

February 24, 2021

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

Dear Ms. Maxwell;

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

The Shelter In Place order that took effect March 17, 2020 altered the business landscape as we know it. Since then, the singular focus of the Downtown Alameda Business Association has been the support, safety and advocacy for the businesses and their staff who comprise our district.

This past year provided the opportunity for bold, unparalleled collaboration. Downtown Alameda Business Association, West Alameda Business Association, Chamber of Commerce 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 rapidly changing needs.

The Downtown Alameda Business Association, it's Board and committee members remain ready to focus, collaborate, innovate and advise as an integral part of our Alameda business community. We are anxious to continue to move our community forward, together.

Attached we have provided a description of the activities and accomplishments for FY 2020/21 as well as our Board approved 2020/21 and 2021/22 budgets.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Kahl". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Cindy Kahl, Board President  
Downtown Alameda Business Association

# **DOWNTOWN ALAMEDA BUSINESS ASSOCIATION**

2447 Santa Clara Ave., #302, Alameda, CA 94501

## **PROPOSED ASSESSMENT FOR BUSINESS IMPROVEMENT AREA FISCAL YEAR 2020/21**

### **INTRODUCTION:**

The Downtown Alameda Business Association is recommending a BIA budget of one hundred thousand (\$100,000) in restricted funds for the Downtown Alameda Business Association for fiscal year 2021/2022. This recommendation is based on the actual income derived from the BIA assessment in fiscal 2019/2020.

### **BUDGET:**

The BIA provides one of the funding sources for the entire scope of the activities proposed in this report. In consideration of the difficult economic environment businesses continue to face, we support forgoing the customary annual CPI increase and returning to the previous billing timeline. The other source of revenue comes from an EIDL Loan and from funds raised by the Downtown Association special events. With major fundraising events on hold for the foreseeable future, 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. Despite the pandemic, the district welcomed 16 new businesses in 2020. 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 will guide our path forward. After sharing with membership for feedback it was officially adopted by the Board of Directors in July of 2020. While it was developed and launched in early 2020, 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 2020 we adjusted our work into four (4) committees: Outreach, Marketing, Clean, Green and Safe, (formerly Operations) and the Executive Committee. The purpose of this change is empower the committees to create more functional work plans that are aligned to the stated priorities that have emerged throughout our strategic planning process.

## ACTIVITIES:

2020 has required bold and intentional collaboration and has invited us to think beyond typical boundaries. By working together we were able to compile a robust list of accomplishments for our membership that include the Commercial Streets Program, 'Open With Care' campaign, increased member outreach & advocacy and enhancing our Social Media presence.

The reconfiguration of Park Street led to the Commercial Streets and Parklet Program. In addition to traffic calming, providing short term parking for pick-up and allowing for social distancing, this initiative provided a vital lifeline; enabling businesses to activate the additional space and expand their footprint at a critical time.

The Economic Development, Public Works & Planning Department team streamlined the process for parklet applications. Working with city staff, DABA was able to provide valuable 1:1 guidance as applicants navigated the process, many with site-specific needs. This individual outreach and considerations paired with weekly meetings were a key component to the success of the Parklet Program.

This year 'Open With Care' became our refrain. As a district we put the primary focus of safety for customers, businesses and their staff. Echoing Public Health Officer mandates, we committed to launching a public awareness campaign that included social media, video and signage to instill confidence and trust that the businesses in the district were going above and beyond to welcome visitors safely- whether-person, by appointment, online or delivery.

Taking direction from our Board and membership, important advocacy issues were addressed. From supporting the continuation of the Commercial Streets, placing a cap on food-delivery service fees to assisting new businesses who bravely set their sights on opening mid-pandemic, we worked in partnership with the City and other business groups to effect changes that support Alameda's business community.

To engage and inform beyond the business community, we committed to increasing our social media marketing. This virtual connectivity enables us to interact directly with our neighbors. By finding new ways to host socially-distanced activities like scavenger hunts or share personal stories that connect, we are able to offer some positivity... and perhaps a bit of normalcy. By 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 do the same in return.

## FINANCIAL HEALTH:

We entered this era in a strong position, having begun diversifying fundraising and intentionally building up reserves. By mid-March we quickly realized we needed to cancel our major fundraising events; adjusted our budget and reduced our projected income by over 30% all the while asking ourselves, 'how can we support our members?'

Using the principals from our Strategic Plan, we focused on supporting our members with increased communications and updated the Member Portal on our website to offer easy access to ever-changing restrictions and resources as we all became well-versed in the alphabet of opportunities- PPE, PPP, SBA, EIDL, SBDC...

We will continue to closely monitor our budget. At this point we've made major adjustments and will adjust at least 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 Downtown Association's leadership of Kathy Weber, as Executive Director began on March 9, 2020.

Within one week of her start, the Shelter In Place Order altered the business landscape as we know it. Since then, the singular focus of the Downtown Alameda Business Association has been the support, safety and advocacy for the businesses and their staff who comprise our district. Her skills as a collaborator have enabled the organization to adapt to this new normal.

Our Board leadership is demonstrated by significant involvement of all members and Officers. We have successfully implemented a leadership succession plan using the positions of President-Elect, President and Past President, as well as Treasurer and Secretary to have an effective Executive Committee which possesses continuity while bringing in new thoughts and ideas. 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 Steve Busse and Otto Wright over the past year, and now Cindy Kahl leads as our President with Ron Mooney 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, Public Works, Planning and Finance Departments for their support of the business community. While "pivot" and "collaboration" may be the words that best define 2020, 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, Alameda Strong, Shop Local campaigns, grant funding and weekly Business Town Halls, 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.

## 5-Year Strategic Plan: Vision & Priorities

In 2020 we launched our Strategic Plan, a five-year road map that will guide our path forward. After sharing with membership for feedback it was officially adopted by the Board of Directors in July of 2020. While it was developed and launched in early 2020, 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.

### **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.

### **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.

### **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.

### **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.

### **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 will be able to set priorities, focus energy and resources to ensure that all stakeholders are working toward these common goals.

## 2020 Achievements

- Successfully recruited and hired a new Executive Director.
- Launched Strategic Plan and streamlined the committee structure.
- Assisted six businesses in applying for Facade Grants to improve the downtown district.
- Collaborated with the city to create the Commercial Streets Program and finalize the Park Street Realignment project.
- Created a successful Parklet Grant Program as a result of the City of Alameda BIA Grant program and awarded 28 grants totaling \$84,000 to member businesses.
- Began activation of Alameda Avenue as a community place by creating a communal dining area.
- Created consistent *Open With Care* messaging that included display posters and videos.
- Increased visibility on social media with consistent messaging to promote downtown businesses.
- Facilitated regular communication with member businesses and gained feedback through Business Town Halls, Virtual Mixers, email updates, questionnaires, and personal visits.
- Provided up-to-date info on COVID-19 business recovery resources via email and regular website updates. Created “the reopen guide” to provide best practices for business reopenings.
- Coordinated member online training for social media and de-escalation tactics. Hosted listening sessions for the City’s 2040 General Plan and Active Transportation Plan.
- Worked with City to restore 7-Day maintenance service in the district following the previous year’s successful increase in L&L Assessment Fees. Restructured hours of operation so the provider was visible during business hours. Applied new funds to power wash the sidewalks of the entire district.
- Worked with Public Works to identify strategic locations to install additional bike racks and parking meters for sunsetting homelessness.
- Provided support to the *Block by Block Pilot Program*.
- Collaborated with City staff to encourage business involvement and promote Alameda Restaurant Week 2020 & 2021.
- Coordinated a successful Whiskey Stroll fundraiser before COVID stalled in-person events.
- Collaborated with the City and other business organizations to create the Spend Local Campaign that included Shop & Visit Alameda Gift Card, Gift Bag giveaway and outreach.
- Reimagined the Hot Cocoa Crawl as a socially-distanced scavenger hunt.
- Welcomed 16 new downtown businesses and 3 Associate Members.
- Staff and Board members continue to provide valuable input for city-led programs by serving on committees such as the Economic Recovery Task Force and leading industry-related groups such as the Alameda Restaurant & Bar Coalition, Alameda Personal Care Services Coalition.
- Staff and Board continue to collaborate and have regular communications with City staff and local business organizations including Alameda Chamber of Commerce, WABA, GREDC, CARES and CASA.

## Work Plan 2021/2022

### **OUTREACH COMMITTEE:**

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

### **2021/2022 Objectives:**

- Continue Covid Support. Work with members to determine needs and resources that DABA can provide. Continue collaboration with City, Chamber, and other business organizations.
- Advocate for the establishment of a small business loan program.
- Address Vacancies. Work with the City on marketing business opportunities. Improve aesthetics of vacant storefronts. Consider Window Art: Help address concerns with: insurance issues, access Partner with organizations like Rhythmix, Alameda Education Foundation.
- Prioritize the removal of temporary signage, plywood, and graffiti.
- Target specific buildings and areas for review. Develop an action plan to address areas such as the block north of Park Street & Lincoln Ave. Involve City Building officials in discussions of properties which appear to be in code violation.
- Support the Marketing Committee to develop smaller and more frequent fundraising events and activities as approved by the Public Health Officer and the City
- Advocate for the use of Chochenyo Park for events. Provide support for Rhythmix's Artwalk (Japantown in Alameda: September 17, 2021).
- Energize the Facade Grant program.
- Continue the Welcome Arch conversation.

### **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.

### **2021/2022 Objectives:**

- Continue activation of Alameda Avenue and begin planning for long-term activities to include a Farmers Market and evening entertainment.
- Support long-term opportunity for the Parklet Program.
- Reinstate and expand the *Tidy Up Tuesday!* Program. Work with the City to create an Anti-Litter Campaign to include community re-education and awareness. Acquire and install additional 3-Streams.

## **CLEAN, GREEN & SAFE COMMITTEE (con't):**

- Reinstated monthly maintenance walks with Public Works. Monitor the upkeep of Paul's Newsstand.
- Work with the Marketing Committee to install a new Holiday Decor & Lighting Program.
- Work with the City to extend the *Block by Block Program*.
- Support fundraising opportunities for the Association.
- Create a volunteer program to support downtown activities and member involvement.

## **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.

### **2021/2022 Objectives:**

- Create an event structure to include:
  - Monthly events
  - Strolls (4-6 per year)
  - Scavenger Hunts (3-4 per year)
  - A variety of smaller & more frequent fundraising events
- Reenvision annual events: Spring Festival, Art & Wine.
- Collaborate with the City on planning and promoting Alameda Restaurant Week and shop local campaigns.
- Establish a Weekly Farmers Market on Alameda Avenue.
- Continue promotion of the district and its businesses through consistent social media messaging.
- Strengthen communication to the public to generate excitement about Downtown Alameda.
- Enhance communication to the Membership via email, online opportunities, and personal visits.

## **EXECUTIVE COMMITTEE:**

**Executive Committee** - The Executive Committee is composed of the Officers and the Executive Director. The committee meets at least once a quarter to review contracts, financials, staff evaluations, and any other item they choose to address.

### **2021/2022 Objectives:**

- Provide support and guidance to Committees and staff
- Implement ongoing Equity and Inclusion discussions at Board Meetings
- Continued oversight of strategy, implementation and execution of Strategic Plan goals and objectives



# Downtown Alameda Business Association 2021 Board of Directors

## Officers

| Position        | Name            | Business                   | Email                    | Phone        |
|-----------------|-----------------|----------------------------|--------------------------|--------------|
| President       | Cindy Kahl      | Speisekammer               | cindy@speisekammer.com   | 510.522.1300 |
| President Elect | Ron Mooney      | Daisy's                    | ron@ronmooney.net        | 510.385.0725 |
| Treasurer       | Tony Wright     | Johnathan's Sandwich House | tastyspoonzinc@gmail.com | 510.759.4553 |
| Secretary       | Sabrina Cazarez | Twirl                      | info@twirlalameda.com    | 510.473.0812 |
| Past President  | Otto Wright     | The Local                  | otto@thelocalalameda.com | 510.775.3418 |

## At Large Directors

| Position              | Name             | Business                         | Email                           | Phone        |
|-----------------------|------------------|----------------------------------|---------------------------------|--------------|
| At Large              | John Frangoulis  | The Park Street Tavern           | johnfrfn@gmail.com              | 925-998-8114 |
| At Large              | Jone Stebbins    | Honey Salon                      | jonestebbins@gmail.com          | 415.819.4924 |
| At Large              | Cindy Hu         | Comerica Bank                    | CHu@comerica.com                | 510.522.9701 |
| At Large              | Sadiya Kazi-Koya | Swing & Wings                    | swingsandwingsalameda@gmail.com | 510.747.9740 |
| Appointed Chair       | Rich Krinks      | Berkshire Hathaway               | rich.krinks@bhhsdrysedale.com   | 510.381.3434 |
| Appointed Chair       | Barbara Mooney   | Daisy's                          | barbaramooney@mac.com           | 510.522.6443 |
| Appointed Chair       | Joe LoParo       | Keller Williams Realty           | usmarinevet1@gmail.com          | 510.813.5273 |
| Emeritus Board Member | Kyle Conner      | Alameda Theatre & Cinema Grill   | kyle@alamedatheatres.com        | 707.974.9115 |
| Emeritus Board Member | Donna Layburn    | Alameda Marketplace/Alameda Natu | donna.layburn@gmail.com         | 510.865.1500 |

## Staff

| Position                            | Name               | Phone        | Email                         | Phone        |
|-------------------------------------|--------------------|--------------|-------------------------------|--------------|
| Executive Director                  | Kathy Weber        | 510.319.3543 | kathy@downtownalameda.com     | 510.604.8108 |
| Marketing/Communications Consultant | Stephanie Prothero | 510.479.6861 | stephanie@downtownalameda.com | 510.479.6861 |

