Promo) - Restricted	22,159.09	20,400.00	1,759.09
Staff Development/Training	803.95	706.00	97.95
Membership Coord. - Wages	30,000.00	30,000.00	0.00
Payroll Taxes - REST.	3,003.63	2,975.40	28.23
Workers Comp.	3,236.81	3,600.00	-363.19

Downtown Alameda Business Association
YTD Profit & Loss Budget vs. Actual
July 2021 through June 2022

	Jul '21 - Jun...	Budget	\$ Over Budg...
Audit/Accounting			
Tax/Audit	1,550.00	1,575.00	-25.00
Accounting/Bookkeeping	3,990.00	4,350.00	-360.00
Payroll Fees	1,609.84	1,380.00	229.84
Total Audit/Accounting	7,149.84	7,305.00	-155.16
Communicatin (Mrkt) Consultant	20,660.00	19,800.00	860.00
Liability/D&O Insurance	3,488.00	3,754.33	-266.33
Printing/Postage	401.20	58.17	343.03
Supplies	323.73	0.00	323.73
Office Rent	27,720.00	27,720.00	0.00
Office Expenses	3,719.16	1,500.00	2,219.16
Utilities	2,661.47	2,700.00	-38.53
Total RESTRICTED EXPENSES	126,518.13	121,414.56	5,103.57
Total Expense	302,319.86	307,217.02	-4,897.16
Net Ordinary Income	-115,317.79	-158,217.02	42,899.23
Other Income/Expense			
Other Expense			
Temp. Rest. Funds Reserve	0.00	4,000.00	-4,000.00
Unrestricted Funds Reserve	0.00	20,000.00	-20,000.00
Total Other Expense	0.00	24,000.00	-24,000.00
Net Other Income	0.00	-24,000.00	24,000.00
Net Income	-115,317.79	-182,217.02	66,899.23



Bank of Marin

PO Box 2039
Novato, CA 94948-2039

Account Number: [REDACTED]
Statement Period: 05/31/22 - 06/30/22
Page: 1 of 4

Customer Service Information

Branch: 510-748-8425
Touch Tone Banking: 800-654-5111

Lost or Stolen Card:
24 hours 7 days per week 866-626-6004

Written Inquiries:
805 MARINA VILLAGE PARKWAY
ALAMEDA, CA 94501

Visit us Online: www.bankofmarin.com

00025896 BOMB1110070122064014 01 0000

PARK STREET BUSINESS ASSOCIATION, INC
DBA DOWNTOWN ALAMEDA BUSINESS ASSOC
2447 SANTA CLARA AVE # 302
ALAMEDA CA 94501-4579

Account Summary for BASIC BUSINESS [REDACTED]

Beginning Balance as of 05/31/22	\$12,394.36
(+) Deposits and Credits (5)	80,335.54
(-) Withdrawals and Debits (18)	86,441.50
Ending Balance as of 06/30/22	\$6,288.40
Enclosures	6

Checks Posted

* Skip in check sequence

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
3333	06/02	75.00	3354	06/10	262.50	3356	06/27	1,380.00
3353*	06/07	2,310.00	3355	06/21	150.00	3357	06/24	1,725.00

Debits

Date	Description	Subtractions
06/02	Preauthorized Debit PEX CARD EPAY 220602	1,200.00
06/02	Preauthorized Debit ADP - TAX ADP - TAX 220602 250065116828A01	1,835.15
06/02	Preauthorized Debit ADP WAGE PAY WAGE PAY 220602 753049654580X83	4,443.54
06/10	Preauthorized Debit ADP PAYROLL FEES ADP - FEES 220610 2RX83 7541938	57.71
06/14	Online Transfer Dr REF 1651141L FUNDS TRANSFER TO DEP XXXX2605 FROM ONLINE FUNDS TRANSFER VIA	25,000.00
06/16	Preauthorized Debit ADP - TAX ADP - TAX 220616 367561820228A01	1,741.90
06/16	Preauthorized Debit ADP WAGE PAY WAGE PAY 220616 355082729102X83	4,106.19





BASIC BUSINESS 100 (continued) Account [REDACTED]

Debits (continued)

Date	Description	Subtractions
06/22	Online Transfer Dr REF 1731850L FUNDS TRANSFER TO DEP XXXX2605 FROM ONLINE FUNDS TRANSFER VIA	40,000.00
06/22	Preauthorized Debit SQUARE INC 220622P2 220622	96.80
06/23	Preauthorized Debit PEX CARD EPAY 220623 11908971610	1,000.00
06/24	Preauthorized Debit ADP PAYROLL FEES ADP - FEES 220624 2RX83 9611132	57.71
06/28	Preauthorized Debit PEX CARD EPAY 220628 11912459733	1,000.00

Credits

Date	Description	Additions
06/07	Online Transfer Cr REF 1581755L FUNDS TRANSFER FRM DEP XXXX2605 FROM ONLINE FUNDS TRANSFER VIA	4,000.00
06/08	Deposit	261.00
06/13	Deposit	29,021.53
06/21	Deposit	27,053.01
06/22	Online Transfer Cr REF 1730601L FUNDS TRANSFER FRM DEP XXXX2605 FROM ONLINE FUNDS TRANSFER VIA	20,000.00

Daily Balances

Date	Amount	Date	Amount	Date	Amount
05/31	12,394.36	06/13	35,492.99	06/23	10,451.11
06/02	4,840.67	06/14	10,492.99	06/24	8,668.40
06/07	6,530.67	06/16	4,644.90	06/27	7,288.40
06/08	6,791.67	06/21	31,547.91	06/28	6,288.40
06/10	6,471.46	06/22	11,451.11	06/30	6,288.40

Overdraft/Return Item Fees

Description	Total this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



Important information about Wire and ACH Fraud and how to prevent it from happening to you.

Each year, millions of dollars are lost to wire, ACH (Automated Clearing House), and other electronic fraud and this number is increasing annually, according to the Federal Trade Commission. Fraudsters are sophisticated, clever, and attempt to deceive both businesses and consumers.

