



February 28, 2021

Eric Fonstein
Community Development Manager
City of Alameda

Re: BIA Report, West Alameda Business Association

Please accept the BIA report including:

- List of Current Board of Directors
- Balance Sheet ytd December 2020
- Profit & Loss ytd December 2020
- Beacon Business Bank Statement December 2020 – Operating Account
- Beacon Business Bank Statement December 2020 – Grant/Restricted Account
- Edward Jones Statement December 2020 – Reserve Account
- Federal/State Tax Filing 2019
- 2020 Budget

As we began the 2019/2020 funding year July 1, 2020 we were in the midst of “pivoting” for the survival of our organization and our members due to the Covid 19 SIP. Effective March 15th, we reviewed every expenditure and created a “budget lite” to guide us, not knowing the amount that may come in through business license renewals. Fortunately, approximate 90% of our members renewed. Also, fortunately we were able to gather funding support for arts/placemaking, Al Fresco Dining space and sponsorship for general purposes. We received a \$125,000 Grant from the CARES funding through the City of Alameda and were able to effectively and creatively support our district through Parklet grants and many Covid 19 issues.

We look forward to continuing our efforts for the betterment of our District and great collaboration between WABA and the City of Alameda.

Regards,
Linda

Linda Asbury
Executive Director
West Alameda Business Association
linda@westalamedabusiness.com

1509-1/2 Webster Street, Alameda, CA 94501 | (510) 523-5955 |
ExploreWestAlameda.com | WABA@WestAlamedaBusiness.com



**WEST ALAMEDA BUSINESS ASSOCIATION
SUMMARY OF ACTIVITIES
FISCAL YEAR JULY 1, 2020 – JUNE 30, 2021
CONTINUING FISCAL YEAR JULY 1, 2021 – JUNE 30, 2022**

General Advocacy:

Representing and speaking for our members has never been more important. This allows for instant information and resources for our businesses and the City of Alameda.

WABA is represented on the following:

Weekly Tuesday's @ 2pm (City/DABA)
Weekly Commercial Street Program (City Public Works/Planning)
Monthly Government Relations and Economic Development (Chamber)
Monthly CARES (City Community Development)
Monthly Alameda Wellness Center/McKay Ave. Project – Oversight Committee
Monthly WABA/DABA/City meeting
Member Homeless Strategic Plan Task Force

WABA was actively involved with the formation and promotion of the Alameda Strong Campaign. WABA supported the Block by Block program, opening our offices for the use of the Ambassadors. Through our social marketing, WABA has promoted Alameda Restaurant Week and various citywide initiatives: Homeless Strategic Plan, Covid 19 Business Survey, Yiftee gift cards, as well as other campaigns. In collaboration with The Small Business Administration, WABA hosted EIDL and PPP webinars for Alameda businesses.

Streetscape Advocacy:

The business association's representatives are committed to maintaining a close relationship with Public Works to keep a clean and attractive streetscape on Webster St. This includes monthly and as needed check-ins with city staff to address areas needing attention or improvement.

WABA provides input and sets priorities for the Landscape & Lighting fund, which involves an annual meeting with Amanda Eberhart to review the available funds and set objectives for the coming year.

Placemaking:

Through the CARES Grant and the City of Alameda, WABA has successfully granted funds for 15 Parklets for outdoor dining and shopping. The Commercial Street Re-configuration that allowed for Parklets has created an exciting “vibe” to the District.

WABA in collaboration with West End Arts District created an Al Fresco Dining and Healing Garden on the empty Taylor/Webster lot. This venue allows for any “to go” clients to enjoy a comfortable place to eat outdoors with live entertainment when permitted.

WABA has collaborated with Three Thirty Three Arts (was Dragon School), a non-profit to mentor budding muralists, to create Webster Street murals. To date these are completed or scheduled:

- 1) Corner building at Lincoln/Webster – completed
- 2) Corner building at Santa Clara/Webster – March 6th
- 3) Rodeway Inn/1929 Webster – March 6th

. Street banners have been placed on Webster with Covid 19 messages:

Smile with your Eyes – Shop Local

Please Wear a Mask – Shop Local

My Mask Protects You – Your Mask Protects Me – Shop Local

The banner program will extend to Alameda Landing by May 1st.

We will create a more robust nightlife experience and art within the District. Our vision is to retain/enhance clusters of similar types of commercial enterprises. Numerous studies have found creating a critical mass of businesses, especially night life, generates a better retail environment and supports the overall District business health. This creates a vibrant social experience for a variety of generations, as well as enhancing the walkability experience on Webster.

2021 Committees

Design Review:

Our design committee is committed to continuing to work towards maintaining the historic character of Webster Street by reviewing plans and proposals for new development projects, renovations, or façade grant proposals as needed.

Placemaking, a human-centric approach to the planning, design, and management of public spaces, is a major initiative in WABA's strategic plan, adopted in 2017. Our Design Committee will play a significant role in determining the initial project(s) the district will tackle with the funds committed to these specific initiatives. That could include a new mural, painted pedestrian plazas, or artfully designed benches and bike racks.