Downtown Association Board Adopted Budget

| BUDGET Item  | Approved<br>2/24/2021 | July -           | January -        |
|--|-----------------------|------------------|------------------|
|  |                       | December         | June             |
| <b>INCOME:</b>   | <b>2021-2022</b>      | <b>2021-2022</b> | <b>2021-2022</b> |
| <b><u>Unrestricted</u></b>                                       |                       |                  |                  |
| Misc. Income (Assoc Members, P Lot, other misc)                  | \$6,000               | 3,000            | \$3,000          |
| Grant income (City ... )   |                       |                  | \$0              |
| Art & Wine Faire (Net) { <i>No 2021 Faire</i> }                  | \$0                   | 0                | \$0              |
| Car Show (Net)   |                       |                  | \$0              |
| Spring Festival (Net) <i>Reimagined Event</i>                    | \$30,000              | 0                | \$30,000         |
| Stroll Events (3-4 events ) { <i>Net!</i> }                      | \$40,000              | 10,000           | \$30,000         |
| <i>Use of loan / reserve (Not Income~!)</i>                      | \$100,000             | 25,000           | \$75,000         |
| <b>Unrestricted Funds Sub Total</b>                              | <b>\$176,000</b>      | <b>\$38,000</b>  | <b>\$138,000</b> |
| BIA Payments   | \$100,000             | 90,000           | \$10,000         |
| COVID Grant  |                       |                  | \$0              |
| <b>Restricted Income Sub Total</b>                               | <b>\$100,000</b>      | <b>\$90,000</b>  | <b>\$10,000</b>  |
| <b>Funds to Use Grand Total</b>                                  | <b>\$276,000</b>      | <b>\$128,000</b> | <b>\$148,000</b> |
| <b>EXPENSES:</b>   |                       |                  |                  |
| <b><u>Unrestricted</u></b>                                       |                       |                  |                  |
| Event Costs - (prelim budget costs included in above income)     |                       |                  | \$0              |
| Operations (CGS/Maint & Improvement )                            | 0                     |                  | 0                |
|  |                       |                  | 0                |
| Business Promotion (Suggestions )                                |                       |                  | 0                |
| <b>Executive Director Salary (Combine w/ Memb Coord.)</b>        | 90,000                | 45,000           | 45,000           |
| Employer Taxes & WC  | 10,800                | 5,400            | 5,400            |
| Meetings/Trainings (Outreach / Marketing)                        | 3,000                 | 1,500            | 1,500            |
| Outside Services & Office Exp                                    | 3,750                 | 1,875            | 1,875            |
| Board Authorized Reserve   |                       |                  | 0                |
| Alameda Avenue Operations  | 24,000                | 8,000            | 16,000           |
| Event Coordinators Wages (incl tax, wc w/ Member Serv 2/3 Total) | 0                     |                  | 0                |
| Advisory Committee Program                                       | 0                     | 0                | 0                |
| Debt Payment (SBA loan)  | \$7,800               | \$3,900          | \$3,900          |
| Transfer to Restricted Programs (initatives & support)           |                       |                  | \$0              |
| <b>Sub Total</b>   | <b>\$139,350</b>      | <b>\$65,675</b>  | <b>\$73,675</b>  |

Downtown Association Board Adopted Budget

| <b>BUDGET Item</b>                              | <b>Approved<br/>2/24/2021</b> | July -           | January -        |
|---|-------------------------------|------------------|------------------|
|   |                               | December         | June             |
| <b>INCOME:</b>                                  | <b>2021-2022</b>              | <b>2021-2022</b> | <b>2021-2022</b> |
| <b><u>Restricted (BIA paid)</u></b>             |                               |                  |                  |
| Utilities                                       | \$2,400                       | \$1,200          | \$1,200          |
| Member Meetings & Awards (Membership Program)   |                               |                  | \$0              |
| Exec Dir. wages (Membership allocation)         | \$30,000                      |                  | \$30,000         |
| Employer Taxes & Workers Comp (Restricted)      | \$3,600                       |                  | \$3,600          |
|   |                               |                  | \$0              |
| Marketing Program. (Promotion )                 | \$10,000                      |                  | \$10,000         |
| <b>Accounting / Tax Prep</b>                    | \$6,500                       |                  | \$6,500          |
| Postage/Printing                                | \$1,000                       |                  | \$1,000          |
| Supplies  | \$500                         |                  | \$500            |
| Marketing / Event Coordinator (6 mos ) Employee |                               |                  | \$0              |
| Marketing Consultant/Internet Media             | \$20,000                      |                  | \$20,000         |
| <b>Liability/D&amp;O Insurance</b>              | \$3,000                       |                  | \$3,000          |
| <b>Office Rent</b>                              | \$27,200                      |                  | \$27,200         |
| Other Office Costs                              | \$1,500                       |                  | \$1,500          |
| Outreach Committee (Econ-Gov Relations Program) | \$1,000                       |                  | \$1,000          |
| Website - Maint. & Email & online programs      | \$2,500                       |                  | \$2,500          |
| CAMSA/CDA Conference                            | \$1,000                       |                  | \$1,000          |
| <b>Sub Total</b>                                | 110,200                       | 1,200            | 109,000          |
| <b>Covid Grant expenditures</b>                 |                               |                  |                  |
| <b>Expenses Grand Totals</b>                    | <b>249,550</b>                | <b>66,875</b>    | <b>182,675</b>   |
| <b>Reserve to be Budgeted (reduction)*</b>      | <b>-73,550</b>                | <b>36,125</b>    | <b>-109,675</b>  |

Downtown Association Board Adopted Budget

| <b>BUDGET Item</b>  | <b>Original Feb 20<br/>Board Adopted<br/>2020-2021</b> | <b>Updated 4/2020<br/>Board Adopted<br/>2020-2021</b> | <b>Oct<br/>Suggestion</b>                                       |
|---|--|---|---|
|   |  |   | <b>Proposed<br/>Oct 20-2021<br/><i>Oct Board<br/>Action</i></b> |
| <b>INCOME:</b>  |  |   |   |
| <b><u>Unrestricted</u></b>  |  |   |   |
| Misc. Income <small>(Assoe Members, P Lot, other misc)</small>                    | \$6,000  | \$6,000   | \$6,000   |
| Grant income (City ... )  | \$0  | \$0   | \$2,500   |
| Art & Wine Faire (Net)  | \$110,000  | \$0   | \$0   |
| Car Show (Net)  | \$10,000   | \$20,000  | \$0   |
| Spring Festival (Net)   | \$55,000   | \$55,000  | \$0   |
| Stroll Events (3-4 events )   | \$60,000   | \$60,000  | \$20,000  |
| <b>Unrestricted Income Sub Total</b>  | <b>\$241,000</b>                                       | <b>\$141,000</b>                                      | <b>\$28,500</b>   |
| BIA Payments  | \$124,000  | \$110,000   | \$95,000  |
| COVID Grant   |  |   | \$125,000   |
| <b>Restricted Income Sub Total</b>  | <b>\$124,000</b>                                       | <b>\$110,000</b>                                      | <b>\$220,000</b>  |
| <b>Income Grand Total</b>   | <b>\$365,000</b>                                       | <b>\$251,000</b>                                      | <b>\$248,500</b>  |
| <b>EXPENSES:</b>  |  |   |   |
| <b><u>Unrestricted</u></b>  |  |   |   |
|   | <b><u>20/21 Budget</u></b>                             | <b><u>20/21 Budget</u></b>                            | <b><u>20/21 Budget</u></b>                                      |
| Event Costs - (prelim budget costs included in above income)                      |  |   |   |
| Operations (Take Pride /CGS/Maint & Improvement )                                 | 15,000   | 10,000  | 7,500   |
| Operations (Clean Green & Safe Fund Specific)                                     | 20,000   | 10,000  | 7,500   |
| Business Promotion (Suggestions )   | 12,000   | 10,000  | 8,000   |
| Executive Director Salary (Combine w/ Memb Coord.)                                | 120,000  | 120,000   | 102,000   |
| Employer Taxes & WC   | 16,100   | 15,900  | 11,700  |
| Meetings/Trainings (Outreach / Marketing)   | 10,000   | 6,000   | 6,000   |
| Outside Services & Office Exp   | 5,000  | 3,750   | 3,750   |
| Board Authorized Reserve  | 0  | 0   | 0   |
| Event Coordinators Wages <small>(includ tax, wc w/ Member Serv 2/3 Total)</small> | 41,000   | 38,500  | 15,000  |
| Advisory Committee Program  | 2,000  | 1,250   | 1,000   |
| Transfer to Restricted Programs (inititaves & support)                            |  |   |   |
| <b>Sub Total</b>  | <b>\$241,100</b>                                       | <b>\$215,400</b>                                      | <b>\$162,450</b>  |

Downtown Association Board Adopted Budget

| BUDGET Item   | Original Feb 20<br>Board Adopted<br>2020-2021 | Updated 4/2020<br>Board Adopted<br>2020-2021 | Oct<br>Suggestion                                      |
|---|---|--|--|
|   |   |  | Proposed<br>Oct 20-2021<br><i>Oct Board<br/>Action</i> |
| <b>INCOME:</b>  |   |  |  |
| <b><u>Restricted (BIA paid)</u></b>                       |   |  |  |
| Utilities   | \$2,000                                       | \$2,000                                      | \$2,700  |
| Member Meetings & Awards (Membership Program)             | \$4,500                                       | \$4,500                                      | \$1,000  |
| Membership Coordinator - wages (split w/ Event 1/3 Total) | \$18,500                                      | \$15,000                                     | \$18,000   |
| Employer Taxes & Workers Comp (Restricted)                | \$1,500                                       | \$1,500                                      | \$3,000  |
| Marketing Program. (Promotion )                           | \$20,000                                      | \$20,000                                     | \$20,000   |
| Accounting / Tax Prep                                     | \$7,500                                       | \$6,000                                      | \$7,100  |
| Postage/Printing  | \$1,300                                       | \$1,000                                      | \$1,000  |
| Supplies  | \$800   | \$500  | \$500  |
| Marketing Coordinator (11 mos ) Employee                  |   |  | \$0  |
| Marketing Consultant/Internet Media                       | \$30,000                                      | \$30,000                                     | \$25,000   |
| Liability/D&O Insurance                                   | \$3,500                                       | \$3,500                                      | \$2,500  |
| Office Rent   | \$26,400                                      | \$26,400                                     | \$26,400   |
| Other Office Costs  | \$1,500                                       | \$1,700                                      | \$1,700  |
| Outreach Committee (Econ-Gov Relations Program)           | \$2,900                                       | \$2,750                                      | \$2,750  |
| Website - Maint. & Email & online programs                | \$2,500                                       | \$2,500                                      | \$2,500  |
| CAMSA/CDA Conference                                      | \$1,000                                       | \$1,400                                      | \$1,000  |
| <b>Sub Total</b>  | 123,900                                       | 118,750                                      | <b>115,150</b>   |
| <b>Covid Grant expenditures</b>                           |   |  | <b>\$125,000</b>                                       |
| <b>Expenses Grand Totals</b>                              | <b>365,000</b>                                | <b>334,150</b>                               | <b>402,600</b>   |
| <b>Reserve to be Budgeted (reduction)*</b>                | 0   | -83,150                                      | -154,100   |
| <b>Restricted Change</b>                                  | \$0   | -\$8,750                                     | <b>-\$20,150</b>                                       |
| <b>Unrestricted Change</b>                                | \$0   | -\$74,400                                    | <b>-\$133,950</b>                                      |
| <b>IT Needs (from Reserve)</b>                            |   |  |  |
| * To be allocated after YE close and adj (9/19)           |   |  |  |
|   |   |  |  |
|   |   |  |  |

Downtown Association Board Adopted Budget

| <b>BUDGET Item</b>                       | <b>Original Feb 20<br/>Board Adopted<br/>2020-2021</b> | <b>Updated 4/2020<br/>Board Adopted<br/>2020-2021</b> | <b>Oct<br/>Suggestion</b>                                       |
|--|--|---|---|
|  |  |   | <b>Proposed<br/>Oct 20-2021<br/><i>Oct Board<br/>Action</i></b> |
| <b>INCOME:</b>                           |  |   |   |
| Restricted Reserve July 1, 2019          |  | \$12,900  | \$19,332  |
| less change = new Reserve                |  | \$4,150   | -\$818  |
| Unrestricted Reserve July 1, 2020        |  | \$179,000   | \$174,216   |
| less change = new Reserve                |  | \$104,600   | \$40,266  |
| less expected 2019-2020 Projected loss   |  | \$20,000  | \$20,000  |
| SBA Loan - Special Reserve               |  |   | \$150,000   |
| Grand Total Reserve Projected June 2021* |  | \$88,750  | \$19,448  |

Notes:

\* Projections for 2020-2021 income are very fluid, could be a better case or a even more dramatic work

## Downtown Alameda Business Association

07/15/20

## Balance Sheet

Accrual Basis

As of June 30, 2020

|  | <u>Jun 30, 20</u>        |
|--|--------------------------|
| <b>ASSETS</b>                          |                          |
| <b>Current Assets</b>                  |                          |
| <b>Checking/Savings</b>                |                          |
| Bank of Marin Checking                 | 2,292.86                 |
| Comerica Money Market (6236)           | 75,839.61                |
| Money Market - B Marin                 | 88,110.16                |
| Paypal                                 | 0.72                     |
| Petty Cash                             | 150.00                   |
| PEX Corp                               | 1,892.49                 |
| PEX Card - 1997 (Kathy)                | 437.60                   |
| PEX Card - 2462 (Josh)                 | 100.29                   |
| Comerica CD - 3121                     | 25,444.59                |
| <b>Total Checking/Savings</b>          | <u>194,268.32</u>        |
| <b>Accounts Receivable</b>             |                          |
| Accounts Receivable                    | 750.00                   |
| <b>Total Accounts Receivable</b>       | <u>750.00</u>            |
| <b>Other Current Assets</b>            |                          |
| <b>Prepaid Expenses</b>                |                          |
| Prepaid Event Expenses                 | 300.00                   |
| Prepaid Insurance                      | 3,373.96                 |
| <b>Total Prepaid Expenses</b>          | <u>3,673.96</u>          |
| Notes Receivable                       | 10,000.00                |
| <b>Total Other Current Assets</b>      | <u>13,673.96</u>         |
| <b>Total Current Assets</b>            | <u>208,692.28</u>        |
| <b>Fixed Assets</b>                    |                          |
| Computer Equipment                     | 2,163.00                 |
| Furniture & Fixtures                   | 1,265.00                 |
| Accumulated Depreciation               | -3,428.00                |
| <b>Total Fixed Assets</b>              | <u>0.00</u>              |
| <b>Other Assets</b>                    |                          |
| Security Deposits                      | 1,925.40                 |
| <b>Total Other Assets</b>              | <u>1,925.40</u>          |
| <b>TOTAL ASSETS</b>                    | <b><u>210,617.68</u></b> |
| <b>LIABILITIES &amp; EQUITY</b>        |                          |
| <b>Liabilities</b>                     |                          |
| <b>Current Liabilities</b>             |                          |
| Accounts Payable                       |                          |
| Accounts Payable                       | 3,130.00                 |
| <b>Total Accounts Payable</b>          | <u>3,130.00</u>          |
| <b>Other Current Liabilities</b>       |                          |
| Accrued Payroll                        | 3,709.72                 |
| Payroll Taxes Payable                  | 1,672.78                 |
| Unearned Revenue                       | 8,050.00                 |
| <b>Total Other Current Liabilities</b> | <u>13,432.50</u>         |
| <b>Total Current Liabilities</b>       | <u>16,562.50</u>         |
| <b>Total Liabilities</b>               | 16,562.50                |
| <b>Equity</b>                          |                          |
| Temp. Restricted Funds                 | 12,916.07                |
| Unrestricted Funds                     | 179,024.45               |
| Net Income                             | 2,114.66                 |

11:11 AM

**Downtown Alameda Business Association**

07/15/20

**Balance Sheet**

Accrual Basis

As of June 30, 2020

---

|                                       | <u>Jun 30, 20</u>        |
|---------------------------------------|--------------------------|
| Total Equity                          | <u>194,055.18</u>        |
| <b>TOTAL LIABILITIES &amp; EQUITY</b> | <b><u>210,617.68</u></b> |