Wire and ACH Fraud Prevention

Wire and ACH fraud continue to be a very common avenue used by fraudsters to request funds by what appears to be a legitimate request. (ACH is an electronic funds transfer from one financial institution to another, commonly used for payments to vendors, direct deposit, and payroll.) Fraudsters often use fake emails, text messages, phone calls, or social media channels. Phone numbers are easily spoofed and look as though they are coming from a trusted source. Information provided by the scammer often closely resembles legitimate information and is a transaction and/or request for funds that you may be expecting. **These simple steps can help protect you from being a victim of fraud.**

Verify the Source

Always perform additional due diligence to verify the request to send or receive funds is legitimate.

- Contact the recipient using a trusted phone number, number published on the company's website, or number listed on original paperwork to verify the request.
- Do not use information from the request to verify legitimacy.
- Spoofing email addresses and phone numbers are the most commonly used ways fraudsters attempt to request funds. Do not click on any links provided to you by the requestor, return a call from your caller ID, or use any other contact information provided by the requestor.
- Consult your banker, a trusted friend or expert if you receive a request from someone unknown to you or a request threatening an action against you unless financial information or funds are provided to the requester.

Verify All Numbers Against Original Wire Information

- If this is a recurring transaction, compare **ALL** numbers and information to prior wire documentation.
- Do not use account numbers or other private information that is provided by the requestor.
- Consult your banker if you see any discrepancies or have questions about the new information provided to you.

Other Precautions

- Do not agree to receive money related to purchasing gift cards, receive funds to send to another financial institution, or take cash out to purchase cashier's checks or money orders to deposit into another person's account.
- Beware of requests to purchase gift cards and provide the card and pin number electronically or over the phone.
- Do not send money in response to an unexpected or urgent request from a loved one. Scammers often appeal to your emotions and pretend to be someone you trust who is in distress. Perform due diligence to verify the request's legitimacy.



And remember, Bank of Marin will never ask for your debit card PIN or digital banking password.

If you suspect your Bank of Marin bank account has been compromised, please contact your local branch or call Customer Support (866) 626-6004.

Find more information about protecting yourself from fraud at <https://www.ftc.gov>

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/23/2022

3333

PAY TO THE ORDER OF KARIBU By Wachira \$ **75.00
 Seventy-Five and 00/100

KARIBU By Wachira
 1419 Park St
 Alameda, Ca 94501

MEMO [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3333, Posted 06/02/2022, Amount 75.00

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/13/2022

3355

PAY TO THE ORDER OF Petty Cash \$ **150.00
 One Hundred Fifty and 00/100

Kathy Weber

MEMO [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3355, Posted 06/21/2022, Amount 150.00

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/1/2022

3353

PAY TO THE ORDER OF Mash Petroleum, INC \$ **2,310.00
 Two Thousand Three Hundred Ten and 00/100

Mash Petroleum, INC
 428 13th Street
 Oakland, CA 94612

MEMO June 2022 Rent [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3353, Posted 06/07/2022, Amount 2,310.00

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/15/2022

3356

PAY TO THE ORDER OF Mei-Ling Jenks Creative \$ **1,380.00
 One Thousand Three Hundred Eighty and 00/100

Mei-Ling Jenks Creative
 2002 Dolphin Court
 San Leandro, CA 94579

MEMO [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3356, Posted 06/27/2022, Amount 1,380.00

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/3/2022

3354

PAY TO THE ORDER OF Hillard Management Group \$ **262.50
 Two Hundred Sixty-Two and 50/100

Hillard Management Group
 3559 Mt. Diablo Blvd., Ste. 104
 Lafayette, CA 94549

MEMO [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3354, Posted 06/10/2022, Amount 262.50

Park Street Business Association
 dba Downtown Alameda Business Association
 2447 Santa Clara Ave Ste 302
 Alameda, CA 94501
 510.523.1392

BANK OF MARIN
 Alameda, CA 94501
 6/15/2022

3357

PAY TO THE ORDER OF Peralta Service Corporation \$ **1,725.00
 One Thousand Seven Hundred Twenty-Five and 00/100

Peralta Service Corporation
 c/o Spanish Speaking Unity Council
 Attn: Accounting
 1900 Fruitvale Ave, Ste 2A
 Oakland, Ca 94601

MEMO [REDACTED]

Anthony Wright
 AUTHORIZED SIGNATURE

Check # 3357, Posted 06/24/2022, Amount 1,725.00



9:31 AM

07/21/22

Downtown Alameda Business Association
Reconciliation Detail
Bank of Marin Checking, Period Ending 06/30/2022

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						12,394.36
Cleared Transactions						
Checks and Payments - 18 items						
Bill Pmt -Check	03/23/2022	3333	KARIBU By Wachira	X	-75.00	-75.00
Check	06/01/2022	3353	Mash Petroleum, INC	X	-2,310.00	-2,385.00
Transfer	06/01/2022			X	-1,200.00	-3,585.00
Check	06/03/2022	EFT	ADP	X	-4,443.54	-8,028.54
Check	06/03/2022	EFT	ADP	X	-1,835.15	-9,863.69
Bill Pmt -Check	06/03/2022	3354	Hilliard Management...	X	-262.50	-10,126.19
Check	06/09/2022	EFT	ADP	X	-57.71	-10,183.90
Bill Pmt -Check	06/13/2022	3355	Petty Cash	X	-150.00	-10,333.90
Transfer	06/14/2022			X	-25,000.00	-35,333.90
Bill Pmt -Check	06/15/2022	3357	Peralta Service Corp...	X	-1,725.00	-37,058.90
Bill Pmt -Check	06/15/2022	3356	Mei-Ling Jenks Crea...	X	-1,380.00	-38,438.90
Check	06/17/2022	EFT	ADP	X	-4,106.19	-42,545.09
Check	06/17/2022	EFT	ADP	X	-1,741.90	-44,286.99
Check	06/22/2022	EFT	Bank of Marin	X	-40,000.00	-84,286.99
Check	06/22/2022	EFT	Square	X	-96.80	-84,383.79
Check	06/23/2022	EFT	PEX Card	X	-1,000.00	-85,383.79
Check	06/25/2022	EFT	ADP	X	-57.71	-85,441.50
Check	06/28/2022	EFT	PEX Card	X	-1,000.00	-86,441.50
Total Checks and Payments					-86,441.50	-86,441.50
Deposits and Credits - 5 items						
Transfer	06/02/2022			X	4,000.00	4,000.00
Deposit	06/08/2022			X	261.00	4,261.00
Deposit	06/13/2022			X	29,021.53	33,282.53
Deposit	06/21/2022			X	27,053.01	60,335.54
Check	06/22/2022	EFT	Bank of Marin	X	20,000.00	80,335.54
Total Deposits and Credits					80,335.54	80,335.54
Total Cleared Transactions					-6,105.96	-6,105.96
Cleared Balance					-6,105.96	6,288.40
Uncleared Transactions						
Checks and Payments - 4 items						
Bill Pmt -Check	03/01/2022	3328	Ryan Eula		-250.00	-250.00
Bill Pmt -Check	03/23/2022	3330	Balcones Distilling		-200.00	-450.00
Bill Pmt -Check	04/21/2022	3345	Fire Dragon Inc		-100.00	-550.00
Bill Pmt -Check	05/12/2022	3352	Stephanie L. Prothero		-1,425.00	-1,975.00
Total Checks and Payments					-1,975.00	-1,975.00
Total Uncleared Transactions					-1,975.00	-1,975.00
Register Balance as of 06/30/2022					-8,080.96	4,313.40
New Transactions						
Checks and Payments - 6 items						
Check	07/01/2022	3358	Mash Petroleum, INC		-2,425.00	-2,425.00
Bill Pmt -Check	07/01/2022	3359	Hilliard Management...		-375.00	-2,800.00
Check	07/04/2022	EFT	ADP		-57.71	-2,857.71
Bill Pmt -Check	07/11/2022	3362	Mei-Ling Jenks Crea...		-1,540.00	-4,397.71
Bill Pmt -Check	07/11/2022	3361	Bridget Halberstadt		-525.00	-4,922.71
Bill Pmt -Check	07/21/2022	3363	Peralta Service Corp...		-1,790.00	-6,712.71
Total Checks and Payments					-6,712.71	-6,712.71
Total New Transactions					-6,712.71	-6,712.71
Ending Balance					-14,793.67	-2,399.31