Economic Development:

We will maintain focus on securing the right tenant mix for Webster Street vacancies and continue with meetings with Commercial Brokers. This program will now include meetings with Property Owners. We continue to focus on assisting both property owners and potential business owners who are looking to make Webster Street their home. Key vacancies along Webster Street include:

- 1502 Webster St. (Beauty Unlimited)
- 1541 Webster St. (Albert's Cafe)
- 1434/1436 Webster St. (Island Paradise Club)
- 1465 Webster St. (Katsu)
- 1403 Webster St. (The Hunter)
- 1537 Webster St. (Greek Meze)
- 1546 Webster St. (Lighting Store)
- 647 Central (Cookie Bar)
- 712 Lincoln – new build

Membership:

Initiate the “Friends of the West End” membership and fundraising campaign. This will provide opportunities for our residents to have a voice in what Webster can create for their benefit. To determine the feasibility of a “Friends of the West End” a survey was sent to households in the Webster vicinity with the following results: 95% are familiar with WABA; 85% are familiar with WABA Events; 60% are aware of WABA’s efforts in creating a clean and safe environment on Webster; 68% would consider contributing to the “Friends of Webster Street”. The marketing and promotion of FWB is in the early stages of planning. It will be promoted by May 1st.

Marketing/Events

Vision: promote West Alameda as an Art District and continue to collaborate with West End Art and Entertainment District on joint promotions. WABA is a sponsor of the West End Mercantile, a weekly outdoor event featuring handmade wares from local artists and makers. WABA is also a sponsor of Magickal Market, a free event for all ages and pet-friendly.

Masks and social distancing are required at all events.

With the annual July 4th Parade on hold, WABA will fly United States Flags from Central Avenue to Alameda Landing, our visual parade of flags.

WABA will enhance our social marketing to our members and neighbors, promoting our "wins" and the hidden work we do to facilitate a clean & safe streetscape. Future marketing will be on focused on individual business promotions that will be seasonal or specific holiday focus.

We continue to support of the Farmers' Market on Tuesdays and Saturdays, which brings visitors to Webster Street from Alameda and the surrounding communities.

<p>Sandy Russell The Fireside Lounge 1453 Webster Street Alameda, CA 94501</p> <p>President Term expires December 31, 2021</p>	<p>West Alameda Business Association</p> <p>Board of Directors</p> <p>2021</p>	<p>Daniel Hoy Architect 1551 Webster Street Suite B1 Alameda CA 94501</p> <p>Secretary Term expires December 31, 2022</p>
<p>Chris VavRosky Kitchen of Alameda 1727 Webster Street Alameda, CA 94501</p> <p>Economic Development Term expires December 31, 2022</p>	<p>Stevie Wolfe U.S. Bank 1414 Webster Street Alameda, CA 94501</p> <p>Treasurer Term expires December 31, 2023</p>	<p>Ann Moore Back to Life 1505 Webster Street Alameda, CA 94501</p> <p>Term expires December 31, 2021</p>
<p>Marie Ortega Feathered Outlaw 1506 Webster Street Alameda, CA 94501</p> <p>Term expires December 31, 2023</p>	<p>Holding for representative College of Alameda Alameda, CA 94501</p> <p>Term expires December 31, 2021</p>	<p>Sharon Lindley The Hunter Public House Alameda, CA 94501</p> <p>Term expires December 31, 2022</p>
<p>Tanoa Stewart A Town Booking Agency 909 Marina Village Parkway #357 Alameda, CA 94501 Term expires December 31, 2023</p>		<p>Linda Asbury Executive Director 1509-1/2 Webster Street Alameda, CA 94501 510.523.5955 linda@westalamedabusiness.com</p>

West Alameda Business Association

Balance Sheet

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Beacon Bank Restricted	13,814.86
Beacon Business Bank - Operating Chkg	33,449.75
Edward Jones - Money Market	75,002.51
Total Bank Accounts	\$122,267.12
Accounts Receivable	
Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
Prepaid Expenditures	10,892.18
Undeposited Funds	0.00
Total Other Current Assets	\$10,892.18
Total Current Assets	\$133,159.30
Fixed Assets	
Accumulated Depreciation	-550.00
Furniture and Equipment	
Computer equipment	3,705.50
Total Furniture and Equipment	3,705.50
Total Fixed Assets	\$3,155.50
Other Assets	
Rent Deposit	1,000.00
Total Other Assets	\$1,000.00
TOTAL ASSETS	\$137,314.80
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Total Current Liabilities	\$0.00
Long-Term Liabilities	
Grant - Sewald	10,000.00
Total Long-Term Liabilities	\$10,000.00
Total Liabilities	\$10,000.00
Equity	
Opening Bal Equity	90,801.18
Unrestricted Net Assets	-9,845.28
Net Income	46,358.90
Total Equity	\$127,314.80
TOTAL LIABILITIES AND EQUITY	\$137,314.80