**Downtown Alameda Business Association**  
**YTD Profit & Loss Budget vs. Actual**  
 July 2019 through June 2020

|                                    | Jul '19 - Jun... | Budget     | \$ Over Budg... |
|------------------------------------|------------------|------------|-----------------|
| Ordinary Income/Expense            |                  |            |                 |
| Income                             |                  |            |                 |
| <b>UNRESTRICTED INCOME</b>         |                  |            |                 |
| Event Income                       |                  |            |                 |
| Stroll Events                      | 23,055.00        | 70,000.00  | -46,945.00      |
| Spring Festival                    | 0.00             | 110,000.00 | -110,000.00     |
| Art & Wine Faire                   | 186,951.48       | 155,000.00 | 31,951.48       |
| Car Show                           | 32,138.18        | 31,000.00  | 1,138.18        |
| Total Event Income                 | 242,144.66       | 366,000.00 | -123,855.34     |
| Program Income                     | 5,475.00         |            |                 |
| Misc. Income                       | 3,186.80         | 6,000.00   | -2,813.20       |
| <b>Total UNRESTRICTED INCOME</b>   | 250,806.46       | 372,000.00 | -121,193.54     |
| <b>RESTRICTED INCOME</b>           | 120,959.45       | 122,000.00 | -1,040.55       |
| <b>Total Income</b>                | 371,765.91       | 494,000.00 | -122,234.09     |
| Gross Profit                       | 371,765.91       | 494,000.00 | -122,234.09     |
| Expense                            |                  |            |                 |
| <b>UNRESTRICTED EXPENSES</b>       |                  |            |                 |
| Event Expenses                     |                  |            |                 |
| Stroll Events                      | 12,615.26        | 30,000.00  | -17,384.74      |
| Spring Festival                    | 1,827.50         | 50,000.00  | -48,172.50      |
| Art & Wine Faire Expenses          | 68,414.29        | 70,000.00  | -1,585.71       |
| Car Show                           | 22,737.22        | 16,000.00  | 6,737.22        |
| Total Event Expenses               | 105,594.27       | 166,000.00 | -60,405.73      |
| Advisory Committee Program         | 0.00             | 1,500.00   | -1,500.00       |
| Business Promotion Program         | 0.00             | 6,000.00   | -6,000.00       |
| Clean Green & Safe Expenses        | 15,834.48        | 20,000.00  | -4,165.52       |
| Executive Director's Salary        | 81,999.29        | 94,400.00  | -12,400.71      |
| Event Manager - Wages              | 30,305.00        | 36,500.00  | -6,195.00       |
| Payroll Taxes - UNREST.            | 10,328.21        | 12,500.00  | -2,171.79       |
| Worker's Comp. - Unrest.           | 100.00           | 1,368.00   | -1,268.00       |
| Member Outreach & Communication    | 163.53           | 0.00       | 163.53          |
| Maintenance & Improvement Comm.    | 0.00             | 5,000.00   | -5,000.00       |
| Meetings/Training                  | 1,395.00         | 3,000.00   | -1,605.00       |
| Outside Service - Prog.            | 0.00             | 5,000.00   | -5,000.00       |
| Merchant Service Fees              | 1,671.85         |            |                 |
| Office Supplies / Eqpmnt - Un      | 3,780.29         | 2,000.00   | 1,780.29        |
| <b>Total UNRESTRICTED EXPENSES</b> | 251,171.92       | 353,268.00 | -102,096.08     |
| <b>RESTRICTED EXPENSES</b>         |                  |            |                 |
| Membership Program - Restricted    | 3,314.76         | 6,240.00   | -2,925.24       |
| Promotion Program - Restricted     | 15,385.57        | 18,906.00  | -3,520.43       |
| Econ-Gov Relations Program         | 0.00             | 1,000.00   | -1,000.00       |
| Staff Development/Training         | 7,950.00         | 1,200.00   | 6,750.00        |
| Maint. & Improvement Prog.-REST    | 300.00           |            |                 |
| Membership Manager - Wages         | 19,845.00        | 18,500.00  | 1,345.00        |
| Payroll Taxes - REST.              | 1,457.31         | 1,665.00   | -207.69         |
| Workers Comp.                      | 4,957.13         | 156.00     | 4,801.13        |
| Audit/Accounting                   | 6,215.62         | 5,100.00   | 1,115.62        |

11:17 AM

07/15/20

Accrual Basis

**Downtown Alameda Business Association**  
**YTD Profit & Loss Budget vs. Actual**  
July 2019 through June 2020

---

|                                  | <u>Jul '19 - Jun...</u> | <u>Budget</u>           | <u>\$ Over Budg...</u>   |
|----------------------------------|-------------------------|-------------------------|--------------------------|
| Marketing Consultant             | 25,657.50               | 31,200.00               | -5,542.50                |
| Liability/D&O Insurance          | 2,356.00                | 3,500.00                | -1,144.00                |
| Printing/Postage                 | 351.85                  | 1,500.00                | -1,148.15                |
| Supplies                         | 679.34                  | 1,000.00                | -320.66                  |
| Office Rent                      | 25,137.00               | 25,200.00               | -63.00                   |
| Office Expenses                  | 2,474.49                | 2,004.00                | 470.49                   |
| Utilities                        | 2,397.76                | 2,000.00                | 397.76                   |
| <b>Total RESTRICTED EXPENSES</b> | <u>118,479.33</u>       | <u>119,171.00</u>       | <u>-691.67</u>           |
| <b>Total Expense</b>             | <u>369,651.25</u>       | <u>472,439.00</u>       | <u>-102,787.75</u>       |
| <b>Net Ordinary Income</b>       | <u>2,114.66</u>         | <u>21,561.00</u>        | <u>-19,446.34</u>        |
| <b>Net Income</b>                | <u><u>2,114.66</u></u>  | <u><u>21,561.00</u></u> | <u><u>-19,446.34</u></u> |



PO Box 2039  
Novato, CA 94948-2039

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

Account Number:  
Statement Period:  
Page:

**Customer Service Information**

**Branch:**  
Mon-Fri 10am-6pm 510-748-8425  
**Touch Tone Banking:** 800-654-5111

**Lost or Stolen Card:**  
Mon-Fri 9am-6pm 415-884-4551  
After Hours 800-236-2442

**Written Inquiries:**  
805 MARINA VILLAGE PARKWAY  
ALAMEDA, CA 94501

**Visit us Online:** [www.bankofmarin.com](http://www.bankofmarin.com)

**Account Summary for CHECKING ACCOUNT 3970**

|   |                    |
|---|--------------------|
| <b>Beginning Balance as of 05/29/20</b> | <b>\$6,014.33</b>  |
| (+) Deposits and Credits (4)            | 21,450.00          |
| (-) Withdrawals and Debits (12)         | 17,298.17          |
| <b>Ending Balance as of 06/30/20</b>    | <b>\$10,166.16</b> |
| Enclosures                              | 6                  |

**Checks Posted**

\* Skip in check sequence

| Number | Date  | Amount   | Number | Date  | Amount   | Number | Date  | Amount |
|--------|-------|----------|--------|-------|----------|--------|-------|--------|
| 3125   | 06/01 | 945.00   | 3128   | 06/08 | 2,360.00 | 3130   | 06/12 | 100.00 |
| 3127*  | 06/04 | 2,094.75 | 3129   | 06/08 | 240.00   | 3131   | 06/08 | 690.00 |

**Debits**

| Date  | Description  | Subtractions |
|-------|--|--------------|
| 06/04 | Preauthorized Debit<br>ADP - TAX ADP - TAX 200604<br>927314536807A01       | 1,672.78     |
| 06/04 | Preauthorized Debit<br>ADP WAGE PAY WAGE PAY 200604<br>422553646062X83     | 3,709.72     |
| 06/12 | Preauthorized Debit<br>ADP PAYROLL FEES ADP - FEES 200612<br>2RX83 7547178 | 51.71        |
| 06/18 | Preauthorized Debit<br>ADP - TAX ADP - TAX 200618<br>599051218267A01       | 1,672.78     |
| 06/18 | Preauthorized Debit<br>ADP WAGE PAY WAGE PAY 200618<br>943214283851X83     | 3,709.72     |
| 06/26 | Preauthorized Debit<br>ADP PAYROLL FEES ADP - FEES 200626<br>2RX83 8553700 | 51.71        |





Account Number:  
 Statement Period:  
 Page:

**CHECKING ACCOUNT (continued) Account 13970**

**Credits**

| Date  | Description  | Additions |
|-------|--|-----------|
| 06/02 | Online Transfer Cr<br>REF 1540600L FUNDS TRANSFER FRM DEP XXXX2605<br>FROM ONLINE FUNDS TRANSFER VIA | 8,700.00  |
| 06/17 | Online Transfer Cr<br>REF 1691636L FUNDS TRANSFER FRM DEP XXXX2605<br>FROM ONLINE FUNDS TRANSFER VIA | 7,000.00  |
| 06/18 | Deposit  | 750.00    |
| 06/29 | Online Transfer Cr<br>REF 1810600L FUNDS TRANSFER FRM DEP XXXX2605<br>FROM ONLINE FUNDS TRANSFER VIA | 5,000.00  |

**Daily Balances**

| Date  | Amount    | Date  | Amount   | Date  | Amount    |
|-------|-----------|-------|----------|-------|-----------|
| 05/29 | 6,014.33  | 06/08 | 3,002.08 | 06/26 | 5,166.16  |
| 06/01 | 5,069.33  | 06/12 | 2,850.37 | 06/29 | 10,166.16 |
| 06/02 | 13,769.33 | 06/17 | 9,850.37 | 06/30 | 10,166.16 |
| 06/04 | 6,292.08  | 06/18 | 5,217.87 |       |           |

**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             |





Account Number:  
 Statement Period:  
 Page:

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3125  
 6/1/2020

PAY TO THE ORDER OF  
 Mei-Ling Jenks Creative \$ 945.00

Nine Hundred Forty-Five and 00/100

Mei-Ling Jenks Creative

MEMO  
 general IG & FB

*[Signature]*

Check # 3125, Posted 06/01/2020, Amount 945.00

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3129  
 6/1/2020

PAY TO THE ORDER OF  
 Highland Management Group \$ 240.00

Two Hundred Forty and 00/100

Highland Management Group  
 3527 Mt. Diablo Blvd., Ste. 300  
 Lafayette, CA 94548

MEMO  
 for work on

*[Signature]*

Check # 3129, Posted 06/08/2020, Amount 240.00

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3127  
 6/1/2020

PAY TO THE ORDER OF  
 Mash Petroleum, INC \$ 2,094.75

Two Thousand Ninety-Four and 75/100

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

MEMO

*[Signature]*

Check # 3127, Posted 06/04/2020, Amount 2,094.75

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3130  
 6/1/2020

PAY TO THE ORDER OF  
 Laurin's Closet \$ 100.00

One Hundred and 00/100

Laurin's Closet  
 1420 Park Street  
 Alameda, CA 94601

MEMO  
 Gift Certificate

*[Signature]*

Check # 3130, Posted 06/12/2020, Amount 100.00

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3128  
 6/1/2020

PAY TO THE ORDER OF  
 Brown & Brown Insurance Services \$ 2,360.00

Two Thousand Three Hundred Sixty and 00/100

Brown & Brown Insurance Services of CA  
 3897 Mt. Diablo Blvd #100  
 Lafayette, CA 94549-2145

MEMO  
 ACCT # 0100703444  
 Policy NBP15504530 6/1/2020 annual prem

*[Signature]*

Check # 3128, Posted 06/08/2020, Amount 2,360.00

Park Street Business Association  
 aka Downtown Alameda Business Association  
 2447 Santa Clara Ave Ste 302  
 Alameda, CA 94501  
 510.823.1292

BANK OF MARIN  
 Alameda, CA 94501

3131  
 6/1/2020

PAY TO THE ORDER OF  
 Mei-Ling Jenks Creative \$ 690.00

Six Hundred Ninety and 00/100

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

MEMO  
 work for May 2020 IG & FB

*[Signature]*

Check # 3131, Posted 06/08/2020, Amount 690.00



**Downtown Alameda Business Association  
Reconciliation Detail  
Bank of Marin Checking, Period Ending 06/30/2020**

|                                       | <u>Type</u>        | <u>Date</u> | <u>Num</u> |
|---------------------------------------|--------------------|-------------|------------|
| <b>Beginning Balance</b>              |                    |             |            |
| <b>Cleared Transactions</b>           |                    |             |            |
| <b>Checks and Payments - 13 items</b> |                    |             |            |
|                                       | Bill Pmt -Check    | 10/17/2019  | 3036       |
|                                       | Bill Pmt -Check    | 05/29/2020  | 3125       |
|                                       | Bill Pmt -Check    | 06/01/2020  | 3128       |
|                                       | Check              | 06/01/2020  | 3127       |
|                                       | Bill Pmt -Check    | 06/01/2020  | 3131       |
|                                       | Bill Pmt -Check    | 06/01/2020  | 3129       |
|                                       | Bill Pmt -Check    | 06/01/2020  | 3130       |
|                                       | Check              | 06/03/2020  | EFT        |
|                                       | Check              | 06/03/2020  | EFT        |
|                                       | Check              | 06/18/2020  | EFT        |
|                                       | Check              | 06/18/2020  | EFT        |
|                                       | Check              | 06/19/2020  | EFT        |
|                                       | Check              | 06/26/2020  | EFT        |
| Total Checks and Payments             |                    |             |            |
| <b>Deposits and Credits - 5 items</b> |                    |             |            |
|                                       | Transfer           | 06/01/2020  |            |
|                                       | Transfer           | 06/17/2020  |            |
|                                       | Deposit            | 06/18/2020  |            |
|                                       | Transfer           | 06/29/2020  |            |
|                                       | Deposit            | 06/30/2020  |            |
| Total Deposits and Credits            |                    |             |            |
| Total Cleared Transactions            |                    |             |            |
| Cleared Balance                       |                    |             |            |
| <b>Uncleared Transactions</b>         |                    |             |            |
| <b>Checks and Payments - 7 items</b>  |                    |             |            |
|                                       | Bill Pmt -Check    | 07/28/2019  | 2958       |
|                                       | Bill Pmt -Check    | 10/08/2019  | 3017       |
|                                       | Bill Pmt -Check    | 05/29/2020  | 3126       |
|                                       | Credit Card Credit | 06/19/2020  |            |
|                                       | Check              | 06/23/2020  | 3132       |
|                                       | Bill Pmt -Check    | 06/25/2020  | 3134       |
|                                       | Bill Pmt -Check    | 06/25/2020  | 3133       |
| Total Checks and Payments             |                    |             |            |
| <b>Deposits and Credits - 1 item</b>  |                    |             |            |
|                                       | Bill Pmt -Check    | 06/25/2020  | 3135       |
| Total Deposits and Credits            |                    |             |            |
| Total Uncleared Transactions          |                    |             |            |
| Register Balance as of 06/30/2020     |                    |             |            |
| <b>New Transactions</b>               |                    |             |            |
| <b>Checks and Payments - 18 items</b> |                    |             |            |
|                                       | Check              | 07/01/2020  | 3137       |
|                                       | Check              | 07/01/2020  | 3136       |
|                                       | Bill Pmt -Check    | 07/01/2020  | 3139       |
|                                       | Bill Pmt -Check    | 07/01/2020  | 3138       |
|                                       | Check              | 07/03/2020  | EFT        |
|                                       | Check              | 07/03/2020  | EFT        |
|                                       | Check              | 07/06/2020  | EFT        |