Bank of Marin

PO Box 2039
Novato, CA 94948-2039

Account Number: [REDACTED]
Statement Period: 05/31/22 - 06/30/22
Page: 1 of 3

Customer Service Information

Branch: 510-748-8425
Touch Tone Banking: 800-654-5111

Lost or Stolen Card:
24 hours 7 days per week 866-626-6004

Written Inquiries:
805 MARINA VILLAGE PARKWAY
ALAMEDA, CA 94501

Visit us Online: www.bankofmarin.com

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PARK STREET BUSINESS ASSOCIATION, INC
DBA DOWNTOWN ALAMEDA BUSINESS ASSOC
2447 SANTA CLARA AVE # 302
ALAMEDA CA 94501-4579

Account Summary for BUSINESS MONEY MARKET [REDACTED]

Beginning Balance as of 05/31/22	\$14,040.49	Annual Percentage Yield Earned	0.05%
+ Deposits and Credits (3)	65,001.15	Average Balance for APY	\$31,007.16
- Withdrawals and Debits (2)	24,000.00	Interest Earned	\$1.15
Ending Balance as of 06/30/22	\$55,041.64	Interest Paid Year to Date	\$3.79
		Interest Bearing Days	30

Debits

Date	Description	Subtractions
06/07	Online Transfer Dr REF 1581755L FUNDS TRANSFER TO DEP XXXX3970 FROM ONLINE FUNDS TRANSFER VIA	4,000.00
06/22	Online Transfer Dr REF 1730601L FUNDS TRANSFER TO DEP XXXX3970 FROM ONLINE FUNDS TRANSFER VIA	20,000.00

Credits

Date	Description	Additions
06/14	Online Transfer Cr REF 1651141L FUNDS TRANSFER FRM DEP XXXX3970 FROM ONLINE FUNDS TRANSFER VIA	25,000.00
06/22	Online Transfer Cr REF 1731850L FUNDS TRANSFER FRM DEP XXXX3970 FROM ONLINE FUNDS TRANSFER VIA	40,000.00
06/30	Interest	1.15



Daily Balances

Date	Balance	Date	Balance	Date	Balance
05/31	14,040.49	06/14	35,040.49	06/30	55,041.64
06/07	10,040.49	06/22	55,040.49		



BUSINESS MONEY MARKET (continued) Account [REDACTED]

Overdraft/Return Item Fees

Description	Total This Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



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Verify the Source

Always perform additional due diligence to verify the request to send or receive funds is legitimate.

- Contact the recipient using a trusted phone number, number published on the company's website, or number listed on original paperwork to verify the request.
- Do not use information from the request to verify legitimacy.
- Spoofing email addresses and phone numbers are the most commonly used ways fraudsters attempt to request funds. Do not click on any links provided to you by the requestor, return a call from your caller ID, or use any other contact information provided by the requestor.
- Consult your banker, a trusted friend or expert if you receive a request from someone unknown to you or a request threatening an action against you unless financial information or funds are provided to the requester.

Verify All Numbers Against Original Wire Information

- If this is a recurring transaction, compare **ALL** numbers and information to prior wire documentation.
- Do not use account numbers or other private information that is provided by the requestor.
- Consult your banker if you see any discrepancies or have questions about the new information provided to you.

Other Precautions

- Do not agree to receive money related to purchasing gift cards, receive funds to send to another financial institution, or take cash out to purchase cashier's checks or money orders to deposit into another person's account.
- Beware of requests to purchase gift cards and provide the card and pin number electronically or over the phone.
- Do not send money in response to an unexpected or urgent request from a loved one. Scammers often appeal to your emotions and pretend to be someone you trust who is in distress. Perform due diligence to verify the request's legitimacy.



And remember, Bank of Marin will never ask for your debit card PIN or digital banking password.

If you suspect your Bank of Marin bank account has been compromised, please contact your local branch or call Customer Support (866) 626-6004.