West Alameda Business Association

Profit and Loss

January - December 2020

	TOTAL
Income	
ATM Revenue	2,454.65
Covid 19 Grant	125,000.00
INCOME	
EVENT REVENUE	
Spring Celebration	700.00
Webster Street Dining Out Program	-49.67
Total EVENT REVENUE	650.33
MEMBERSHIP & FEES	
BIA Fees	81,686.45
Sponsorship	57,269.21
Tier Memberships	375.00
Total MEMBERSHIP & FEES	139,330.66
Total INCOME	139,980.99
MISC INCOME	450.00
Total Income	\$267,885.64
GROSS PROFIT	\$267,885.64
Expenses	
EXPENSES GENERAL	
EVENT EXPENSES	
-Halloween	34.93
-Santa on Webster	195.00
Spring Celebration	1,131.05
West End Mercantile	1,257.00
Total EVENT EXPENSES	2,617.98
Total EXPENSES GENERAL	2,617.98
FUNDRAISING	3,750.00
GENERAL ADMINISTRATION COSTS	
Board of Director Mtg Expenses	130.58
OFFICE EXPENSES	200.00
-Cleaning service	585.00
-Office Supplies	153.42
-Postage & delivery	190.00
-Utilities	
Telephone-internet service	2,383.18

West Alameda Business Association

Profit and Loss

January - December 2020

	TOTAL
Total-Utilities	2,383.18
Casual Labor	400.00
Fees	
Baltsoft	108.00
Bank Fees	4.75
Drop Box	119.88
Google suite	288.00
QuickBooks Payments Fees	840.00
Square	29.18
Total Fees	1,389.81
Insurance	
Liability	1,073.00
Total Insurance	1,073.00
Office rent	7,023.33
Total OFFICE EXPENSES	13,397.74
Professional Fees	
Accounting & Tax Preparation	1,249.99
Consultants	400.00
Total Professional Fees	1,649.99
Salaries	
Bookkeeper	705.00
Executive Director	30,600.00
Marketing	20,308.81
Total Salaries	51,613.81
Total GENERAL ADMINISTRATION COSTS	66,792.12
MARKETING AND PROMOTION GENERAL	400.00
Advertising	16,484.85
Mixers (deleted)	75.00
Promotions	
Marketing Professional Services	280.00
Materials	5,777.29
Total Promotions	6,057.29
WEBSITE	
Web Services	329.95
Website maintenance	240.00
Total WEBSITE	569.95
Total MARKETING AND PROMOTION GENERAL	23,587.09
Placemaking	1,000.00
Unapplied Cash Bill Payment Expenditure	287.50

West Alameda Business Association

Profit and Loss

January - December 2020

	TOTAL
WEBSTER ST	1,000.00
Alfresco Dining Out Program	61,100.64
Banner materials	4,788.47
Holiday - Installation & Supplies	1,019.01
Parklet Grant	55,674.12
Total WEBSTER ST	123,582.24
Total Expenses	\$221,616.93
NET OPERATING INCOME	\$46,268.71
Other Income	
Interest Income	140.19
Total Other Income	\$140.19
Other Expenses	
Taxes	50.00
Total Other Expenses	\$50.00
NET OTHER INCOME	\$90.19
NET INCOME	\$46,358.90



www.beaconbusinessbank.com

SAN FRANCISCO MAIN OFFICE

88 Kearny Street, Suite 1750
San Francisco, CA 94108-5520
TEL: (415) 543-3377

EAST BAY OFFICE

1442 Webster Street
Alameda, CA 94501-3339
TEL: (510) 769-1000

SAN MATEO OFFICE

1700 South El Camino Real, Suite 108
San Mateo, CA 94402
TEL: (650) 697-8855

Rec [] 11/7/20

STATEMENT OF ACCOUNT

000361

WEST ALAMEDA BUSINESS ASSOC
OPERATING ACCOUNT
1509 1/2 WEBSTER ST
ALAMEDA CA 94501

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GOODBYE 2020! WELCOME 2021!
ENCLOSED YOU WILL FIND OUR 2020 WINTER NEWSLETTER.
WE WOULD LIKE TO THANK YOU FOR CHOOSING BEACON BUSINESS BANK.
WISHING YOU AND YOUR FAMILY CONTINUED HEALTH AND SAFETY.

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NFP DDA ACCOUNT

MINIMUM BALANCE	34,539.38	LAST STATEMENT 11/30/20	48,081.91
AVG AVAILABLE BALANCE	38,550.44	1 CREDITS	3.27
AVERAGE BALANCE	38,550.44	13 DEBITS	13,542.53
		THIS STATEMENT 12/31/20	34,542.65

----- OTHER CREDITS -----

DESCRIPTION	DATE	AMOUNT
INTEREST AT .099900 %	12/31	3.27 ✓

----- CHECKS -----

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
2127*12/28 950.00	2133 12/07 2,000.00	2137 12/14 240.00
✓ 2130 12/01 1,000.00	2134 12/16 40.00	2138 12/10 3,000.00
2131 12/07 65.00	2135 12/09 1,940.06	2139 12/31 158.04
2132 12/10 1,073.00	2136 12/11 2,438.94	

(*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

----- OTHER DEBITS -----

DESCRIPTION	DATE	AMOUNT
✓ Yardi Service Ch WEB PMTS L7VCT6	12/03	.95
STEPHENSPROPERTY WEB PMTS Z01DT6	12/03	636.54

* * * C O N T I N U E D * * *



000357 4809691 007599 014797 01/05 20030046-0003-I





ACCOUNT:

PAGE: 2

12/31/2020

SAN FRANCISCO MAIN OFFICE 88 Kearny Street, Suite 1750 San Francisco, CA 94108-5520 TEL: (415) 543-3377

EAST BAY OFFICE 1442 Webster Street Alameda, CA 94501-3339 TEL: (510) 769-1000

SAN MATEO OFFICE 1700 South El Camino Real, Suite 108 San Mateo, CA 94402 TEL: (650) 697-8855

STATEMENT OF ACCOUNT WEST ALAMEDA BUSINESS ASSOC

NFP DDA ACCOUNT

INTEREST

Table with 4 columns: Description, Amount, Description, Amount. Rows include Average Ledger Balance, Average Available Balance, Interest Paid This Period, Interest Paid 2020, Interest Earned, Days in Period, and Annual Percentage Yield Earned.

ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES

Summary table for overdraft and returned item fees with columns for 'TOTAL FOR THIS PERIOD' and 'TOTAL YEAR TO DATE'.

000357 4809691 007400 014799 02/03 20030046-0003-I





www.beaconbusinessbank.com

**SAN FRANCISCO
MAIN OFFICE**
88 Kearny Street, Suite 1750
San Francisco, CA 94108-5520
TEL: (415) 543-3377

EAST BAY OFFICE
1442 Webster Street
Alameda, CA 94501-3339
TEL: (510) 769-1000

SAN MATEO OFFICE
1700 South El Camino Real, Suite 108
San Mateo, CA 94402
TEL: (650) 697-8855

STATEMENT OF ACCOUNT

WEST ALAMEDA BUSINESS ASSOC
1509 1/2 WEBSTER ST
ALAMEDA CA 94501

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GOODBYE 2020! WELCOME 2021!
ENCLOSED YOU WILL FIND OUR 2020 WINTER NEWSLETTER.
WE WOULD LIKE TO THANK YOU FOR CHOOSING BEACON BUSINESS BANK.
WISHING YOU AND YOUR FAMILY CONTINUED HEALTH AND SAFETY.

NFP DDA ACCOUNT

MINIMUM BALANCE	17,413.58	LAST STATEMENT 11/30/20	62,001.33
AVG AVAILABLE BALANCE	33,174.46	1 CREDITS	3.28
AVERAGE BALANCE	33,174.46	11 DEBITS	44,587.75
		THIS STATEMENT 12/31/20	17,416.86

OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
INTEREST AT .116400 %	12/31	3.28

- - - - - CHECKS - - - - -

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
*12/01 1,000.00	*12/11 1,850.00	21*12/30 3,750.00
*12/02 5,000.00	*12/18 750.00	420*12/07 98.00
*12/07 5,000.00	*12/28 2,501.14	672 12/07 9,501.61
*12/08 11,387.00	*12/30 3,750.00	

(*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

I N T E R E S T - -

AVERAGE LEDGER BALANCE:	33,174.46	INTEREST EARNED:	3.28
AVERAGE AVAILABLE BALANCE:	33,174.46	DAYS IN PERIOD:	31
INTEREST PAID THIS PERIOD:	3.28	ANNUAL PERCENTAGE YIELD EARNED:	.12%
INTEREST PAID 2020:	51.70		

* * * C O N T I N U E D * * *



www.beaconbusinessbank.com

**SAN FRANCISCO
MAIN OFFICE**
88 Kearny Street, Suite 1750
San Francisco, CA 94108-5520
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San Mateo, CA 94402
TEL: (650) 697-8855

ACCOUNT:

PAGE: 2

12/31/2020

STATEMENT OF ACCOUNT
WEST ALAMEDA BUSINESS ASSOC

=====
NFP DDA ACCOUNT
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- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

*		TOTAL FOR	TOTAL	*
*		THIS PERIOD	YEAR TO DATE	*

*	TOTAL OVERDRAFT FEES:	\$.00	\$.00	*

*	TOTAL RETURNED ITEM FEES:	\$.00	\$.00	*

000400 4809491 007491 014981 02/03 Z0030046-0003-I





Rec'd by [Signature]



WEST ALAMEDA BUSINESS ASSOC
1509 1/2 WEBSTER STREET
ALAMEDA CA 94501-3321



Rules of the Road: Focus on What You Can Control

You can't control market fluctuations, the economy or the political environment. Instead, you should base your decisions on time-tested investment principles, which include diversifying your portfolio, owning quality investments and maintaining a long-term perspective.

Corporate - Select

Portfolio Objective - Account: Preservation of Principal

Account Value

\$75,002.51

1 Month Ago	\$75,001.67
1 Year Ago	\$23,796.84
3 Years Ago	\$23,154.16
5 Years Ago	\$23,092.04

Value Summary

	This Period	This Year
Beginning value	\$75,001.07	\$23,796.84
Assets added to account	0.00	51,156.81
Assets withdrawn from account	0.00	0.00
Fees and charges	0.00	0.00
Change in value	1.44	48.86
Ending Value	\$75,002.51	

For more information regarding the Value Summary section, please visit www.edwardjones.com/mystatementguide.