**Downtown Alameda Business Association**  
**Reconciliation Detail**  
**Bank of Marin Checking, Period Ending 06/30/2020**

|                                       | <u>Type</u> | <u>Date</u> | <u>Num</u> |
|---------------------------------------|-------------|-------------|------------|
| Total Checks and Payments             |             |             |            |
| <b>Deposits and Credits - 3 items</b> |             |             |            |
|                                       | Deposit     | 07/01/2020  |            |
|                                       | Deposit     | 07/03/2020  |            |
|                                       | Transfer    | 07/03/2020  |            |
|                                       | Transfer    | 07/10/2020  |            |
| Total Deposits and Credits            |             |             |            |
| Total New Transactions                |             |             |            |
| <b>Ending Balance</b>                 |             |             |            |

**Downtown Alameda Business Association  
Reconciliation Detail  
Bank of Marin Checking, Period Ending 06/30/2020**

|  | <u>Name</u>                      | <u>Clr</u> | <u>Amount</u>     |
|--|----------------------------------|------------|-------------------|
| <b>Beginning Balance</b>                 |                                  |            |                   |
| <b>Cleared Transactions</b>              |                                  |            |                   |
| <b>Checks and Payments - 13 items</b>    |                                  |            |                   |
|  | Elks Lodge                       | √          | -500.00           |
|  | Mei-Ling Jenks Creative          | √          | -945.00           |
|  | Brown & Brown Insurance Services | √          | -2,360.00         |
|  | Mash Petroleum, INC              | √          | -2,094.75         |
|  | Mei-Ling Jenks Creative          | √          | -690.00           |
|  | Hilliard Management Group        | √          | -240.00           |
|  | Lauren's Closet                  | √          | -100.00           |
|  | ADP                              | √          | -3,709.72         |
|  | ADP                              | √          | -1,672.78         |
|  | ADP                              | √          | -3,709.72         |
|  | ADP                              | √          | -1,672.78         |
|  | ADP                              | √          | -51.71            |
|  | ADP                              | √          | -51.71            |
|  |                                  |            | <u>-17,798.17</u> |
| <b>Total Checks and Payments</b>         |                                  |            | -17,798.17        |
| <b>Deposits and Credits - 5 items</b>    |                                  |            |                   |
|  |                                  | √          | 8,700.00          |
|  |                                  | √          | 7,000.00          |
|  |                                  | √          | 750.00            |
|  |                                  | √          | 5,000.00          |
|  |                                  | √          | 500.00            |
|  |                                  |            | <u>21,950.00</u>  |
| <b>Total Deposits and Credits</b>        |                                  |            | 21,950.00         |
| <b>Total Cleared Transactions</b>        |                                  |            | <u>4,151.83</u>   |
| <b>Cleared Balance</b>                   |                                  |            | 4,151.83          |
| <b>Uncleared Transactions</b>            |                                  |            |                   |
| <b>Checks and Payments - 7 items</b>     |                                  |            |                   |
|  | Kourtney McCrary                 |            | -300.00           |
|  | Felicia Ann                      |            | -300.00           |
|  | Stephanie L. Prothero            |            | -2,225.00         |
|  | Bank of Marin                    |            | -160.00           |
|  | Provident Credit Union - Sponsor |            | -2,500.00         |
|  | Stephanie L. Prothero            |            | -1,975.00         |
|  | Hilliard Management Group        |            | -240.00           |
|  |                                  |            | <u>-7,700.00</u>  |
| <b>Total Checks and Payments</b>         |                                  |            | -7,700.00         |
| <b>Deposits and Credits - 1 item</b>     |                                  |            |                   |
|  | Techsperience LLC                |            | 0.00              |
|  |                                  |            | <u>0.00</u>       |
| <b>Total Deposits and Credits</b>        |                                  |            | 0.00              |
| <b>Total Uncleared Transactions</b>      |                                  |            | <u>-7,700.00</u>  |
| <b>Register Balance as of 06/30/2020</b> |                                  |            | -3,548.17         |
| <b>New Transactions</b>                  |                                  |            |                   |
| <b>Checks and Payments - 18 items</b>    |                                  |            |                   |
|  | PSBA                             |            | -150,000.00       |
|  | Mash Petroleum, INC              |            | -4,400.00         |
|  | Mei-Ling Jenks Creative          |            | -660.00           |
|  | Bridget Halberstadt              |            | -245.00           |
|  | ADP                              |            | -3,709.72         |
|  | ADP                              |            | -1,672.78         |
|  | ADP                              |            | -51.71            |



**Downtown Alameda Business Association**  
**Reconciliation Detail**  
**Bank of Marin Checking, Period Ending 06/30/2020**

|                                       | <u>Name</u> | <u>Clr</u> | <u>Amount</u>           |
|---------------------------------------|-------------|------------|-------------------------|
| Total Checks and Payments             |             |            | <u>-160,739.21</u>      |
| <b>Deposits and Credits - 3 items</b> |             |            |                         |
|                                       |             |            | 149,900.00              |
|                                       |             |            | 84.00                   |
|                                       |             |            | 5,000.00                |
|                                       |             |            | <u>8,000.00</u>         |
| Total Deposits and Credits            |             |            | <u>162,984.00</u>       |
| Total New Transactions                |             |            | <u>2,244.79</u>         |
| <b>Ending Balance</b>                 |             |            | <u><u>-1,303.38</u></u> |

**Downtown Alameda Business Association  
Reconciliation Detail  
Bank of Marin Checking, Period Ending 06/30/2020**

|  | <u>Balance</u>    |
|--|-------------------|
| <b>Beginning Balance</b>                 | <b>6,014.33</b>   |
| <b>Cleared Transactions</b>              |                   |
| <b>Checks and Payments - 13 items</b>    |                   |
|  | -500.00           |
|  | -1,445.00         |
|  | -3,805.00         |
|  | -5,899.75         |
|  | -6,589.75         |
|  | -6,829.75         |
|  | -6,929.75         |
|  | -10,639.47        |
|  | -12,312.25        |
|  | -16,021.97        |
|  | -17,694.75        |
|  | -17,746.46        |
|  | <u>-17,798.17</u> |
| <b>Total Checks and Payments</b>         | <b>-17,798.17</b> |
| <b>Deposits and Credits - 5 items</b>    |                   |
|  | 8,700.00          |
|  | 15,700.00         |
|  | 16,450.00         |
|  | 21,450.00         |
|  | <u>21,950.00</u>  |
| <b>Total Deposits and Credits</b>        | <b>21,950.00</b>  |
| <b>Total Cleared Transactions</b>        | <b>4,151.83</b>   |
| <b>Cleared Balance</b>                   | <b>10,166.16</b>  |
| <b>Uncleared Transactions</b>            |                   |
| <b>Checks and Payments - 7 items</b>     |                   |
|  | -300.00           |
|  | -600.00           |
|  | -2,825.00         |
|  | -2,985.00         |
|  | -5,485.00         |
|  | -7,460.00         |
|  | <u>-7,700.00</u>  |
| <b>Total Checks and Payments</b>         | <b>-7,700.00</b>  |
| <b>Deposits and Credits - 1 item</b>     |                   |
|  | 0.00              |
| <b>Total Deposits and Credits</b>        | <b>0.00</b>       |
| <b>Total Uncleared Transactions</b>      | <b>-7,700.00</b>  |
| <b>Register Balance as of 06/30/2020</b> | <b>2,466.16</b>   |
| <b>New Transactions</b>                  |                   |
| <b>Checks and Payments - 18 items</b>    |                   |
|  | -150,000.00       |
|  | -154,400.00       |
|  | -155,060.00       |
|  | -155,305.00       |
|  | -159,014.72       |
|  | -160,687.50       |
|  | -160,739.21       |

**Downtown Alameda Business Association**  
**Reconciliation Detail**  
**Bank of Marin Checking, Period Ending 06/30/2020**

|                                       | <u>Balance</u>         |
|---------------------------------------|------------------------|
| Total Checks and Payments             | <u>-160,739.21</u>     |
| <b>Deposits and Credits - 3 items</b> |                        |
|                                       | 149,900.00             |
|                                       | 149,984.00             |
|                                       | 154,984.00             |
|                                       | <u>162,984.00</u>      |
| Total Deposits and Credits            | <u>162,984.00</u>      |
| Total New Transactions                | <u>2,244.79</u>        |
| <b>Ending Balance</b>                 | <u><u>4,710.95</u></u> |



PO Box 2039  
Novato, CA 94948-2039

0000

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

Account Number:  
Statement Period:  
Page:

**Customer Service Information**

**Branch:**  
Mon-Fri 10am-6pm 510-748-8425  
**Touch Tone Banking:** 800-654-5111

**Lost or Stolen Card:**  
Mon-Fri 9am-6pm 415-884-4551  
After Hours 800-236-2442

**Written Inquiries:**  
805 MARINA VILLAGE PARKWAY  
ALAMEDA, CA 94501

**Visit us Online:** [www.bankofmarin.com](http://www.bankofmarin.com)

**Account Summary for MONEY MARKET ACCOUNT**

|   |                     |                                |             |
|---|---------------------|--------------------------------|-------------|
| <b>Beginning Balance as of 05/29/20</b> | <b>\$108,805.31</b> | Annual Percentage Yield Earned | 0.06%       |
| + Deposits and Credits (1)              | 4.85                | Average Balance for APY        | \$97,545.94 |
| - Withdrawals and Debits (3)            | 20,700.00           | Interest Earned                | \$4.85      |
| <b>Ending Balance as of 06/30/20</b>    | <b>\$88,110.16</b>  | Interest Paid Year to Date     | \$50.43     |
|   |                     | Interest Bearing Days          | 32          |

**Debits**

| <b>Date</b> | <b>Description</b>  | <b>Subtractions</b> |
|-------------|---|---------------------|
| 06/02       | Online Transfer Dr<br>REF 1540600L FUNDS TRANSFER TO DEP XXXX3970<br>FROM ONLINE FUNDS TRANSFER VIA | 8,700.00            |
| 06/17       | Online Transfer Dr<br>REF 1691636L FUNDS TRANSFER TO DEP XXXX3970<br>FROM ONLINE FUNDS TRANSFER VIA | 7,000.00            |
| 06/29       | Online Transfer Dr<br>REF 1810600L FUNDS TRANSFER TO DEP XXXX3970<br>FROM ONLINE FUNDS TRANSFER VIA | 5,000.00            |

**Credits**

| <b>Date</b> | <b>Description</b> | <b>Additions</b> |
|-------------|--------------------|------------------|
| 06/30       | Interest           | 4.85             |

**Daily Balances**

| <b>Date</b> | <b>Balance</b> | <b>Date</b> | <b>Balance</b> | <b>Date</b> | <b>Balance</b> |
|-------------|----------------|-------------|----------------|-------------|----------------|
| 05/29       | 108,805.31     | 06/17       | 93,105.31      | 06/30       | 88,110.16      |
| 06/02       | 100,105.31     | 06/29       | 88,105.31      |             |                |



Account Number:  
Statement Period:  
Page:

**MONEY MARKET ACCOUNT (continued) Account**

---

**Overdraft/Return Item Fees**

---

| <b>Description</b>       | <b>Total This Period</b> | <b>Total Year to Date</b> |
|--------------------------|--------------------------|---------------------------|
| Total Overdraft Fees     | \$0.00                   | \$0.00                    |
| Total Returned Item Fees | \$0.00                   | \$0.00                    |



12:06 PM

02/23/21

# Downtown Alameda Business Association

## Reconciliation Detail

Money Market - B Marin, Period Ending 06/30/2020

| Type                                 | Date       | Num | Name | Clr | Amount     | Balance    |
|--------------------------------------|------------|-----|------|-----|------------|------------|
| <b>Beginning Balance</b>             |            |     |      |     |            | 108,805.31 |
| <b>Cleared Transactions</b>          |            |     |      |     |            |            |
| <b>Checks and Payments - 3 items</b> |            |     |      |     |            |            |
| Transfer                             | 06/01/2020 |     |      | X   | -8,700.00  | -8,700.00  |
| Transfer                             | 06/17/2020 |     |      | X   | -7,000.00  | -15,700.00 |
| Transfer                             | 06/29/2020 |     |      | X   | -5,000.00  | -20,700.00 |
| Total Checks and Payments            |            |     |      |     | -20,700.00 | -20,700.00 |
| <b>Deposits and Credits - 1 item</b> |            |     |      |     |            |            |
| Deposit                              | 06/30/2020 |     |      | X   | 4.85       | 4.85       |
| Total Deposits and Credits           |            |     |      |     | 4.85       | 4.85       |
| Total Cleared Transactions           |            |     |      |     | -20,695.15 | -20,695.15 |
| Cleared Balance                      |            |     |      |     | -20,695.15 | 88,110.16  |
| Register Balance as of 06/30/2020    |            |     |      |     | -20,695.15 | 88,110.16  |



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 5, 2020 to June 30, 2020  
 Account number

**Account summary**

|  |                    |
|--|--------------------|
| <b>Beginning balance<br/>on June 5, 2020</b> | <b>\$0.00</b>      |
| Plus deposits                                |                    |
| Paper deposits                               | \$75,834.98        |
| Interest                                     | \$4.63             |
| <b>Ending balance<br/>on June 30, 2020</b>   | <b>\$75,839.61</b> |

**To contact us**

Call  
 (800) 522-2265  
 Visit our web site  
[www.comerica.com](http://www.comerica.com)

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

**Interest rates on June 30, 2020**

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

- on balances of \$1.00 to \$49,999.00: 0.05%
- on balances of \$50,000.00 to \$99,999.00: 0.10%
- on balances of \$100,000.00 to \$499,999.00: 0.10%
- on balances of \$500,000.00 to \$999,999.00: 0.10%
- on balances of \$1,000,000.00 to \$4,999,999.00: 0.10%
- on balances of \$5,000,000.00 to \$9,999,998.00: 0.10%
- on balances of \$9,999,999.00 or more: 0.10%

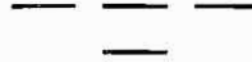
**Summary of interest you've earned**

- Interest paid to you this statement period: \$4.63
- Total interest paid to you this year: \$4.63

**Important information**

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

**Thank you**



## Premium Business Money Market Account account details:

### Paper deposits this statement period

| Date   | Amount (\$) | Reference numbers |            | Date   | Amount (\$) | Reference numbers |            |
|--------|-------------|-------------------|------------|--------|-------------|-------------------|------------|
|        |             | Customer          | Bank       |        |             | Customer          | Bank       |
| Jun 05 | 25,214.79   |                   | 0480233512 | Jun 05 | 25,214.79   |                   | 0480233514 |
|        |             |                   |            | Jun 16 | 25,405.40   |                   | 0480231333 |

Total Paper Deposits: \$75,834.98  
Total Number of Paper Deposits: 3

### Other deposits this statement period

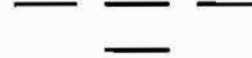
| Date  | Amount (\$) | Activity | Reference numbers |            |
|-------|-------------|----------|-------------------|------------|
|       |             |          | Customer          | Bank       |
| Jun30 | 4.63        | Interest |                   | I-GEN14145 |

Total Other Deposits: \$4.63  
Total Number of Other Deposits: 1

### Lowest daily balance

Your lowest daily balance this statement period was \$0.00  
on June 5, 2020.