Find more information about protecting yourself from fraud at <https://www.ftc.gov>



10:00 AM
07/21/22

Downtown Alameda Business Association
Reconciliation Detail
Money Market - B Marin, Period Ending 06/30/2022

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						14,040.49
Cleared Transactions						
Checks and Payments - 2 items						
Transfer	06/02/2022			X	-4,000.00	-4,000.00
Check	06/22/2022	EFT	Bank of Marin	X	-20,000.00	-24,000.00
Total Checks and Payments					-24,000.00	-24,000.00
Deposits and Credits - 3 items						
Transfer	06/14/2022			X	25,000.00	25,000.00
Check	06/22/2022	EFT	Bank of Marin	X	40,000.00	65,000.00
Deposit	06/30/2022			X	1.15	65,001.15
Total Deposits and Credits					65,001.15	65,001.15
Total Cleared Transactions					41,001.15	41,001.15
Cleared Balance					41,001.15	55,041.64
Register Balance as of 06/30/2022					41,001.15	55,041.64
Ending Balance					41,001.15	55,041.64

80551



PARK STREET BUSINESS ASSOCIATION
INCORPORATED DBA
DOWNTOWN ALAMEDA BUSINESS ASSOCIATION
2447 SANTA CLARA AVE #302
ALAMEDA CA 94501



**Premium Business Money Market
Account statement**

June 1, 2022 to June 30, 2022
Account number [REDACTED]

Account summary

Beginning balance on June 1, 2022	\$131,770.22
Plus deposits	
Interest	\$5.41
Ending balance on June 30, 2022	\$131,775.63

Interest rates on June 30, 2022

Interest rates we paid at the end of this statement period:

- on balances of \$1.00 to \$49,999.00: 0.03%
- on balances of \$50,000.00 to \$99,999.00: 0.05%
- on balances of \$100,000.00 to \$499,999.00: 0.05%
- on balances of \$500,000.00 to \$999,999.00: 0.05%
- on balances of \$1,000,000.00 to \$4,999,999.00: 0.05%
- on balances of \$5,000,000.00 to \$9,999,998.00: 0.05%
- on balances of \$9,999,999.00 or more: 0.05%

Summary of interest you've earned

- Interest paid to you this statement period: \$5.41
- Total interest paid to you this year: \$41.54

To contact us

Call
(800) 522-2265
Visit our web site
www.comerica.com

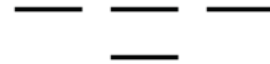
Write to us
COMERICA BANK
2416 CENTRAL AVE
ALAMEDA CA 94501-4351

Important information

The Account Balance Fee for this statement period for this account is \$0.00/\$1,000.

Thank you

Premium Business Money Market Account statement
June 1, 2022 to June 30, 2022



Premium Business Money Market Account account details: XXXXXXXXXX

Other deposits this statement period

Date	Amount (\$)	Activity	Reference numbers	
			Customer	Bank
Jun30	5.41	Interest		I-GEN13299

Total Other Deposits: \$5.41

Total Number of Other Deposits: 1

 Lowest daily balance

Your lowest daily balance this statement period was **\$131,770.22** on **June 1, 2022**.

Premium Business Money Market Account: [REDACTED]

PLEASE EXAMINE THIS STATEMENT PROMPTLY

Reporting Errors and Unauthorized Transactions

Personal Accounts: Electronic Funds Transfers: In Case of Errors (including unauthorized electronic transactions) or Questions About Your Electronic Transfers: Call us at the telephone number printed on the first page of this statement or write us at the address printed on the first page of this statement as soon as you can, if you think this statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. For pre-authorized transfers (e.g., insurance payments, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. We must hear from you no later than 60 days after we sent you the FIRST statement on which the Error or problem appeared.

When reporting the Error: (1) tell us your name and account number (if any); (2) describe the Error (an Error includes an unauthorized electronic funds transfer) or the electronic transfer you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error or the transaction you question.

We will investigate your complaint and will correct any Error promptly. If we take more than 10 business days (20 business days for new accounts) to do this, we will credit your account for the amount you think is in Error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide provisional credit to your account.

Comerica Check Card Transactions: Notwithstanding the above information, if your account was debited for a transaction resulting from the use of your Comerica Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated), you may have additional rights and protections. See the Comerica Business and Personal Deposit Account Contract for specific information.

Checks and Other Non-Electronic Funds Transfer Transactions: If you need a copy of a check or additional information about a transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic funds transfer transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Comerica Business and Personal Deposit Contract for further details.

Business Accounts: Electronic Transactions: If you think this statement shows an Error (an Error includes an unauthorized electronic transaction) or an ATM receipt you received is wrong or if you need more information about an electronic transaction listed on the statement, call or write us as soon as possible at the telephone number or address printed on the first page but always within 30 days of when we first made the information available to you regarding the transaction. For pre-authorized transfers (e.g., insurance payment, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Business Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. For all claims related to an electronic transaction, we must hear from you no later than 30 days after we first made the information available to you regarding the transaction otherwise you may waive your right to recover for the loss you incurred. Call or write us as soon as possible at the telephone number or address printed on the first page and (1) tell us your name and account number; (2) describe the Error or transaction you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error. We reserve the right to require that you complete an affidavit regarding claims of unauthorized transactions. If we timely receive your claim, we will investigate your claim and correct any Errors within the time frame required by law. If the claim is for an unauthorized electronic transaction and we find your claim genuine, we will process your claim in accordance with ACH rules or other applicable electronic clearinghouse rules. To the extent we recover we will refund to you the recovery. If an electronic transaction, including wire transfer was conducted in accordance with the terms of an electronic service you agreed to obtain from us, the terms of that agreement will govern whether the transaction in question is authorized or not.

Comerica Business Check Card Transactions: If your account was debited for a transaction resulting from the use of your Comerica Business Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated) or if your claim is related to an electronic debit transaction resulting from the use of your Comerica Check Card or Check Card number, you may have rights and protections in addition to those described above. See the Comerica Business and Personal Deposit Account Contract for specific information.

Checks and Other Non-Electronic Transactions: If you need a copy of a check or additional information about a non-electronic transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Business and Personal Deposit Contract for further details. You should keep this statement for your records.

Balancing Your Account: For assistance on how to balance your account, please call us at the phone number listed on your account statement or visit your local Comerica banking center.



9:57 AM
07/21/22

Downtown Alameda Business Association
Reconciliation Detail
Comerica Money Market (6236), Period Ending 06/30/2022

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Beginning Balance						131,770.22
Cleared Transactions						
Deposits and Credits - 1 item						
Deposit	06/30/2022			X	5.41	5.41
Total Deposits and Credits					5.41	5.41
Total Cleared Transactions					5.41	5.41
Cleared Balance					5.41	131,775.63
Register Balance as of 06/30/2022					5.41	131,775.63
Ending Balance					5.41	131,775.63

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning 07/01/21 , and ending 06/30/22

PARK STREET BUSINESS ASSOCIATION, [REDACTED] INC.