Asset Details (as of Dec 31, 2020)

additional details at www.edwardjones.com/access

Assets Held At Edward Jones

	Current Yield/Rate	Beginning Balance	Deposits	Withdrawals	Ending Balance
Money Market	0.01%*	\$75,001.07	\$1.44	—	\$75,002.51

* The average yield on the money market fund for the past seven days.

Total Account Value

\$75,002.51

Cost basis is the amount of your investment for tax purposes and is used to calculate gain or loss upon sale or other disposition of a security. It is not a measure of performance. The cost basis amounts on your statement should not be relied upon for tax preparation purposes. Cost basis information may be from outside sources and has not been verified for accuracy. Refer to your official tax documents for information about reporting cost basis. Consult a qualified tax advisor or an attorney regarding your situation. If you believe the cost basis information is inaccurate, contact Client Relations.

2019 Exempt Org. Return
prepared for:

WEST ALAMEDA BUSINESS ASSOCIATION
P.O. BOX 215
ALAMEDA, CA 94501

Chow and Associates CPA
1151 Harbor Bay Pkwy Ste 130
Alameda, CA 94502

Chow and Associates CPA

1151 Harbor Bay Pkwy Ste 130
Alameda, CA 94502
510-523-6600

Client WESTALAM
June 2, 2020

WEST ALAMEDA BUSINESS ASSOCIATION

**P.O. BOX 215
ALAMEDA, CA 94501
510-523-5955**

FEDERAL FORMS

Form 990-EZ
Schedule O

2019 Return of Organization Exempt from Income Tax
Supplemental Information
Depreciation Schedules

Form 8879-EO

IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199
Form 3885 (199)
Form 3586
Form 8453-EO
Form RRF-1

2019 California Exempt Organization Return
Depreciation and Amortization - Corp.
3586 Electronic Filing Payment Voucher
California e-file Return Authorization for Exempt
2020 Registration/Renewal Fee Report
California Depreciation Schedules

FEE SUMMARY

Preparation Fee

WEST ALAMEDA BUSINESS ASSOCIATION

	2019	2018	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	114,047	102,570	11,477
Investment income.....	412	257	155
Total revenue.....	114,459	102,827	11,632
EXPENSES			
Professional fees/pymt to contractors....	83,996	84,565	-569
Occupancy/rent/utilities/maintenance.....	8,191	7,200	991
Printing, publications, and postage.....	2,307	824	1,483
Other expenses.....	21,363	34,436	-13,073
Total expenses.....	115,857	127,025	-11,168
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-1,398	-24,198	22,800
Net assets/fund bal. at beg. of year.....	82,353	106,549	-24,196
Other changes in net assets/fund bal.....	0	2	-2
Net assets/fund bal. at end of year.....	80,955	82,353	-1,398

WEST ALAMEDA BUSINESS ASSOCIATION

	2019	2018	Diff
REVENUE			
Interest.....	412	257	155
Gross contributions, gifts, & grants.....	114,047	102,570	11,477
Total income.....	114,459	102,827	11,632
EXPENSES AND DISBURSEMENTS			
Rents.....	8,191	7,200	991
Depreciation and depletion.....	275	550	-275
Other deductions.....	107,391	119,275	-11,884
Total deductions.....	115,857	127,025	-11,168
Excess of receipts over disbursements....	-1,398	-24,198	22,800
FILING FEE			
Filing fee.....	10	10	0
Balance due.....	10	10	0

WEST ALAMEDA BUSINESS ASSOCIATION

Forms needed for this return

Federal: 990-EZ, Sch O

California: 199, 3885, 3586, 8453-E0, e-file Instructions, RRF-1

Carryovers to 2020

None

WEST ALAMEDA BUSINESS ASSOCIATION

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return**Form 990-EZ**

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

WEST ALAMEDA BUSINESS ASSOCIATION

The entity's 2019 California tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return**Form 199**

The entity should review their 2019 California Exempt Income Tax Return along with any accompanying schedules and statements.

Form 8453-EO

The entity should review, sign and date Form 8453-EO prior to e-filing the return.

Balance Due

There is a balance due in the amount of \$10.

After transmission of the return**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

Keep a signed copy of Form 8453-EO in your files for 4 years.

Do Not Mail:

Form 8453-EO

Mail Form 3586 and payment to:

Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531

Caution

Do not mail Form 3586 until the Franchise Tax Board has accepted Form 199.

EXCEPTION: Mail Form 3586 with payment by the due date, even if the return is still pending, to avoid late payment penalties and interest charges.