## Premium Business Money Market Account:

### 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.



12:07 PM

02/23/21

**Downtown Alameda Business Association**  
**Reconciliation Detail**  
**Comerica Money Market (6236), Period Ending 06/30/2020**

---

| Type                                     | Date       | Num | Name | Clr | Amount    | Balance   |
|--|------------|-----|------|-----|-----------|-----------|
| <b>Beginning Balance</b>                 |            |     |      |     |           | 0.00      |
| <b>Cleared Transactions</b>              |            |     |      |     |           |           |
| <b>Deposits and Credits - 4 items</b>    |            |     |      |     |           |           |
| Transfer                                 | 06/05/2020 |     |      | X   | 25,214.79 | 25,214.79 |
| Transfer                                 | 06/05/2020 |     |      | X   | 25,214.79 | 50,429.58 |
| Transfer                                 | 06/16/2020 |     |      | X   | 25,405.40 | 75,834.98 |
| Deposit                                  | 06/30/2020 |     |      | X   | 4.63      | 75,839.61 |
| <b>Total Deposits and Credits</b>        |            |     |      |     | 75,839.61 | 75,839.61 |
| <b>Total Cleared Transactions</b>        |            |     |      |     | 75,839.61 | 75,839.61 |
| <b>Cleared Balance</b>                   |            |     |      |     | 75,839.61 | 75,839.61 |
| <b>Register Balance as of 06/30/2020</b> |            |     |      |     | 75,839.61 | 75,839.61 |

## Forms 990 / 990-EZ Return Summary

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

### PARK STREET BUSINESS ASSOCIATION, INC.

|  |                    |                   |
|--|--------------------|-------------------|
| <b>Net Asset / Fund Balance at Beginning of Year</b> |                    | <u>191,941</u>    |
| <b>Revenue</b>                                       |                    |                   |
| Contributions  | <u>121,043</u>     |                   |
| Program service revenue                              | <u>251,006</u>     |                   |
| Investment income                                    | <u>          </u>  |                   |
| Capital gain / loss                                  | <u>          </u>  |                   |
| Fundraising / Gaming:                                |                    |                   |
| Gross revenue  | <u>          </u>  |                   |
| Direct expenses                                      | <u>          </u>  |                   |
| Net income   | <u>          </u>  |                   |
| Other income   | <u>          0</u> |                   |
| <b>Total revenue</b>                                 |                    | <u>372,049</u>    |
| <b>Expenses</b>                                      |                    |                   |
| Program services                                     | <u>235,918</u>     |                   |
| Management and general                               | <u>134,524</u>     |                   |
| Fundraising  | <u>          </u>  |                   |
| <b>Total expenses</b>                                |                    | <u>370,442</u>    |
| <b>Excess / (deficit)</b>                            |                    | <u>1,607</u>      |
| Changes  |                    | <u>          </u> |
| <b>Net Asset / Fund Balance at End of Year</b>       |                    | <u>193,548</u>    |

| Reconciliation of Revenue              |                                   |
|--|-----------------------------------|
| Total revenue per financial statements | <u>                          </u> |
| Less:                                  |                                   |
| Unrealized gains                       | <u>                          </u> |
| Donated services                       | <u>                          </u> |
| Recoveries                             | <u>                          </u> |
| Other                                  | <u>                          </u> |
| Plus:                                  |                                   |
| Investment expenses                    | <u>                          </u> |
| Other                                  | <u>                          </u> |
| <b>Total revenue per return</b>        | <u>372,049</u>                    |

| Reconciliation of Expenses              |                                   |
|---|-----------------------------------|
| Total expenses per financial statements | <u>                          </u> |
| Less:                                   |                                   |
| Donated services                        | <u>                          </u> |
| Prior year adjustments                  | <u>                          </u> |
| Losses                                  | <u>                          </u> |
| Other                                   | <u>                          </u> |
| Plus:                                   |                                   |
| Investment expenses                     | <u>                          </u> |
| Other                                   | <u>                          </u> |
| <b>Total expenses per return</b>        | <u>370,442</u>                    |

| Balance Sheet |                |                |              |
|---------------|----------------|----------------|--------------|
|               | Beginning      | Ending         | Differences  |
| Assets        | <u>256,222</u> | <u>210,875</u> |              |
| Liabilities   | <u>64,281</u>  | <u>17,327</u>  |              |
| Net assets    | <u>191,941</u> | <u>193,548</u> | <u>1,607</u> |

#### Miscellaneous Information

Amended return  
Return / extended due date 05/17/21  
Failure to file penalty

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

**2019**

Department of the Treasury  
Internal Revenue Service

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

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

Name and title of officer **STEVE BUSSE  
PAST PRESIDENT**

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

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

|    |                          |                                     |   |  |    |                |
|----|--------------------------|-------------------------------------|---|--|----|----------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>372,049</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 |                |

**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 RYAN VAN VALER 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 } 01/04/20

**Part III Certification and Authentication**

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

Do not enter all zeros

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

ERO's signature } RYAN VAN VALER Date } 01/04/20

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

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

**B** 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: \$ **372,049**

**F** Name and address of principal officer:  
**STEVE BUSSE**

**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 **LI**

**K** Form of organization:  Corporation  Trust  Association  Other **LI** **L** Year of formation: **1990** **M** State of legal domicile: **CA**

**Part I Summary**

|   |  |                           |                |
|---|--|---------------------------|----------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>SEE SCHEDULE O</b>                                    |                           |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |                |
| <b>Activities &amp; Governance</b>  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <b>11</b>      |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <b>11</b>      |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                  | <b>2</b>       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | <b>120</b>     |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <b>0</b>       |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b>                 | <b>0</b>       |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>114,479</b>            | <b>121,043</b> |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>366,742</b>            | <b>251,006</b> |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | <b>0</b>       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>481,221</b>            | <b>372,049</b> |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | <b>0</b>       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                           | <b>0</b>       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>150,441</b>            | <b>143,934</b> |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           | <b>0</b>       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>LI</b>   | <b>0</b>                  |                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>263,089</b>            | <b>226,508</b> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>413,530</b>   | <b>370,442</b>            |                |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>67,691</b>  | <b>1,607</b>              |                |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year    |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>256,222</b>            | <b>210,875</b> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>64,281</b>             | <b>17,327</b>  |
|   |  | <b>191,941</b>            | <b>193,548</b> |

**Part II Signature Block**

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

**Sign Here** Signature of officer: **STEVE BUSSE** Date: **PAST PRESIDENT**  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **RYAN VAN VALER** Preparer's signature: **RYAN VAN VALER** Date: **01/06/21** Check  if self-employed PTIN:  
 Firm's name: **RYAN VAN VALER, E.A.** Firm's EIN: Phone no.:  
 Firm's address: **2447 SANTA CLARA AVE STE 300 A ALAMEDA, CA 94501-4579** **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 **u**

**Part IV Checklist of Required Schedules**

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

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

|     |  | Yes | No |
|-----|--|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | 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? If "Yes," complete Schedule J   |     | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II   |     | 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? If "Yes," complete Schedule L, Part III |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |     | 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? If "Yes," complete Schedule R, Part I   |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   |     | 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)? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 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? If "Yes," complete Schedule R, Part VI  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

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

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

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

|    |    |
|----|----|
| 1a | 14 |
| 1b | 0  |



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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**JANET MAGELBY**  
**ALAMEDA**

**2447 SANTA CLARA AVE. STE 302**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) KRIZTEN DELOSSANTOS | 1.00   |   |                       |         |              |                              |        |  |   |   |
| SECRETARY               | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) JOHN FRANGOULIS     | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) CINDY KAHL          | 2.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT-ELECT         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) RICH KRINKS         | 2.00   |   |                       |         |              |                              |        |  |   |   |
| COMMITTEE CHAIR         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) JOE LOPARO          | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) BARBARA MOONEY      | 2.00   |   |                       |         |              |                              |        |  |   |   |
| COMMITTEE CHAIR         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) RON MOONEY          | 4.00   |   |                       |         |              |                              |        |  |   |   |
| TREASURER               | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) ERIC OLNEY          | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) JOHN STEBBINS       | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) OTTO WRIGHT        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT               | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11)                    |  |   |                       |         |              |                              |        |  |   |   |

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

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

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | 1a Federated campaigns   | 1a   |                      |  |                                      |   |  |
|   | b Membership dues  | 1b   | 121,043              |  |                                      |   |  |
|   | c Fundraising events   | 1c   |                      |  |                                      |   |  |
|   | d Related organizations  | 1d   |                      |  |                                      |   |  |
|   | e Government grants (contributions)  | 1e   |                      |  |                                      |   |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above | 1f   |                      |  |                                      |   |  |
|   | g Noncash contributions included in lines 1a-1f                                  | 1g   | \$                   |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>   | <b>121,043</b>       |  |                                      |   |  |
|   | <b>Program Service Revenue</b>   | 2a ART & WINE FAIRE  | Business Code        | 186,951                                      | 186,951                              |   |  |
| b CAR SHOW  |  |  | 32,138               | 32,138                                       |                                      |   |  |
| c SPIRITS STROLL  |  |  | 23,255               | 23,255                                       |                                      |   |  |
| d MISC.   |  |  | 3,187                | 3,187  |                                      |   |  |
| e MUNI LOT  |  |  | 3,000                | 3,000  |                                      |   |  |
| f All other program service revenue   |  |  | 2,475                | 2,475  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f   |  | <b>u</b>   | <b>251,006</b>       |  |                                      |   |  |
| <b>Other Revenue</b>  |  | 3 Investment income (including dividends, interest, and other similar amounts) | <b>u</b>             |  |                                      |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds                             | <b>u</b>   |                      |  |                                      |   |  |
|   | 5 Royalties  | <b>u</b>   |                      |  |                                      |   |  |
|   | 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)  | <b>u</b>   |                      |  |                                      |   |  |
|   | 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)   | <b>u</b>   |                      |  |                                      |   |  |
| 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  | <b>u</b>   |  |                      |  |                                      |   |  |
| 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   | <b>u</b>   |  |                      |  |                                      |   |  |
| 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  | <b>u</b>   |  |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | 11a  | Business Code  |                      |  |                                      |   |  |
|   | b  |  |                      |  |                                      |   |  |
|   | c  |  |                      |  |                                      |   |  |
|   | d All other revenue  |  |                      |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d  | <b>u</b>   |                      |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions   | <b>u</b>   | <b>372,049</b>   | <b>251,006</b>       | <b>0</b>                                     | <b>0</b>                             |   |  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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   | <b>132,149</b>        | <b>71,304</b>                   | <b>60,845</b>                          |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | <b>11,785</b>         |                                 | <b>11,785</b>                          |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   | <b>9,881</b>          | <b>9,881</b>                    |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | <b>6,216</b>          |                                 | <b>6,216</b>                           |                             |
| 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.)   | <b>25,658</b>         | <b>25,658</b>                   |  |                             |
| 12 Advertising and promotion   | <b>37,003</b>         | <b>37,003</b>                   |  |                             |
| 13 Office expenses   | <b>7,284</b>          | <b>514</b>                      | <b>6,770</b>                           |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | <b>27,535</b>         |                                 | <b>27,535</b>                          |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | <b>12,960</b>         |                                 | <b>12,960</b>                          |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 23 Insurance   | <b>8,043</b>          | <b>630</b>                      | <b>7,413</b>                           |                             |
| 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 <b>CLEAN GREEN &amp; SAFE</b>  | <b>15,834</b>         | <b>15,834</b>                   |  |                             |
| b <b>WINE</b>  | <b>7,968</b>          | <b>7,968</b>                    |  |                             |
| c <b>BEER</b>  | <b>7,500</b>          | <b>7,500</b>                    |  |                             |
| d <b>OTHER</b>   | <b>7,371</b>          | <b>7,371</b>                    |  |                             |
| e All other expenses   | <b>53,255</b>         | <b>52,255</b>                   | <b>1,000</b>                           |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>370,442</b>        | <b>235,918</b>                  | <b>134,524</b>                         | <b>0</b>                    |
| 26 <b>Joint costs.</b> 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)<br>Beginning of year  |            | (B)<br>End of year |         |
|---|--|---|------------|--------------------|---------|
| <b>Assets</b>   | 1  | Cash—non-interest-bearing   | 228,777    | 1                  | 194,442 |
|   | 2  | Savings and temporary cash investments  |            | 2                  |         |
|   | 3  | Pledges and grants receivable, net  |            | 3                  |         |
|   | 4  | Accounts receivable, net  | 5,895      | 4                  | 834     |
|   | 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   | 7,265      | 9                  | 3,674   |
|   | 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  | 4,285      | 15                 | 1,925   |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 256,222   | 16         | 210,875            |         |
| <b>Liabilities</b>  | 17   | Accounts payable and accrued expenses   | 4,965      | 17                 | 3,894   |
|   | 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   | 59,316     | 25                 | 13,433  |
|   | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 64,281     | 26                 | 17,327  |
|   | <b>Net Assets or Fund Balances</b>                               | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |            |                    |         |
| 27  |  | Net assets without donor restrictions   | 179,025    | 27                 | 174,215 |
| 28  |  | Net assets with donor restrictions  | 12,916     | 28                 | 19,333  |
| <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b> |  |   |            |                    |         |
| 29  |  | Capital stock or trust principal, or current funds  |            | 29                 |         |
| 30  |  | Paid-in or capital surplus, or land, building, or equipment fund  |            | 30                 |         |
| 31  |  | Retained earnings, endowment, accumulated income, or other funds  |            | 31                 |         |
| 32  |  | <b>Total net assets or fund balances</b>  | 191,941    | 32                 | 193,548 |
| 33  | <b>Total liabilities and net assets/fund balances</b>            | 256,222   | 33         | 210,875            |         |

**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  | 372,049 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 370,442 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,607   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 191,941 |
| 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 | 193,548 |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><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?<br>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:<br><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?<br>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 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

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

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

**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?  Yes  No

4a Was a correction made?  Yes  No

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?  Yes  No

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.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1)      |             |         |  |   |
| (2)      |             |         |  |   |
| (3)      |             |         |  |   |
| (4)      |             |         |  |   |
| (5)      |             |         |  |   |
| (6)      |             |         |  |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

**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        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> 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.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | <b>X</b> |          |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   |          | <b>X</b> |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? |          | <b>X</b> |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**PARK STREET BUSINESS ASSOCIATION, INC.**

Employer identification number

**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.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u .....

4 Number of states where property subject to conservation easement is located u .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$ .....