Net Asset / Fund Balance at Beginning of Year 119,908

Revenue

Contributions	<u>100,739</u>
Program service revenue	<u>86,264</u>
Investment income	_____
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	<u>_____</u>
Net income	_____
Other income	<u>0</u>

Total revenue 187,003

Expenses

Program services	<u>159,524</u>
Management and general	<u>142,796</u>
Fundraising	_____

Total expenses 302,320

Excess / (deficit) -115,317

Changes _____

Net Asset / Fund Balance at End of Year 4,591

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>187,003</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>302,320</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>299,753</u>	<u>208,514</u>	
Liabilities	<u>179,845</u>	<u>203,923</u>	
Net assets	<u><u>119,908</u></u>	<u><u>4,591</u></u>	<u><u>-115,317</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

2021

Department of the Treasury
Internal Revenue Service

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

Name of filer

**PARK STREET BUSINESS ASSOCIATION,
INC.**

EIN or SSN

Name and title of officer or person subject to tax **RON MOONEY
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>187,003</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RYAN VAN VALER to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date " 11/09/22

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 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature " RYAN VAN VALER

Date " 11/09/22

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

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

C Name of organization **PARK STREET BUSINESS ASSOCIATION, INC.**
 Doing business as **DOWNTOWN ALAMEDA BUSINESS ASSN.**
 Number and street (or P.O. box if mail is not delivered to street address) **2447 SANTA CLARA AVE STE 302** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **ALAMEDA CA 94501**

D Employer identification number _____
E Telephone number **510-523-1392**
G Gross receipts \$ **187,003**

F Name and address of principal officer:
RON MOONEY

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website ◆ **HTTP://DOWNTOWNALAMEDA.COM/** **H(c)** Group exemption number ◆ _____

K Form of organization: Corporation Trust Association Other ◆ _____

L Year of formation: **1990** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	2
	6	Total number of volunteers (estimate if necessary)	120
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 268,252 Current Year: 100,739
	9	Program service revenue (Part VIII, line 2g)	6,609 86,264
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,861 187,003
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,651 158,333
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ◆ 0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	217,850 143,987
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	348,501 302,320
	19	Revenue less expenses. Subtract line 18 from line 12	-73,640 -115,317
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 299,753 End of Year: 208,514
	21	Total liabilities (Part X, line 26)	179,845 203,923
	22	Net assets or fund balances. Subtract line 21 from line 20	119,908 4,591

Part II Signature Block

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

Sign Here

Signature of officer: **RON MOONEY** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **RYAN VAN VALER** Preparer's signature: **RYAN VAN VALER** Date: **11/09/22** Check if self-employed PT N
 Firm's name: **RYAN VAN VALER, E.A.** Firm's EIN: _____
 Firm's address: **2447 SANTA CLARA AVE STE 300 A ALAMEDA, CA 94501-4579** Phone no.: **510-521-0252**

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

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses ◆

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

KATHY WEBER **2447 SANTA CLARA AVE. STE 302**
ALAMEDA **CA 94501** **510-523-1392**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON MOONEY	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JONE STEBBINS	1.00									
PRESIDENT-ELECT	0.00	X					0	0	0	
(3) SABRINA CAZAREZ	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) TONY WRIGHT	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) RICH KRINKS	2.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(6) SADIYA KAZI-KOYA	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) BARBARA MOONEY	2.50									
COMMITTEE CHAIR	0.00	X					0	0	0	
(8) CINDY HU	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) TONY YU	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) MIKE YAKURA	1.00									
DIRECTOR	0.00	X					0	0	0	
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	95,739				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		100,739				
	Program Service Revenue	2a MISC.	Business Code	52,605	52,605		
b STROLL EVENT			33,659	33,659			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			86,264				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			187,003	86,264	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,809	70,809	75,000	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,524		12,524	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	7,150		7,150	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 7				
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.)	20,660	20,660		
12	Advertising and promotion	22,312	22,312		
13	Office expenses	4,120	200	3,920	
14	Information technology				
15	Royalties				
16	Occupancy	30,381		30,381	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,330		2,330	
20	Interest	4,524		4,524	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,725		6,725	
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	ALAMEDA AVENUE	30,525	30,525		
b	OTHER EVENT EXPENSES	14,582	14,582		
c	SUPPLIES	324	324		
d	MERCHANT SERVICE FEES	194	97	97	
e	All other expenses	160	15	145	
25	Total functional expenses. Add lines 1 through 24e	302,320	159,524	142,796	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	285,254	1	193,682
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	750	4	750
	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	10,000	7	10,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,824	9	2,157
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,262		
	b Less: accumulated depreciation	10b 26,262	10c	
	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	1,925	15	1,925
16 Total assets. Add lines 1 through 15 (must equal line 33)	299,753	16	208,514	
Liabilities	17 Accounts payable and accrued expenses	2,822	17	4,230
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	177,023	25	199,693
	26 Total liabilities. Add lines 17 through 25	179,845	26	203,923
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,575	27	4,591
	28 Net assets with donor restrictions	19,333	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	119,908	32	4,591
33 Total liabilities and net assets/fund balances	299,753	33	208,514	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	187,003
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,320
3	Revenue less expenses. Subtract line 2 from line 1	3	-115,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,908
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,591

Part XII Financial Statements and Reporting

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PARK STREET BUSINESS ASSOCIATION, INC. Employer identification number

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part IV Supplemental Information *(continued)*

[Lined area for supplemental information]

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: PARK STREET BUSINESS ASSOCIATION, INC. Employer identification number: [REDACTED]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| 3a(i) Unrelated organizations | | |
| 3a(ii) Related organizations | | |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		26,262	26,262	

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) LOAN PAYABLE	158,558
(3) UNEARNED REVENUE	34,452
(4) ACCRUED PAYROLL	4,736
(5) PAYROLL TAXES	1,947
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	199,693

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PARK STREET BUSINESS ASSOCIATION, INC.**

Employer identification number
[REDACTED]

FORM 990 - ORGANIZATION'S MISSION

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH OUR NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH OUR NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DIRECTOR(S) REVIEW FORM 990 PRIOR TO FILING