WEST ALAMEDA BUSINESS ASSOCIATION

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life	Rate	Current Depr
Form 990/990-PF																
Furniture and Fixtures																
1	COMPUTER EQUIPMENT	6/30/14		2,750							2,750	2,475	S/L	5		275
	Total Furniture and Fixtures			2,750		0	0	0	0	0	2,750	2,475				275
	Total Depreciation			<u>2,750</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,750</u>	<u>2,475</u>				<u>275</u>
	Grand Total Depreciation			<u>2,750</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,750</u>	<u>2,475</u>				<u>275</u>

WEST ALAMEDA BUSINESS ASSOCIATION

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	Life	Rate	Current Depr
Form 199																
Furniture and Fixtures																
1	COMPUTER EQUIPMENT	6/30/14		2,750							2,750	2,475	S/L	5		275
	Total Furniture and Fixtures			2,750		0	0	0	0	0	2,750	2,475				275
	Total Depreciation			<u>2,750</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,750</u>	<u>2,475</u>				<u>275</u>
	Grand Total Depreciation			<u>2,750</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,750</u>	<u>2,475</u>				<u>275</u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

WEST ALAMEDA BUSINESS ASSOCIATION

Name and title of officer

SANDRA RUSSELL President

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

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

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b <u>114,459.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize Chow and Associates CPA to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN
Do not enter all zeros

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

ERO's signature ▶ maggie chow Date ▶ _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Form **990-EZ**

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

OMB No. 1545-0047

2019

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning _____, 2019, and ending _____,

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 WEST ALAMEDA BUSINESS ASSOCIATION P.O. BOX 215 ALAMEDA, CA 94501	D Employer identification number E Telephone number 510-523-5955 F Group Exemption Number
--	--	---

G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ ***.westalamedabusiness.com

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

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **114,459.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received.....	1		114,047.
	2 Program service revenue including government fees and contracts.....	2		
	3 Membership dues and assessments.....	3		
	4 Investment income.....	4		412.
	5 a Gross amount from sale of assets other than inventory.....	a		
	b Less: cost or other basis and sales expenses.....	5 b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).....	5 c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6 a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6 b		
c Less: direct expenses from gaming and fundraising events.....	6 c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6 d			
7 a Gross sales of inventory, less returns and allowances.....	7 a			
b Less: cost of goods sold.....	7 b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).....	7 c			
8 Other revenue (describe in Schedule O).....	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9		114,459.	
Expenses	10 Grants and similar amounts paid (list in Schedule O).....	10		
	11 Benefits paid to or for members.....	11		
	12 Salaries, other compensation, and employee benefits.....	12		
	13 Professional fees and other payments to independent contractors.....	13		83,996.
	14 Occupancy, rent, utilities, and maintenance.....	14		8,191.
	15 Printing, publications, postage, and shipping.....	15		2,307.
	16 Other expenses (describe in Schedule O)..... See Schedule O	16		21,363.
17 Total expenses. Add lines 10 through 16..... ▶	17		115,857.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9).....	18		-1,398.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19		82,353.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21		80,955.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,886.	68,268.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	12,467.	12,687.
25 Total assets	82,353.	80,955.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,353.	80,955.

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

What is the organization's primary exempt purpose? See Schedule O		Expenses
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
28	TO PROMOTE INTERESTS OF ITS MEMBERS - THE BUSINESS & PROFESSIONAL PERSONS ASSOCIATED WITH THE WEST ALAMEDA BUSINESS ASSOCIATION.	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDY RUSSELL President	0	0.	0.	0.
ANN MOORE BOARD DIRECTOR	0	0.	0.	0.
ELIE ZGHEIB BOARD DIRECTOR	0	0.	0.	0.
ANA McCLANAHAN BOARD DIRECTOR	0	0.	0.	0.
DANIEL HOY Secretary	0	0.	0.	0.
TANOA STEWART BOARD DIRECTOR	0	0.	0.	0.
STEVIE WOLFE BOARD DIRECTOR	0	0.	0.	0.
MARIE ORTEGA BOARD MEMBER	0	0.	0.	0.
CHERYL McCONNELL BOARD DIRECTOR	0	0.	0.	0.
LINDA ASBURY Executive Dir.	17	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.	38 b 0.	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a 0.	
b Gross receipts, included on line 9, for public use of club facilities	39 b 0.	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42 a The organization's books are in care of ▶ SANDI PILON Telephone no. ▶ 510-523-5955
 Located at ▶ 1509 1/2 WEBSTER STREET ALAMEDA CA ZIP + 4 ▶ 94501

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
If 'Yes,' enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	X
If 'Yes,' enter the name of the foreign country ▶ _____		

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 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.....		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....		
b If 'Yes,' was the related organization a section 527 organization?.....		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here	Signature of officer	Date
	<u>SANDRA RUSSELL</u> Type or print name and title	<u>President</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>maggie chow</u>	<u>maggie chow</u>			
	Firm's name ▶ <u>Chow and Associates CPA</u>	Firm's EIN ▶		Phone no. <u>510-523-6600</u>	
	Firm's address ▶ <u>1151 Harbor Bay Pkwy Ste 130</u> <u>Alameda, CA 94502</u>				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

WEST ALAMEDA BUSINESS ASSOCIATION

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	11,035.
CLEANING SERVICE.....		1,170.
Depreciation.....		275.
Information Technology.....		1,225.
Insurance.....		3,440.
MISCELLANEOUS.....		-516.
Office Expenses.....		1,781.
TAXES.....		195.
UTILITIES.....		2,046.
WEBSITE.....		712.
Total	\$	21,363.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 275.	\$ 0.
NEGATIVE PAYABLE.....	0.	795.
Prepaid Expenses and Deferred Charges.....	12,192.	10,892.
RENT DEPOSIT.....	0.	1,000.
Total	\$ 12,467.	\$ 12,687.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROMOTE LOCAL BUSINESSES.