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)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

b 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 .....

u \$ .....

(ii) Assets included in Form 990, Part X .....

u \$ .....

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 .....

u \$ .....

b Assets included in Form 990, Part X .....

u \$ .....

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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:
- (i) Unrelated organizations
  - (ii) Related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- 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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely held equity interests   |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>u</b>       |  |

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value  |
|---|-----------------|
| (1) Federal income taxes  |                 |
| (2) <b>UNEARNED REVENUE</b>   | <b>8,050</b>    |
| (3) <b>ACCRUED PAYROLL</b>  | <b>3,710</b>    |
| (4) <b>PAYROLL TAXES</b>  | <b>1,673</b>    |
| (5)   |                 |
| (6)   |                 |
| (7)   |                 |
| (8)   |                 |
| (9)   |                 |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u 13,433</b> |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|  |           |           |  |
|--|-----------|-----------|--|
| <b>1</b> Total revenue, gains, and other support per audited financial statements        |           | <b>1</b>  |  |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |           |           |  |
| <b>a</b> Net unrealized gains (losses) on investments                                    | <b>2a</b> |           |  |
| <b>b</b> Donated services and use of facilities  | <b>2b</b> |           |  |
| <b>c</b> Recoveries of prior year grants   | <b>2c</b> |           |  |
| <b>d</b> Other (Describe in Part XIII.)  | <b>2d</b> |           |  |
| <b>e</b> Add lines 2a through 2d   |           | <b>2e</b> |  |
| <b>3</b> Subtract line 2e from line 1  |           | <b>3</b>  |  |
| <b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |           |           |  |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                | <b>4a</b> |           |  |
| <b>b</b> Other (Describe in Part XIII.)  | <b>4b</b> |           |  |
| <b>c</b> Add lines 4a and 4b   |           | <b>4c</b> |  |
| <b>5</b> Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |           |           |  |
|---|-----------|-----------|--|
| <b>1</b> Total expenses and losses per audited financial statements                       |           | <b>1</b>  |  |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |           |  |
| <b>a</b> Donated services and use of facilities   | <b>2a</b> |           |  |
| <b>b</b> Prior year adjustments   | <b>2b</b> |           |  |
| <b>c</b> Other losses   | <b>2c</b> |           |  |
| <b>d</b> Other (Describe in Part XIII.)   | <b>2d</b> |           |  |
| <b>e</b> Add lines 2a through 2d  |           | <b>2e</b> |  |
| <b>3</b> Subtract line 2e from line 1   |           | <b>3</b>  |  |
| <b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |           |  |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b> |           |  |
| <b>b</b> Other (Describe in Part XIII.)   | <b>4b</b> |           |  |
| <b>c</b> Add lines 4a and 4b  |           | <b>4c</b> |  |
| <b>5</b> Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  |  |

**Part XIII Supplemental Information.**

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

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---





**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Ⓛ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

|   |                                |
|---|--------------------------------|
| Name of the organization<br><b>PARK STREET BUSINESS ASSOCIATION,<br/>INC.</b> | Employer identification number |
|---|--------------------------------|

**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**

Name of the organization

Employer identification number

**PARK STREET BUSINESS ASSOCIATION,**

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

**DESCRIPTION**

**TOT/PROG SERVICE MGT & GENERAL FUNDRAISING**

**GLASSES**

\$ 6,499 \$ 0 \$ 0

**T-SHIRTS**

\$ 5,000 \$ 0 \$ 0

**LUMPERS**

\$ 4,700 \$ 0 \$ 0

**DUMPSTER**

\$ 4,500 \$ 0 \$ 0

**MISC.**

\$ 3,169 \$ 0 \$ 0

**MISC.**

\$ 2,952 \$ 0 \$ 0

**EVENT RENTAL**

\$ 2,865 \$ 0 \$ 0

**PRESSURE WASHING**

\$ 2,500 \$ 0 \$ 0

**AWF T-SHIRTS**

\$ 2,180 \$ 0 \$ 0

**GLASSWARE**

\$ 1,692 \$ 0 \$ 0

**MERCHANT SERVICE FEES**

\$ 836 \$ 836 \$ 0

**POSTER**

| Name of the organization                 | Employer identification number |      |      |
|--|--------------------------------|------|------|
| <b>PARK STREET BUSINESS ASSOCIATION,</b> |                                |      |      |
|  | \$ 1,510                       | \$ 0 | \$ 0 |
| <b>BIKE MONITORS</b>                     |                                |      |      |
|  | \$ 1,100                       | \$ 0 | \$ 0 |
| <b>TOILET RENTAL</b>                     |                                |      |      |
|  | \$ 1,098                       | \$ 0 | \$ 0 |
| <b>PLATES</b>                            |                                |      |      |
|  | \$ 1,045                       | \$ 0 | \$ 0 |
| <b>MUSIC</b>                             |                                |      |      |
|  | \$ 1,010                       | \$ 0 | \$ 0 |
| <b>PRINTING</b>                          |                                |      |      |
|  | \$ 987                         | \$ 0 | \$ 0 |
| <b>SPONSORS BOOTHS</b>                   |                                |      |      |
|  | \$ 960                         | \$ 0 | \$ 0 |
| <b>SECURITY</b>                          |                                |      |      |
|  | \$ 936                         | \$ 0 | \$ 0 |
| <b>BANNER</b>                            |                                |      |      |
|  | \$ 873                         | \$ 0 | \$ 0 |
| <b>ELECTICIAN</b>                        |                                |      |      |
|  | \$ 800                         | \$ 0 | \$ 0 |
| <b>PERMITS</b>                           |                                |      |      |
|  | \$ 690                         | \$ 0 | \$ 0 |
| <b>LUMPERS</b>                           |                                |      |      |
|  | \$ 580                         | \$ 0 | \$ 0 |
| <b>SUPPLIES</b>                          |                                |      |      |
|  | \$ 576                         | \$ 0 | \$ 0 |
| <b>OTHER</b>                             |                                |      |      |
|  | \$ 525                         | \$ 0 | \$ 0 |

Name of the organization

Employer identification number

**PARK STREET BUSINESS ASSOCIATION,**

**AWF ICE**

\$ 487 \$ 0 \$ 0

**TABLES/CHAIRS RENTALS**

\$ 449 \$ 0 \$ 0

**RENTAL TRUCKS**

\$ 429 \$ 0 \$ 0

**BIKE PARKING**

\$ 320 \$ 0 \$ 0

**BANNERS**

\$ 306 \$ 0 \$ 0

**POSTER**

\$ 280 \$ 0 \$ 0

**POSTAGE**

\$ 232 \$ 0 \$ 0

**MEMBER OUTREACH**

\$ 0 \$ 164 \$ 0

**DRINK TICKETS**

\$ 94 \$ 0 \$ 0

**TAXES/LICENSES**

\$ 75 \$ 0 \$ 0

**TOTAL**

\$ 52,255 \$ 1,000 \$ 0

**Federal Asset Report**  
**Form 990, Page 1**

| Asset               | Description                             | Date<br>In Service | Cost          | Bus<br>% | Sec<br>179<br>Bonus | Basis<br>for Depr | Per Conv Meth | Prior         | Current  |
|---------------------|---|--------------------|---------------|----------|---------------------|-------------------|---------------|---------------|----------|
| <b>Prior MACRS:</b> |   |                    |               |          |                     |                   |               |               |          |
| 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> |
|                     | <b>Grand Totals</b>                     |                    | 26,262        |          |                     | 26,262            |               | 26,262        | 0        |
|                     | <b>Less: Dispositions and Transfers</b> |                    | 0             |          |                     | 0                 |               | 0             | 0        |
|                     | <b>Less: Start-up/Org Expense</b>       |                    | <u>0</u>      |          |                     | <u>0</u>          |               | <u>0</u>      | <u>0</u> |
|                     | <b>Net Grand Totals</b>                 |                    | <u>26,262</u> |          |                     | <u>26,262</u>     |               | <u>26,262</u> | <u>0</u> |

## CA Asset Report Form 990, Page 1

| Asset               | Description                       | Date<br>In Service | Cost          | Basis<br>for Depr | CA<br>Prior   | CA<br>Current | Federal<br>Current | Difference<br>Fed - CA |
|---------------------|-----------------------------------|--------------------|---------------|-------------------|---------------|---------------|--------------------|------------------------|
| <b>Prior MACRS:</b> |                                   |                    |               |                   |               |               |                    |                        |
| 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>               |
|                     | <b>Grand Totals</b>               |                    | 26,262        | 26,262            | 26,262        | 0             | 0                  | 0                      |
|                     | <b>Less: Dispositions</b>         |                    | 0             | 0                 | 0             | 0             | 0                  | 0                      |
|                     | <b>Less: Start-up/Org Expense</b> |                    | <u>0</u>      | <u>0</u>          | <u>0</u>      | <u>0</u>      | <u>0</u>           | <u>0</u>               |
|                     | <b>Net Grand Totals</b>           |                    | <u>26,262</u> | <u>26,262</u>     | <u>26,262</u> | <u>0</u>      | <u>0</u>           | <u>0</u>               |

**AMT Asset Report**  
**Form 990, Page 1**

| Asset               | Description                             | Date<br>In Service | Cost          | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | Per<br>Conv | Meth     | Prior         | Current  |
|---------------------|---|--------------------|---------------|----------|------------|-------|-------------------|-------------|----------|---------------|----------|
| <b>Prior MACRS:</b> |   |                    |               |          |            |       |                   |             |          |               |          |
| 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> |
|                     | <b>Grand Totals</b>                     |                    | 26,262        |          |            |       | 26,262            |             |          | 26,262        | 0        |
|                     | <b>Less: Dispositions and Transfers</b> |                    | <u>0</u>      |          |            |       | <u>0</u>          |             |          | <u>0</u>      | <u>0</u> |
|                     | <b>Net Grand Totals</b>                 |                    | <u>26,262</u> |          |            |       | <u>26,262</u>     |             |          | <u>26,262</u> | <u>0</u> |



# 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<br/>Adjustments/<br/>Preferences</u> |
|---------------------------|-------------|--------------|---------------------------|------------|------------|---|
| <b>MACRS Adjustments:</b> |             |              |                           |            |            |   |
| 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>                                    |

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

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

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **07/01/19**, ending **06/30/20**

Name

Taxpayer Identification Number

**PARK STREET BUSINESS ASSOCIATION,  
INC.**

|                          |  | 2018               | 2019           | Differences     |
|--------------------------|--|--------------------|----------------|-----------------|
| <b>Revenue</b>           | 1. Contributions, gifts, grants                                | 1.                 |                |                 |
|                          | 2. Membership dues and assessments                             | 2. <b>114,479</b>  | <b>121,043</b> | <b>6,564</b>    |
|                          | 3. Government contributions and grants                         | 3.                 |                |                 |
|                          | 4. Program service revenue                                     | 4. <b>366,742</b>  | <b>251,006</b> | <b>-115,736</b> |
|                          | 5. Investment income   | 5.                 |                |                 |
|                          | 6. Proceeds from tax exempt bonds                              | 6.                 |                |                 |
|                          | 7. Net gain or (loss) from sale of assets other than inventory | 7.                 |                |                 |
|                          | 8. Net income or (loss) from fundraising events                | 8.                 |                |                 |
|                          | 9. Net income or (loss) from gaming                            | 9.                 |                |                 |
|                          | 10. Net gain or (loss) on sales of inventory                   | 10.                |                |                 |
|                          | 11. Other revenue  | 11.                |                |                 |
|                          | 12. <b>Total revenue.</b> Add lines 1 through 11               | 12. <b>481,221</b> | <b>372,049</b> | <b>-109,172</b> |
| <b>Expenses</b>          | 13. Grants and similar amounts paid                            | 13.                |                |                 |
|                          | 14. Benefits paid to or for members                            | 14.                |                |                 |
|                          | 15. Compensation of officers, directors, trustees, etc.        | 15.                |                |                 |
|                          | 16. Salaries, other compensation, and employee benefits        | 16. <b>150,441</b> | <b>143,934</b> | <b>-6,507</b>   |
|                          | 17. Professional fundraising fees                              | 17.                |                |                 |
|                          | 18. Other professional fees                                    | 18. <b>39,382</b>  | <b>41,755</b>  | <b>2,373</b>    |
|                          | 19. Occupancy, rent, utilities, and maintenance                | 19. <b>30,161</b>  | <b>27,535</b>  | <b>-2,626</b>   |
|                          | 20. Depreciation and Depletion                                 | 20.                |                |                 |
|                          | 21. Other expenses   | 21. <b>193,546</b> | <b>157,218</b> | <b>-36,328</b>  |
|                          | 22. <b>Total expenses.</b> Add lines 13 through 21             | 22. <b>413,530</b> | <b>370,442</b> | <b>-43,088</b>  |
|                          | 23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12  | 23. <b>67,691</b>  | <b>1,607</b>   | <b>-66,084</b>  |
| <b>Other Information</b> | 24. Total exempt revenue                                       | 24. <b>481,221</b> | <b>372,049</b> | <b>-109,172</b> |
|                          | 25. Total unrelated revenue                                    | 25.                |                |                 |
|                          | 26. Total excludable revenue                                   | 26. <b>366,742</b> | <b>251,006</b> | <b>-115,736</b> |
|                          | 27. Total assets   | 27. <b>256,222</b> | <b>210,875</b> | <b>-45,347</b>  |
|                          | 28. Total liabilities  | 28. <b>64,281</b>  | <b>17,327</b>  | <b>-46,954</b>  |
|                          | 29. Retained earnings  | 29. <b>191,941</b> | <b>193,548</b> | <b>1,607</b>    |
|                          | 30. Number of voting members of governing body                 | 30. <b>11</b>      | <b>11</b>      |                 |
|                          | 31. Number of independent voting members of governing body     | 31. <b>11</b>      | <b>11</b>      |                 |
|                          | 32. Number of employees  | 32. <b>3</b>       | <b>2</b>       |                 |
|                          | 33. Number of volunteers                                       | 33. <b>120</b>     | <b>120</b>     |                 |

Form **990****Tax Return History****2019**Name **PARK STREET BUSINESS ASSOCIATION,  
INC.**