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

Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	Furnishings and Equipment	6/30/06	26,262			26,262	10 HY 200DB	26,262	0
			<u>26,262</u>			<u>26,262</u>		<u>26,262</u>	<u>0</u>
	Grand Totals		26,262			26,262		26,262	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>26,262</u>			<u>26,262</u>		<u>26,262</u>	<u>0</u>

CA Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
1	Furnishings and Equipment	6/30/06	26,262	26,262	26,262	0	0	0
			<u>26,262</u>	<u>26,262</u>	<u>26,262</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		26,262	26,262	26,262	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>26,262</u>	<u>26,262</u>	<u>26,262</u>	<u>0</u>	<u>0</u>	<u>0</u>

AMT Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	Furnishings and Equipment	6/30/06	26,262			26,262	10 HY 150DB	26,262	0
			<u>26,262</u>			<u>26,262</u>		<u>26,262</u>	<u>0</u>
	Grand Totals		26,262			26,262		26,262	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>26,262</u>			<u>26,262</u>		<u>26,262</u>	<u>0</u>

FYE: 6/30/2022

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>
<u>MACRS Adjustments:</u>						
Page 1	1	1	Furnishings and Equipment	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>



Future Depreciation Report FYE: 6/30/23

FYE: 6/30/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Furnishings and Equipment	6/30/06	<u>26,262</u>	<u>0</u>	<u>0</u>
			<u>26,262</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>26,262</u>	<u>0</u>	<u>0</u>

CA Future Depreciation Report **FYE: 6/30/23**

FYE: 6/30/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
<u>Prior MACRS:</u>				
1	Furnishings and Equipment	6/30/06	<u>26,262</u>	<u>0</u>
			<u>26,262</u>	<u>0</u>
	Grand Totals		<u>26,262</u>	<u>0</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning 07/01/21 , ending 06/30/22		

Name **PARK STREET BUSINESS ASSOCIATION, INC.** Taxpayer Identification Number XXXXXXXXXX

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	41,664		-41,664
	2. Membership dues and assessments	101,588	95,739	-5,849
	3. Government contributions and grants	125,000	5,000	-120,000
	4. Program service revenue	6,609	86,264	79,655
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	274,861	187,003	-87,858
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	130,651	158,333	27,682
	17. Professional fundraising fees			
	18. Other professional fees	12,667	27,810	15,143
	19. Occupancy, rent, utilities, and maintenance	27,529	30,381	2,852
	20. Depreciation and Depletion			
	21. Other expenses	177,654	85,796	-91,858
	22. Total expenses. Add lines 13 through 21	348,501	302,320	-46,181
	23. Excess or (Deficit). Subtract line 22 from line 12	-73,640	-115,317	-41,677
Other Information	24. Total exempt revenue	274,861	187,003	-87,858
	25. Total unrelated revenue			
	26. Total excludable revenue	6,609	86,264	79,655
	27. Total assets	299,753	208,514	-91,239
	28. Total liabilities	179,845	203,923	24,078
	29. Retained earnings	119,908	4,591	-115,317
	30. Number of voting members of governing body	11	11	
	31. Number of independent voting members of governing body	11	11	
	32. Number of employees	4	2	
	33. Number of volunteers	120	120	

Form 990 Tax Return History 2021

Name **PARK STREET BUSINESS ASSOCIATION, INC.** Employer Identification Number XXXXXXXXXX

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants				166,664	5,000	
Membership dues	120,626	114,479	121,043	101,588	95,739	
Program service revenue	323,770	366,742	251,006	6,609	86,264	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	444,396	481,221	372,049	274,861	187,003	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	130,235	150,441	143,934	130,651	158,333	
Professional fees	45,919	39,382	41,755	12,667	27,810	
Occupancy costs	26,628	30,161	27,535	27,529	30,381	
Depreciation and depletion						
Other expenses	185,239	193,546	157,218	177,654	85,796	
Total expenses	388,021	413,530	370,442	348,501	302,320	
Excess or (Deficit)	56,375	67,691	1,607	-73,640	-115,317	
Total exempt revenue	444,396	481,221	372,049	274,861	187,003	
Total unrelated revenue						
Total excludable revenue	323,770	366,742	251,006	6,609	86,264	
Total Assets	182,619	256,222	210,875	299,753	208,514	
Total Liabilities	58,369	64,281	17,327	179,845	203,923	
Net Fund Balances	124,250	191,941	193,548	119,908	4,591	

Federal Statements

FYE: 6/30/2022

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MARKETING	\$ 20,660	\$ 20,660	\$	\$
TOTAL	\$ 20,660	\$ 20,660	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBER OUTREACH	\$ 145	\$	\$ 145	\$
OTHER- PROG	15	15	\$	\$
TOTAL	\$ 160	\$ 15	\$ 145	\$ 0

Form 199 Return Summary

For calendar year 2021, or tax year beginning 07/01/2021 , and ending 06/30/2022

**PARK STREET BUSINESS ASSOCIATION, [REDACTED]
INC.**

Gross sales / receipts	<u>86,264</u>	
Dues from members		
Contributions / grants	<u>100,739</u>	
Total costs		
Expenses	<u>302,320</u>	
Excess / (deficit)		<u><u>-115,317</u></u>
 Total payments		
Penalties and interest		
Use tax		

Balance due

Refund

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>299,753</u>	<u>208,514</u>	
Liabilities	<u>179,845</u>	<u>203,923</u>	
Net assets	<u><u>119,908</u></u>	<u><u>4,591</u></u>	<u><u>-115,317</u></u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/22

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312
Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

PARK STREET BUSINESS ASSOCIATION, Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 2447 SANTA CLARA AVE STE 302 Address (Number and Street)	State Charity Registration Number _____ Corporation or Organization No. 1667903 Federal Employer ID No. _____
ALAMEDA CA 94501 City or Town, State, and ZIP Code	
510-523-1392 Telephone Number	
KATHY@DOWNTOWNALAMEDA.COM E-mail Address	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/21 ending 06/30/22) list:

Total Revenue \$ 187,003 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 208,514

Program Expenses \$ 159,524 Total Expenses \$ 302,320

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>RON MOONEY</u>	<u>PRESIDENT</u>		
Signature of Authorized Agent	Printed Name	Title	Date