Voucher at bottom of page. 

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

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

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

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

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

WHEN TO FILE: Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.

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

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

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

ONLINE SERVICES:

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

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2019

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

CALIFORNIA FORM

3586 (e-file)

1667437 WEST 000000000000
TYB 01-01-19 TYE
WEST ALAMEDA BUSINESS ASSOCIATION
SANDI PILON
PO BOX 215
ALAMEDA CA 94501

19 FORM 3

510-523-5955

AMOUNT OF PAYMENT 10.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)
Corporation/Organization name WEST ALAMEDA BUSINESS ASSOCIATION
Additional information. See instructions.
Street address (suite or room) P.O. BOX 215
City ALAMEDA State CA Zip code 94501
Foreign country name Foreign province/state/county Foreign postal code

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

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

Table with 17 rows for Receipts and Revenues, Expenses, Filing Fee, and Sign Here. Includes fields for Signature of officer (MAGGIE CHOW), Title (PRESIDENT), Date, Telephone (510-523-5955), and Firm's name (CHOW AND ASSOCIATES CPA). Total gross income 114,459. Total expenses 115,857. Balance due 10.

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	412.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule	●	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	●	8	412.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	8,191.
	16	Depreciation and depletion (See instructions)	●	16	275.
	17	Other Expenses and Disbursements. Attach schedule	●	17	107,391.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	●	18	115,857.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		69,886.	●	68,268.
2 Net accounts receivable			●	
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	2,750.		2,750.	
b Less accumulated depreciation	2,475.	275.	2,750.	
11 Land			●	
12 Other assets. Attach schedule		12,192.	●	12,687.
13 Total assets		82,353.		80,955.
Liabilities and net worth				
14 Accounts payable			●	
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		82,353.	●	80,955.
22 Total liabilities and net worth		82,353.		80,955.

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			
1	Net income per books	●	-1,398.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.	●	-1,398.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8	●	
10	Net income per return. Subtract line 9 from line 6.	●	-1,398.

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name WEST ALAMEDA BUSINESS ASSOCIATION	California corporation number
--	-------------------------------

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

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

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER EQUIPM	6/30/2014	2,750.	2,475.	S/L	5	275.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	275.

Part III Summary

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

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

WEST ALAMEDA BUSINESS ASSOCIATION

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SANDY RUSSELL 1453 WEBSTER ST ALAMEDA, CA 94501	President 0	\$ 0.	\$ 0.	\$ 0.
ANN MOORE 1505 WEBSTER ST ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
ELIE ZGHEIB 730 BUENA VISTA AVE ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
ANA McCLANAHAN 860 ATLANTIC AVE ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
DANIEL HOY 1551 WEBSTER ST, STE B1 ALAMEDA, CA 94501	Secretary 0	0.	0.	0.
TANOA STEWART 909 MARINA VILLAGE PKWY, #357 ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
STEVIE WOLFE 1414 WEBSTER ST ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
MARIE ORTEGA 1506 WEBSTER ST ALAMEDA, CA 94501	BOARD MEMBER 0	0.	0.	0.
CHERYL McCONNELL 1526 WEBSTER ST ALAMEDA, CA 94501	BOARD DIRECTOR 0	0.	0.	0.
LINDA ASBURY 1509-1/2 WEBSTER ST. ALAMEDA, CA 94501	Executive Dir. 17.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

WEST ALAMEDA BUSINESS ASSOCIATION

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

Accounting Fees.....	\$	5,897.
Advertising and Promotion.....		11,035.
CLEANING SERVICE.....		1,170.
Information Technology.....		1,225.
Insurance.....		3,440.
Management fees.....		28,800.
MISCELLANEOUS.....		-516.
Office Expenses.....		1,781.
Other fees.....		49,299.
Postage and Shipping.....		501.
Printing and Publications.....		1,806.
TAXES.....		195.
UTILITIES.....		2,046.
WEBSITE.....		712.
	Total	<u>\$ 107,391.</u>

Statement 3
Form 199, Schedule L, Line 12
Other Assets

NEGATIVE PAYABLE.....		795.
Prepaid Expenses and Deferred Charges.....		10,892.
RENT DEPOSIT.....		1,000.
	Total	<u>\$ 12,687.</u>



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

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 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)

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

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

<p>WEST ALAMEDA BUSINESS ASSOCIATION Name of Organization</p> <p>List all DBAs and names the organization uses or has used P.O. BOX 215 Address (Number and Street)</p> <p>ALAMEDA, CA 94501 City or Town, State and ZIP Code</p> <p>510-523-5955 Telephone Number</p> <p style="text-align: right;">E-mail Address _____</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. _____</p> <p>Federal Employer ID No. _____</p>
---	--

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

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/19 ending 12/31/19) list:

Gross Annual Revenue \$ 114,459. Noncash Contributions \$ 0. Total Assets \$ 80,955.