Employer Identification Number

|                                   | 2015           | 2016           | 2017           | 2018           | 2019           | 2020 |
|-----------------------------------|----------------|----------------|----------------|----------------|----------------|------|
| Contributions, gifts, grants      | 929            |                |                |                |                |      |
| Membership dues                   | 120,458        | 112,107        | 120,626        | 114,479        | 121,043        |      |
| Program service revenue           | 30,337         | 25,137         | 323,770        | 366,742        | 251,006        |      |
| Capital gain or loss              |                |                |                |                |                |      |
| Investment income                 |                |                |                |                |                |      |
| Fundraising revenue (income/loss) | 106,719        | 132,248        |                |                |                |      |
| Gaming revenue (income/loss)      |                |                |                |                |                |      |
| Other revenue                     |                |                |                |                |                |      |
| <b>Total revenue</b>              | <b>258,443</b> | <b>269,492</b> | <b>444,396</b> | <b>481,221</b> | <b>372,049</b> |      |
| Grants and similar amounts paid   |                |                |                |                |                |      |
| Benefits paid to or for members   |                |                |                |                |                |      |
| Compensation of officers, etc.    |                |                |                |                |                |      |
| Other compensation                | 138,732        | 100,290        | 130,235        | 150,441        | 143,934        |      |
| Professional fees                 | 28,532         | 46,874         | 45,919         | 39,382         | 41,755         |      |
| Occupancy costs                   | 18,190         | 18,507         | 26,628         | 30,161         | 27,535         |      |
| Depreciation and depletion        | 86             |                |                |                |                |      |
| Other expenses                    | 66,679         | 49,617         | 185,239        | 193,546        | 157,218        |      |
| <b>Total expenses</b>             | <b>252,219</b> | <b>215,288</b> | <b>388,021</b> | <b>413,530</b> | <b>370,442</b> |      |
| <b>Excess or (Deficit)</b>        | <b>6,224</b>   | <b>54,204</b>  | <b>56,375</b>  | <b>67,691</b>  | <b>1,607</b>   |      |
| <b>Total exempt revenue</b>       | <b>258,443</b> | <b>269,492</b> | <b>444,396</b> | <b>481,221</b> | <b>372,049</b> |      |
| Total unrelated revenue           |                |                |                |                |                |      |
| Total excludable revenue          | 30,337         | 25,137         | 323,770        | 366,742        | 251,006        |      |
| Total Assets                      | 30,998         | 109,002        | 182,619        | 256,222        | 210,875        |      |
| Total Liabilities                 | 17,328         | 41,128         | 58,369         | 64,281         | 17,327         |      |
| Net Fund Balances                 | 13,670         | 67,874         | 124,250        | 191,941        | 193,548        |      |

## Federal Statements

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------|----------------|-----------------|----------------------|--------------|
| MARKETING   | \$ 25,658      | \$ 25,658       | \$                   | \$           |
| TOTAL       | \$ 25,658      | \$ 25,658       | \$                   | \$ 0         |

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

| Description           | Total Expenses | Program Service | Management & General | Fund Raising |
|-----------------------|----------------|-----------------|----------------------|--------------|
| GLASSES               | \$ 6,499       | \$ 6,499        | \$                   | \$           |
| T-SHIRTS              | 5,000          | 5,000           |                      |              |
| LUMPERS               | 4,700          | 4,700           |                      |              |
| DUMPSTER              | 4,500          | 4,500           |                      |              |
| MISC.                 | 3,169          | 3,169           |                      |              |
| MISC.                 | 2,952          | 2,952           |                      |              |
| EVENT RENTAL          | 2,865          | 2,865           |                      |              |
| PRESSURE WASHING      | 2,500          | 2,500           |                      |              |
| AWF T-SHIRTS          | 2,180          | 2,180           |                      |              |
| GLASSWARE             | 1,692          | 1,692           |                      |              |
| MERCHANT SERVICE FEES | 1,672          | 836             | 836                  |              |
| POSTER                | 1,510          | 1,510           |                      |              |
| BIKE MONITORS         | 1,100          | 1,100           |                      |              |
| TOILET RENTAL         | 1,098          | 1,098           |                      |              |
| PLATES                | 1,045          | 1,045           |                      |              |
| MUSIC                 | 1,010          | 1,010           |                      |              |
| PRINTING              | 987            | 987             |                      |              |
| SPONSORS BOOTHS       | 960            | 960             |                      |              |
| SECURITY              | 936            | 936             |                      |              |
| BANNER                | 873            | 873             |                      |              |
| ELECTICIAN            | 800            | 800             |                      |              |
| PERMITS               | 690            | 690             |                      |              |
| LUMPERS               | 580            | 580             |                      |              |
| SUPPLIES              | 576            | 576             |                      |              |
| OTHER                 | 525            | 525             |                      |              |
| AWF ICE               | 487            | 487             |                      |              |
| TABLES/CHAIRS RENTALS | 449            | 449             |                      |              |

## Federal Statements

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

| Description     | Total<br>Expenses | Program<br>Service | Management &<br>General | Fund<br>Raising |
|-----------------|-------------------|--------------------|-------------------------|-----------------|
| RENTAL TRUCKS   | \$ 429            | \$ 429             | \$                      | \$              |
| BIKE PARKING    | 320               | 320                |                         |                 |
| BANNERS         | 306               | 306                |                         |                 |
| POSTER          | 280               | 280                |                         |                 |
| POSTAGE         | 232               | 232                |                         |                 |
| MEMBER OUTREACH | 164               |                    | 164                     |                 |
| DRINK TICKETS   | 94                | 94                 |                         |                 |
| TAXES/LICENSES  | 75                | 75                 |                         |                 |
| TOTAL           | \$ 53,255         | \$ 52,255          | \$ 1,000                | \$ 0            |

## Form 199 Return Summary

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

### PARK STREET BUSINESS ASSOCIATION, INC.

|                           |         |       |
|---------------------------|---------|-------|
| Gross sales / receipts    | 251,006 |       |
| Dues from members         |         |       |
| Contributions / grants    | 121,043 |       |
| Total costs               |         |       |
| Expenses                  | 370,442 |       |
| <b>Excess / (deficit)</b> |         | 1,607 |

|                        |    |
|------------------------|----|
| Filing fee             | 10 |
| Total payments         | 10 |
| Penalties and interest |    |
| Use tax                |    |

|                    |   |
|--------------------|---|
| <b>Balance due</b> |   |
| <b>Refund</b>      | 0 |

| Balance Sheet |           |         |             |
|---------------|-----------|---------|-------------|
|               | Beginning | Ending  | Differences |
| Assets        | 256,222   | 210,875 |             |
| Liabilities   | 64,281    | 17,327  |             |
| Net assets    | 191,941   | 193,548 | 1,607       |

#### Miscellaneous Information

Amended return  
Return / extended due date 05/17/21



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

(For Registry Use Only)

**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.

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

| 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 07/01/19 ending 06/30/20) list:

Gross Annual Revenue \$ 372,049 Noncash Contributions \$ 0 Total Assets \$ 210,875  
 Program Expenses \$ 235,918 Total Expenses \$ 370,442

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

**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.**

|  |                             |                         |               |
|--|-----------------------------|-------------------------|---------------|
| _____<br>Signature of Authorized Agent | STEVE BUSSE<br>Printed Name | PAST PRESIDENT<br>Title | _____<br>Date |
|--|-----------------------------|-------------------------|---------------|

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

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

**B** 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**  
**F** Name and address of principal officer: **STEVE BUSSE**  
**E** Telephone number: **510-523-1392**  
**G** Gross receipts: \$ **372,049**  
**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 **U**  
**K** Form of organization:  Corporation  Trust  Association  Other **U** **L** Year of formation: **1990** **M** State of legal domicile: **CA**

**Part I Summary**

|   |  |                           |                |
|---|--|---------------------------|----------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>SEE SCHEDULE O</b>                                    |                           |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <b>11</b>      |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <b>11</b>      |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                  | <b>2</b>       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | <b>120</b>     |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <b>0</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | <b>7b</b>  | <b>0</b>                  |                |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>114,479</b>            | <b>121,043</b> |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>366,742</b>            | <b>251,006</b> |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | <b>0</b>       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>481,221</b>            | <b>372,049</b> |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | <b>0</b>       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                           | <b>0</b>       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>150,441</b>            | <b>143,934</b> |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           | <b>0</b>       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b>  | <b>0</b>                  |                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>263,089</b>            | <b>226,508</b> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>413,530</b>   | <b>370,442</b>            |                |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>67,691</b>  | <b>1,607</b>              |                |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year    |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>256,222</b>            | <b>210,875</b> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>64,281</b>             | <b>17,327</b>  |
|   |  | <b>191,941</b>            | <b>193,548</b> |

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **STEVE BUSSE** Date: **PAST PRESIDENT**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RYAN VAN VALER** Preparer's signature: **RYAN VAN VALER** Date: **01/06/21** Check  if self-employed PTIN:  
 Firm's name: **RYAN VAN VALER, E.A.** Firm's EIN: Phone no.:  
 Firm's address: **2447 SANTA CLARA AVE STE 300 A ALAMEDA, CA 94501-4579** **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 **u**

**Part IV Checklist of Required Schedules**

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

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

|     |  | Yes | No |
|-----|--|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | 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? If "Yes," complete Schedule J   |     | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II   |     | 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? If "Yes," complete Schedule L, Part III |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |     | 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? If "Yes," complete Schedule R, Part I   |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   |     | 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)? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 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? If "Yes," complete Schedule R, Part VI  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

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

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

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

|    |    |
|----|----|
| 1a | 14 |
| 1b | 0  |

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**JANET MAGELBY**  
**ALAMEDA**

**2447 SANTA CLARA AVE. STE 302**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) KRIZTEN DELOSSANTOS | 1.00   |   |                       |         |              |                              |        |  |   |   |
| SECRETARY               | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) JOHN FRANGOULIS     | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) CINDY KAHL          | 2.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT-ELECT         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) RICH KRINKS         | 2.00   |   |                       |         |              |                              |        |  |   |   |
| COMMITTEE CHAIR         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) JOE LOPARO          | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) BARBARA MOONEY      | 2.00   |   |                       |         |              |                              |        |  |   |   |
| COMMITTEE CHAIR         | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) RON MOONEY          | 4.00   |   |                       |         |              |                              |        |  |   |   |
| TREASURER               | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) ERIC OLNEY          | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) JOHN STEBBINS       | 1.00   |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) OTTO WRIGHT        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT               | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11)                    |  |   |                       |         |              |                              |        |  |   |   |



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

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

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

0

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | 1a   | Federated campaigns  |                      |  |                                      |   |  |
|   | 1b   | Membership dues  | 121,043              |  |                                      |   |  |
|   | 1c   | Fundraising events   |                      |  |                                      |   |  |
|   | 1d   | Related organizations  |                      |  |                                      |   |  |
|   | 1e   | Government grants (contributions)  |                      |  |                                      |   |  |
|   | 1f   | All other contributions, gifts, grants, and similar amounts not included above |                      |  |                                      |   |  |
|   | 1g   | Noncash contributions included in lines 1a-1f                                  | \$                   |  |                                      |   |  |
|   | u  | <b>Total.</b> Add lines 1a-1f  | 121,043              |  |                                      |   |  |
|   | <b>Program Service Revenue</b>   |  |                      | Business Code                                |                                      |   |  |
| 2a  |  | ART & WINE FAIRE   | 186,951              | 186,951                                      |                                      |   |  |
| 2b  |  | CAR SHOW   | 32,138               | 32,138                                       |                                      |   |  |
| 2c  |  | SPIRITS STROLL   | 23,255               | 23,255                                       |                                      |   |  |
| 2d  |  | MISC.  | 3,187                | 3,187  |                                      |   |  |
| 2e  |  | MUNI LOT   | 3,000                | 3,000  |                                      |   |  |
| 2f  |  | All other program service revenue  | 2,475                | 2,475  |                                      |   |  |
| u   |  | <b>Total.</b> Add lines 2a-2f  | 251,006              |  |                                      |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and other similar amounts)   | u                    |  |                                      |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds                             | u                    |  |                                      |   |  |
|   | 5  | Royalties  | u                    |  |                                      |   |  |
|   | 6a   | Gross rents  | (i) Real             |  |                                      |   |  |
|   |  |  | (ii) Personal        |  |                                      |   |  |
|   |  |  | 6a                   |  |                                      |   |  |
|   | 6b   | Less: rental expenses  |                      |  |                                      |   |  |
|   | 6c   | Rental inc. or (loss)  |                      |  |                                      |   |  |
|   | u  | <b>Net rental income or (loss)</b>   | u                    |  |                                      |   |  |
|   | 7a   | Gross amount from sales of assets other than inventory                         | (i) Securities       |  |                                      |   |  |
|   |  |  | (ii) Other           |  |                                      |   |  |
|   |  |  | 7a                   |  |                                      |   |  |
|   | 7b   | Less: cost or other basis and sales exps.                                      |                      |  |                                      |   |  |
|   | 7c   | Gain or (loss)   |                      |  |                                      |   |  |
|   | u  | <b>Net gain or (loss)</b>  | u                    |  |                                      |   |  |
| 8a  | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a   |                      |  |                                      |   |  |
| 8b  | Less: direct expenses  | 8b   |                      |  |                                      |   |  |
| u   | <b>Net income or (loss) from fundraising events</b>  | u  |                      |  |                                      |   |  |
| 9a  | Gross income from gaming activities. See Part IV, line 19  | 9a   |                      |  |                                      |   |  |
| 9b  | Less: direct expenses  | 9b   |                      |  |                                      |   |  |
| u   | <b>Net income or (loss) from gaming activities</b>   | u  |                      |  |                                      |   |  |
| 10a   | Gross sales of inventory, less returns and allowances  | 10a  |                      |  |                                      |   |  |
| 10b   | Less: cost of goods sold   | 10b  |                      |  |                                      |   |  |
| u   | <b>Net income or (loss) from sales of inventory</b>  | u  |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                  |  |  | Business Code        |  |                                      |   |  |
|   | 11a  |  |                      |  |                                      |   |  |
|   | 11b  |  |                      |  |                                      |   |  |
|   | 11c  |  |                      |  |                                      |   |  |
|   | 11d  | All other revenue  |                      |  |                                      |   |  |
| u   | <b>Total.</b> Add lines 11a-11d  | u  |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions   | u  | 372,049              | 251,006                                      | 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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   | <b>132,149</b>        | <b>71,304</b>                   | <b>60,845</b>                          |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | <b>11,785</b>         |                                 | <b>11,785</b>                          |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   | <b>9,881</b>          | <b>9,881</b>                    |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | <b>6,216</b>          |                                 | <b>6,216</b>                           |                             |
| 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.)   | <b>25,658</b>         | <b>25,658</b>                   |  |                             |
| 12 Advertising and promotion   | <b>37,003</b>         | <b>37,003</b>                   |  |                             |
| 13 Office expenses   | <b>7,284</b>          | <b>514</b>                      | <b>6,770</b>                           |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | <b>27,535</b>         |                                 | <b>27,535</b>                          |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | <b>12,960</b>         |                                 | <b>12,960</b>                          |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 23 Insurance   | <b>8,043</b>          | <b>630</b>                      | <b>7,413</b>                           |                             |
| 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 <b>CLEAN GREEN &amp; SAFE</b>  | <b>15,834</b>         | <b>15,834</b>                   |  |                             |
| b <b>WINE</b>  | <b>7,968</b>          | <b>7,968</b>                    |  |                             |
| c <b>BEER</b>  | <b>7,500</b>          | <b>7,500</b>                    |  |                             |
| d <b>OTHER</b>   | <b>7,371</b>          | <b>7,371</b>                    |  |                             |
| e All other expenses   | <b>53,255</b>         | <b>52,255</b>                   | <b>1,000</b>                           |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | <b>370,442</b>        | <b>235,918</b>                  | <b>134,524</b>                         | <b>0</b>                    |
| 26 <b>Joint costs.</b> 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)<br>Beginning of year  |            | (B)<br>End of year |         |
|---|--|---|------------|--------------------|---------|
| <b>Assets</b>   | 1  | Cash—non-interest-bearing   | 228,777    | 1                  | 194,442 |
|   | 2  | Savings and temporary cash investments  |            | 2                  |         |
|   | 3  | Pledges and grants receivable, net  |            | 3                  |         |
|   | 4  | Accounts receivable, net  | 5,895      | 4                  | 834     |
|   | 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   | 7,265      | 9                  | 3,674   |
|   | 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  | 4,285      | 15                 | 1,925   |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 256,222   | 16         | 210,875            |         |
| <b>Liabilities</b>  | 17   | Accounts payable and accrued expenses   | 4,965      | 17                 | 3,894   |
|   | 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   | 59,316     | 25                 | 13,433  |
|   | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 64,281     | 26                 | 17,327  |
|   | <b>Net Assets or Fund Balances</b>                               | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |            |                    |         |
| 27  |  | Net assets without donor restrictions   | 179,025    | 27                 | 174,215 |
| 28  |  | Net assets with donor restrictions  | 12,916     | 28                 | 19,333  |
| <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b> |  |   |            |                    |         |
| 29  |  | Capital stock or trust principal, or current funds  |            | 29                 |         |
| 30  |  | Paid-in or capital surplus, or land, building, or equipment fund  |            | 30                 |         |
| 31  |  | Retained earnings, endowment, accumulated income, or other funds  |            | 31                 |         |
| 32  |  | <b>Total net assets or fund balances</b>  | 191,941    | 32                 | 193,548 |
| 33  | <b>Total liabilities and net assets/fund balances</b>            | 256,222   | 33         | 210,875            |         |