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARK STREET BUSINESS ASSOCIATION, INC.		D Employer identification number [REDACTED]
	Doing business as DOWNTOWN ALAMEDA BUSINESS ASSN.		E Telephone number 510-523-1392
	Number and street (or P.O. box if mail is not delivered to street address) 2447 SANTA CLARA AVE STE 302		Room/suite [REDACTED]
	City or town, state or province, country, and ZIP or foreign postal code ALAMEDA CA 94501		G Gross receipts \$ 187,003
F Name and address of principal officer: RON MOONEY			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input type="checkbox"/> 501(c)3 <input checked="" type="checkbox"/> 501(c) (<u>6</u>) ◆ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website ◆ HTTP://DOWNTOWNALAMEDA.COM/	H(c) Group exemption number ◆
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆	L Year of formation: 1990	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	268,252	100,739
	9 Program service revenue (Part VIII, line 2g)	6,609	86,264
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,861	187,003
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	130,651	158,333
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ◆	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	217,850	143,987
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	348,501	302,320
19 Revenue less expenses. Subtract line 18 from line 12	-73,640	-115,317	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 299,753	End of Year 208,514
	21 Total liabilities (Part X, line 26)	179,845	203,923
	22 Net assets or fund balances. Subtract line 21 from line 20	119,908	4,591

Part II Signature Block

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

Sign Here	Signature of officer	Date
	RON MOONEY Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PT N
	RYAN VAN VALER	RYAN VAN VALER	11/09/22		
	Firm's name " RYAN VAN VALER, E.A.	Firm's EIN " [REDACTED]	Firm's address " 2447 SANTA CLARA AVE STE 300 A ALAMEDA, CA 94501-4579		
			Phone no.	510-521-0252	

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

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses ◆

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

KATHY WEBER **2447 SANTA CLARA AVE. STE 302** **510-523-1392**
ALAMEDA **CA 94501**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON MOONEY	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JONE STEBBINS	1.00									
PRESIDENT-ELECT	0.00	X					0	0	0	
(3) SABRINA CAZAREZ	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) TONY WRIGHT	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) RICH KRINKS	2.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(6) SADIYA KAZI-KOYA	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) BARBARA MOONEY	2.50									
COMMITTEE CHAIR	0.00	X					0	0	0	
(8) CINDY HU	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) TONY YU	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) MIKE YAKURA	1.00									
DIRECTOR	0.00	X					0	0	0	
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	95,739				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		100,739				
	Program Service Revenue	2a MISC.	Business Code	52,605	52,605		
b STROLL EVENT			33,659	33,659			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			86,264				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			187,003	86,264	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,809	70,809	75,000	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,524		12,524	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	7,150		7,150	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 7				
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.)	20,660	20,660		
12	Advertising and promotion	22,312	22,312		
13	Office expenses	4,120	200	3,920	
14	Information technology				
15	Royalties				
16	Occupancy	30,381		30,381	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,330		2,330	
20	Interest	4,524		4,524	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,725		6,725	
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	ALAMEDA AVENUE	30,525	30,525		
b	OTHER EVENT EXPENSES	14,582	14,582		
c	SUPPLIES	324	324		
d	MERCHANT SERVICE FEES	194	97	97	
e	All other expenses	160	15	145	
25	Total functional expenses. Add lines 1 through 24e	302,320	159,524	142,796	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	285,254	1	193,682
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	750	4	750
	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	10,000	7	10,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,824	9	2,157
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,262		
	b Less: accumulated depreciation	10b 26,262	10c	
	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	1,925	15	1,925
16 Total assets. Add lines 1 through 15 (must equal line 33)	299,753	16	208,514	
Liabilities	17 Accounts payable and accrued expenses	2,822	17	4,230
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	177,023	25	199,693
	26 Total liabilities. Add lines 17 through 25	179,845	26	203,923
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,575	27	4,591
	28 Net assets with donor restrictions	19,333	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	119,908	32	4,591
33 Total liabilities and net assets/fund balances	299,753	33	208,514	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	187,003
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,320
3	Revenue less expenses. Subtract line 2 from line 1	3	-115,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,908
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,591

Part XII Financial Statements and Reporting

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PARK STREET BUSINESS ASSOCIATION, INC. Employer identification number

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part IV Supplemental Information *(continued)*

[Lined area for supplemental information]

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: PARK STREET BUSINESS ASSOCIATION, INC. Employer identification number: [REDACTED]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| 3a(i) Unrelated organizations | | |
| 3a(ii) Related organizations | | |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		26,262	26,262	

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) LOAN PAYABLE	158,558
(3) UNEARNED REVENUE	34,452
(4) ACCRUED PAYROLL	4,736
(5) PAYROLL TAXES	1,947
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	199,693

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PARK STREET BUSINESS ASSOCIATION, INC.**

Employer identification number
[REDACTED]

FORM 990 - ORGANIZATION'S MISSION

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH OUR NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE PARK STREET BUSINESS ASSOCIATION (DBA DOWNTOWN ALAMEDA BUSINESS ASSOCIATION) IS HARD AT WORK YEAR ROUND WITH OUR NEARLY 500 BUSINESSES IN MIND. FIRST FORMED IN 1981, WE SERVE AS A SUPPORT NETWORK AND ADVOCATE FOR BUSINESSES OPERATING IN OUR HISTORIC BUSINESS IMPROVEMENT AREA. THE DOWNTOWN ASSOCIATION PROMOTES A HEALTHY RETAIL/SERVICE CLIMATE AS WELL AS A DISTRICT THAT IS FAMILY-FRIENDLY, CLEAN, GREEN, AND SAFE. THE WELFARE OF THE ASSOCIATION AND ITS MEMBERS IS ACTIVELY PURSUED BY STAFF, OUR BOARD OF DIRECTORS, CITY OFFICIALS, AND CIVIC-MINDED VOLUNTEERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DIRECTOR(S) REVIEW FORM 990 PRIOR TO FILING

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

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name **PARK STREET BUSINESS ASSOCIATION, INC.**

Identifying number

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	187,003
2 Total gross income (Form 199, line 8)	2	187,003
3 Total expenses and disbursements (Form 199, line 9)	3	302,320

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer: _____ Date: 11/09/22 Title: PRESIDENT

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature: _____ Date: _____ Check if also paid preparer: Check if self-employed: ERO's PTIN: _____

Firm's name (or yours if self-employed) and address: **RYAN VAN VALER**
2447 SANTA CLARA AVENUE
ALAMEDA CA

Firm's FEIN: _____ ZP code: **94501**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature: **RYAN VAN VALER** Date: **11/09/22** Check if self-employed: Paid preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: **RYAN VAN VALER, E.A.**
2447 SANTA CLARA AVE STE 300 A
ALAMEDA CA

Firm's FEIN: _____ ZP code: **94501-4579**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

Corporation/Organization name **PARK STREET BUSINESS ASSOCIATION, INC.** California corporation number **1667903**

Additional information. See instructions. **DOWNTOWN ALAMEDA BUSINESS ASSN.** FEN [REDACTED]

Street address (suite or room) **2447 SANTA CLARA AVE STE 302** PMB no.