Program Expenses \$ 0. Total Expenses \$ 115,857.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

	SANDRA RUSSELL	PRESIDENT	
Signature of Authorized Agent	Printed Name	Title	Date

Form **990-EZ**

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

OMB No. 1545-0047

2019

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending ,

B Check if applicable:	C	D Employer identification number
<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	WEST ALAMEDA BUSINESS ASSOCIATION P.O. BOX 215 ALAMEDA, CA 94501	E Telephone number 510-523-5955 F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ *****.westalamedabusiness.com**

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **114,459.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received.....	1		114,047.
	2 Program service revenue including government fees and contracts.....	2		
	3 Membership dues and assessments.....	3		
	4 Investment income.....	4		412.
	5 a Gross amount from sale of assets other than inventory.....	a		
	b Less: cost or other basis and sales expenses.....	5 b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).....	5 c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6 a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6 b		
c Less: direct expenses from gaming and fundraising events.....	6 c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6 d			
7 a Gross sales of inventory, less returns and allowances.....	7 a			
b Less: cost of goods sold.....	7 b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).....	7 c			
8 Other revenue (describe in Schedule O).....	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9		114,459.	
Expenses	10 Grants and similar amounts paid (list in Schedule O).....	10		
	11 Benefits paid to or for members.....	11		
	12 Salaries, other compensation, and employee benefits.....	12		
	13 Professional fees and other payments to independent contractors.....	13		83,996.
	14 Occupancy, rent, utilities, and maintenance.....	14		8,191.
	15 Printing, publications, postage, and shipping.....	15		2,307.
	16 Other expenses (describe in Schedule O)..... See Schedule O	16		21,363.
17 Total expenses. Add lines 10 through 16..... ▶	17		115,857.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9).....	18		-1,398.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19		82,353.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21		80,955.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,886.	68,268.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	12,467.	12,687.
25 Total assets	82,353.	80,955.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,353.	80,955.

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

What is the organization's primary exempt purpose? See Schedule O		Expenses
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
28	TO PROMOTE INTERESTS OF ITS MEMBERS - THE BUSINESS & PROFESSIONAL PERSONS ASSOCIATED WITH THE WEST ALAMEDA BUSINESS ASSOCIATION. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDY RUSSELL President	0	0.	0.	0.
ANN MOORE BOARD DIRECTOR	0	0.	0.	0.
ELIE ZGHEIB BOARD DIRECTOR	0	0.	0.	0.
ANA McCLANAHAN BOARD DIRECTOR	0	0.	0.	0.
DANIEL HOY Secretary	0	0.	0.	0.
TANOA STEWART BOARD DIRECTOR	0	0.	0.	0.
STEVIE WOLFE BOARD DIRECTOR	0	0.	0.	0.
MARIE ORTEGA BOARD MEMBER	0	0.	0.	0.
CHERYL McCONNELL BOARD DIRECTOR	0	0.	0.	0.
LINDA ASBURY Executive Dir.	17	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.	38 b 0.	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a 0.	
b Gross receipts, included on line 9, for public use of club facilities	39 b 0.	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42 a The organization's books are in care of ▶ SANDI PILON Telephone no. ▶ 510-523-5955
 Located at ▶ 1509 1/2 WEBSTER STREET ALAMEDA CA ZIP + 4 ▶ 94501

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
If 'Yes,' enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	X
If 'Yes,' enter the name of the foreign country ▶ _____		

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45 b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 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.....		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....		
b If 'Yes,' was the related organization a section 527 organization?.....		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here	Signature of officer	Date
	<u>SANDRA RUSSELL</u> Type or print name and title	<u>President</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>maggie chow</u>	<u>maggie chow</u>			
	Firm's name ▶ <u>Chow and Associates CPA</u>	Firm's EIN ▶		Phone no. <u>510-523-6600</u>	
	Firm's address ▶ <u>1151 Harbor Bay Pkwy Ste 130</u> <u>Alameda, CA 94502</u>				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

WEST ALAMEDA BUSINESS ASSOCIATION

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	11,035.
CLEANING SERVICE.....		1,170.
Depreciation.....		275.
Information Technology.....		1,225.
Insurance.....		3,440.
MISCELLANEOUS.....		-516.
Office Expenses.....		1,781.
TAXES.....		195.
UTILITIES.....		2,046.
WEBSITE.....		712.
Total	\$	21,363.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 275.	\$ 0.
NEGATIVE PAYABLE.....	0.	795.
Prepaid Expenses and Deferred Charges.....	12,192.	10,892.
RENT DEPOSIT.....	0.	1,000.
Total	\$ 12,467.	\$ 12,687.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROMOTE LOCAL BUSINESSES.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2019

8453-EO

Exempt Organization name WEST ALAMEDA BUSINESS ASSOCIATION	Identifying number
--	--------------------

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	114,459.
2 Total gross income (Form 199, line 8)	2	114,459.
3 Total expenses and disbursements (Form 199, Line 9)	3	115,857.

Part II Settle Your Account Electronically for Taxable Year 2019

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 2019 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 _____ 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, 2019 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	▶ MAGGIE CHOW	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	▶ CHOW AND ASSOCIATES CPA 1151 HARBOR BAY PKWY STE 130 ALAMEDA CA			Firm's FEIN	ZIP code 94502

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	▶ _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	▶ _____			Firm's FEIN

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