City **ALAMEDA** State **CA** Zip code **94501**

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

A First return [] Yes [X] No
B Amended return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
E Check accounting method: (1) [] Cash (2) [X] 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 [X] No
H Is this organization in a group exemption [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [] Yes [X] 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 [X] No
L Is the organization a limited liability company? [] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
O Is federal Form 1023/1024 pending? [] Yes [X] No

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

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers, descriptions, and amounts.

Sign Here: Signature of officer, Title (PRESIDENT), Date, Telephone (510-523-1392)
Paid Preparer's Use Only: Preparer's signature (RYAN VAN VALER), Date (11/09/2022), Firm's name and address (RYAN VAN VALER, E.A., 2447 SANTA CLARA AVE STE 300 A, ALAMEDA, CA 94501-4579), Telephone (510-521-0252)
May the FTB discuss this return with the preparer shown above? See instructions [] Yes [] No

PARK STREET BUSINESS ASSOCIATION,

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.

Table with 18 rows for Receipts and Expenses. Receipts total 86,264.00. Expenses total 302,320.00. Includes 'SEE STATEMENT 1' and 'SEE STATEMENT 2'.

Schedule L Balance Sheet

Balance Sheet table with columns for Beginning of taxable year (a, b) and End of taxable year (c, d). Total assets 208,514. Total liabilities and net worth 208,514.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

Reconciliation table with 10 rows. Net income per books -115,317. Net income per return -115,317.

California Statements

FYE: 6/30/2022

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

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
RON MOONEY					PRESIDENT	3.00	
JONE STEBBINS					PRESIDENT-ELECT	1.00	
SABRINA CAZAREZ					SECRETARY	1.00	
TONY WRIGHT					TREASURER	2.00	
RICH KRINKS					COMMITTEE CHAIR	2.00	
SADIYA KAZI-KOYA					DIRECTOR	0.50	
BARBARA MOONEY					COMMITTEE CHAIR	2.50	
CINDY HU					DIRECTOR	1.00	
KATHY WEBER					EXECUTIVE DIRECTOR	40.00	
TONY YU					DIRECTOR	0.50	
MIKE YAKURA					DIRECTOR	1.00	
TOTAL							<u>0</u>

California Statements

FYE: 6/30/2022

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

<u>Description</u>	<u>Amount</u>
EVENT RENTAL	\$
BEER	
WINE	
GLASSES	
TABLES/CHAIRS RENTALS	
SPONSORS BOOTHS	
LUMPERS	
BIKE MONITORS	
DUMPSTER	
ELECTICIAN	
POSTER	
SECURITY	
RENTAL TRUCKS	
AWF ICE	
AWF T-SHIRTS	
MISC.	
PERMITS	
DRINK TICKETS	
SUPPLIES	
BANNERS	
PRESSURE WASHING	
OTHER	
TRASH/RECYCLE	
POSTER	
MUSIC CLEARANCE	
VOLUNTEER TOKENS	
SALES TAX	
GLASSES	
BEER	
WINE	
BANNER	
PERMITS	
DRINK TICKETS	
POLICE	
TABLES/ CHAIRS RENTALS	
PRINTING	
BIKE PARKING	
ELECTRICAL	
LUMPERS	
BOOTHES	
TRUCK RENTAL	
STAGE RENTAL	
ICE	
SUPPLIES	
MISC.	
PRESSURE WASHING	
SPRING FESTIVAL - OTHER	
TOILET RENTAL	
BIKE PARKING	
MUSIC	
LUMPERS	
POSTER	
BANNER	
PLATES	

California Statements

FYE: 6/30/2022

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

<u>Description</u>	<u>Amount</u>
T-SHIRTS	\$
MISC.	
PRINTING	
POSTAGE	
GLASSWARE	
OTHER	
PROGRAM	
MARKETING	20,660
IT/ SOCIAL MEDIA	
GRAPHIC DESIGN	
SHOPPING GUIDES	
PRINTING/ POSTAGE	401
SUPPLIES	
MEETINGS	335
MEMBERSHIP PROGRAM	1,191
STAFF DEVELOPMENT/ TRAINING	804
OPERATION M&I	
MERCHANT EVENTS	
MEMBER OUTREACH	145
MAINT. & IMPROVEMENT COMM	
MERCHANT SERVICE FEES	194
OTHER- PROG	15
SUPPLIES	324
ALAMEDA AVENUE	30,525
OTHER EVENT EXPENSES	14,582
PROMOTION PROGRAM	153
MARKETING	22,159
SUPPLIES	3,719
OTHER	
WORKERS COMP	3,237
LIABILITY/ D&O	3,488
PAYROLL TAXES	12,524
ACCOUNTING	7,150
TOTAL	\$ <u>121,606</u>

Statement 3 - Form 199, Schedule L, Line 3 - Net Notes Receivable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER LOANS REC	\$ 10,000	\$ 10,000
TOTAL	\$ <u>10,000</u>	\$ <u>10,000</u>

California Statements

FYE: 6/30/2022

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 1,925	\$ 1,925
PREPAID EXPENSES	1,824	2,157
TOTAL	<u>\$ 3,749</u>	<u>\$ 4,082</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
UNEARNED REVENUE	\$ 17,006	\$ 34,452
ACCRUED PAYROLL	3,886	4,736
WORKERS COMP		
LOAN PAYABLE	154,034	158,558
CREDIT CARDS		
PAYROLL TAXES	2,097	1,947
TOTAL	<u>\$ 177,023</u>	<u>\$ 199,693</u>