**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  | 372,049 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 370,442 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,607   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 191,941 |
| 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 | 193,548 |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><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?<br>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:<br><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?<br>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 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

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

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

**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?  Yes  No

4a Was a correction made?  Yes  No

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?  Yes  No

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.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1)      |             |         |  |   |
| (2)      |             |         |  |   |
| (3)      |             |         |  |   |
| (4)      |             |         |  |   |
| (5)      |             |         |  |   |
| (6)      |             |         |  |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

**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                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> 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.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

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

Series of horizontal dotted lines for providing supplemental information.





**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**PARK STREET BUSINESS ASSOCIATION, INC.**

Employer identification number

**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.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year   |  |                              |
| 2 Aggregate value of contributions to (during year)   |  |                              |
| 3 Aggregate value of grants from (during year)  |  |                              |
| 4 Aggregate value at end of year  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**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).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u

4 Number of states where property subject to conservation easement is located u

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$

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)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

b 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 u \$

(ii) Assets included in Form 990, Part X u \$

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 u \$

b Assets included in Form 990, Part X u \$

**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 |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 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:
- (i) Unrelated organizations .....
  - (ii) Related organizations .....
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- 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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely held equity interests   |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>u</b>       |  |

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value  |
|---|-----------------|
| (1) Federal income taxes  |                 |
| (2) <b>UNEARNED REVENUE</b>   | <b>8,050</b>    |
| (3) <b>ACCRUED PAYROLL</b>  | <b>3,710</b>    |
| (4) <b>PAYROLL TAXES</b>  | <b>1,673</b>    |
| (5)   |                 |
| (6)   |                 |
| (7)   |                 |
| (8)   |                 |
| (9)   |                 |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u 13,433</b> |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |  |    |  |
|---|---|----|--|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        |    |  | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |  |    |  |
| a | Net unrealized gains (losses) on investments                                    | 2a |  |    |  |
| b | Donated services and use of facilities  | 2b |  |    |  |
| c | Recoveries of prior year grants   | 2c |  |    |  |
| d | Other (Describe in Part XIII.)  | 2d |  |    |  |
| e | Add lines 2a through 2d   |    |  | 2e |  |
| 3 | Subtract line 2e from line 1  |    |  | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |  |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |  |    |  |
| b | Other (Describe in Part XIII.)  | 4b |  |    |  |
| c | Add lines 4a and 4b   |    |  | 4c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    |  | 5  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |  |    |  |
|---|--|----|--|----|--|
| 1 | Total expenses and losses per audited financial statements                       |    |  | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |  |    |  |
| a | Donated services and use of facilities   | 2a |  |    |  |
| b | Prior year adjustments   | 2b |  |    |  |
| c | Other losses   | 2c |  |    |  |
| d | Other (Describe in Part XIII.)   | 2d |  |    |  |
| e | Add lines 2a through 2d  |    |  | 2e |  |
| 3 | Subtract line 2e from line 1   |    |  | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |  |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |  |    |  |
| b | Other (Describe in Part XIII.)   | 4b |  |    |  |
| c | Add lines 4a and 4b  |    |  | 4c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    |  | 5  |  |

**Part XIII Supplemental Information.**

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Ⓛ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

|   |                                |
|---|--------------------------------|
| Name of the organization<br><b>PARK STREET BUSINESS ASSOCIATION,<br/>INC.</b> | Employer identification number |
|---|--------------------------------|

**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**

Name of the organization

Employer identification number

**PARK STREET BUSINESS ASSOCIATION,**

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

**DESCRIPTION**

**TOT/PROG SERVICE MGT & GENERAL FUNDRAISING**

**GLASSES**

\$ 6,499 \$ 0 \$ 0

**T-SHIRTS**

\$ 5,000 \$ 0 \$ 0

**LUMPERS**

\$ 4,700 \$ 0 \$ 0

**DUMPSTER**

\$ 4,500 \$ 0 \$ 0

**MISC.**

\$ 3,169 \$ 0 \$ 0

**MISC.**

\$ 2,952 \$ 0 \$ 0

**EVENT RENTAL**

\$ 2,865 \$ 0 \$ 0

**PRESSURE WASHING**

\$ 2,500 \$ 0 \$ 0

**AWF T-SHIRTS**

\$ 2,180 \$ 0 \$ 0

**GLASSWARE**

\$ 1,692 \$ 0 \$ 0

**MERCHANT SERVICE FEES**

\$ 836 \$ 836 \$ 0

**POSTER**



| Name of the organization                 | Employer identification number |      |      |
|--|--------------------------------|------|------|
| <b>PARK STREET BUSINESS ASSOCIATION,</b> |                                |      |      |
|  | \$ 1,510                       | \$ 0 | \$ 0 |
| <b>BIKE MONITORS</b>                     |                                |      |      |
|  | \$ 1,100                       | \$ 0 | \$ 0 |
| <b>TOILET RENTAL</b>                     |                                |      |      |
|  | \$ 1,098                       | \$ 0 | \$ 0 |
| <b>PLATES</b>                            |                                |      |      |
|  | \$ 1,045                       | \$ 0 | \$ 0 |
| <b>MUSIC</b>                             |                                |      |      |
|  | \$ 1,010                       | \$ 0 | \$ 0 |
| <b>PRINTING</b>                          |                                |      |      |
|  | \$ 987                         | \$ 0 | \$ 0 |
| <b>SPONSORS BOOTHS</b>                   |                                |      |      |
|  | \$ 960                         | \$ 0 | \$ 0 |
| <b>SECURITY</b>                          |                                |      |      |
|  | \$ 936                         | \$ 0 | \$ 0 |
| <b>BANNER</b>                            |                                |      |      |
|  | \$ 873                         | \$ 0 | \$ 0 |
| <b>ELECTICIAN</b>                        |                                |      |      |
|  | \$ 800                         | \$ 0 | \$ 0 |
| <b>PERMITS</b>                           |                                |      |      |
|  | \$ 690                         | \$ 0 | \$ 0 |
| <b>LUMPERS</b>                           |                                |      |      |
|  | \$ 580                         | \$ 0 | \$ 0 |
| <b>SUPPLIES</b>                          |                                |      |      |
|  | \$ 576                         | \$ 0 | \$ 0 |
| <b>OTHER</b>                             |                                |      |      |
|  | \$ 525                         | \$ 0 | \$ 0 |

Name of the organization

Employer identification number

**PARK STREET BUSINESS ASSOCIATION,**

**AWF ICE**

\$ 487                      \$ 0                      \$ 0

**TABLES/CHAIRS RENTALS**

\$ 449                      \$ 0                      \$ 0

**RENTAL TRUCKS**

\$ 429                      \$ 0                      \$ 0

**BIKE PARKING**

\$ 320                      \$ 0                      \$ 0

**BANNERS**

\$ 306                      \$ 0                      \$ 0

**POSTER**

\$ 280                      \$ 0                      \$ 0

**POSTAGE**

\$ 232                      \$ 0                      \$ 0

**MEMBER OUTREACH**

\$ 0                              \$ 164                      \$ 0

**DRINK TICKETS**

\$ 94                              \$ 0                              \$ 0

**TAXES/LICENSES**

\$ 75                              \$ 0                              \$ 0

**TOTAL**

\$ 52,255                      \$ 1,000                      \$ 0

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2019**

**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 | <b>372,049</b> |
| 2 | Total gross income (Form 199, line 8)               | 2 | <b>372,049</b> |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 3 | <b>370,442</b> |

**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

U      01/04/20      U PAST PRESIDENT  
 Signature of officer      Date      Title

**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.

|                      |   |  |  |  |                       |
|----------------------|---|--|--|--|-----------------------|
| <b>ERO Must Sign</b> | ERO's signature <u>U</u>                            | Date   | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input checked="" type="checkbox"/> | ERO's PTIN            |
|                      | Firm's name (or yours if self-employed) and address | <u>RYAN VAN VALER</u><br><u>2447 SANTA CLARA AVENUE</u><br><u>ALAMEDA CA</u> |  |  | Firm's FEIN           |
|                      |   |  |  |  | ZIP code <u>94501</u> |

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.

|                                |   |   |  |                      |                            |
|--------------------------------|---|---|--|----------------------|----------------------------|
| <b>Paid Preparer Must Sign</b> | Paid preparer's signature <u>U RYAN VAN VALER</u>   | Date <u>01/06/21</u>  | Check if self-employed <input checked="" type="checkbox"/> | Paid preparer's PTIN |                            |
|                                | Firm's name (or yours if self-employed) and address | <u>RYAN VAN VALER, E.A.</u><br><u>2447 SANTA CLARA AVE STE 300 A</u><br><u>ALAMEDA CA</u> |  |                      | Firm's FEIN                |
|                                |   |   |  |                      | ZIP code <u>94501-4579</u> |

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

FORM

**199**

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

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

Additional information, See instructions. **DOWNTOWN ALAMEDA BUSINESS ASSN.** FEIN **- no**

Street address (suite or room) **2447 SANTA CLARA AVE STE 302**

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

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

|                              |  |    |         |    |
|------------------------------|--|----|---------|----|
| <b>Receipts and Revenues</b> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 251,006 | 00 |
|                              | 2 Gross dues and assessments from members and affiliates   | 2  |         | 00 |
|                              | 3 Gross contributions, gifts, grants, and similar amounts received   | 3  | 121,043 | 00 |
|                              | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$50,000, see General Information B | 4  | 372,049 | 00 |
|                              | 5 Cost of goods sold   | 5  |         | 00 |
|                              | 6 Cost or other basis, and sales expenses of assets sold   | 6  |         | 00 |
|                              | 7 Total costs. Add line 5 and line 6   | 7  |         | 00 |
|                              | 8 Total gross income. Subtract line 7 from line 4  | 8  | 372,049 | 00 |
| <b>Expenses</b>              | 9 Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 370,442 | 00 |
|                              | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | 1,607   | 00 |
| <b>Filing Fee</b>            | 11 Total payments  | 11 | 10      | 00 |
|                              | 12 Use tax. See General Information K  | 12 |         | 00 |
|                              | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  | 13 | 10      | 00 |
|                              | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12   | 14 |         | 00 |
|                              | 15 Filing fee \$10 or \$25. See General Information F  | 15 | 10      | 00 |
|                              | 16 Penalties and Interest. See General Information J   | 16 |         | 00 |
|                              | 17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result  | 17 |         | 00 |

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

Signature of officer **U** Title **PAST PRESIDENT** Date \_\_\_\_\_ Telephone **510-523-1392**

**Paid Preparer's Use Only** Preparer's signature **U RYAN VAN VALER** Date **01/06/2021** Check if self-employed  **X** PTIN \_\_\_\_\_

Firm's name (or yours, if self-employed) and address **U 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.**

|                                    |                                   |  |   |    |         |         |    |
|------------------------------------|-----------------------------------|--|---|----|---------|---------|----|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | ●   | 1  | 251,006 | 00      |    |
|                                    | 2                                 | Interest   | ●   | 2  |         | 00      |    |
|                                    | 3                                 | Dividends  | ●   | 3  |         | 00      |    |
|                                    | 4                                 | Gross rents  | ●   | 4  |         | 00      |    |
|                                    | 5                                 | Gross royalties  | ●   | 5  |         | 00      |    |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions)   | ●   | 6  |         | 00      |    |
|                                    | 7                                 | Other income. Attach schedule  | ●   | 7  |         | 00      |    |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 |   | 8  | 251,006 | 00      |    |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid. Attach schedule  | ●   | 9  |         | 00      |    |
|                                    | 10                                | Disbursements to or for members  | ●   | 10 |         | 00      |    |
|                                    | 11                                | Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 1</b>                                    | ●   | 11 |         | 00      |    |
|                                    | 12                                | Other salaries and wages   | ●   | 12 | 132,149 | 00      |    |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | ●  | 13      |         | 00 |
|                                    |                                   | 14   | Taxes   | ●  | 14      | 75      | 00 |
|                                    |                                   | 15   | Rents   | ●  | 15      | 27,535  | 00 |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | ●  | 16      |         | 00 |
|                                    |                                   | 17   | Other Expenses and Disbursements. Attach schedule <b>SEE STATEMENT 2</b>                                      | ●  | 17      | 210,683 | 00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 |    | 18      | 370,442 | 00 |

| <b>Schedule L Balance Sheet</b>  |   | <b>Beginning of taxable year</b> |         | <b>End of taxable year</b> |         |
|----------------------------------|---|----------------------------------|---------|----------------------------|---------|
|                                  |   | (a)                              | (b)     | (c)                        | (d)     |
| <b>Assets</b>                    |   |                                  |         |                            |         |
| 1                                | Cash  |                                  | 228,777 | ●                          | 194,442 |
| 2                                | Net accounts receivable                           |                                  | 5,895   | ●                          | 834     |
| 3                                | Net notes receivable. <b>STMT 3</b>               |                                  | 10,000  | ●                          | 10,000  |
| 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                               | <b>a</b> Depreciable assets                       | 26,262                           |         | 26,262                     |         |
|                                  | <b>b</b> Less accumulated depreciation            | 26,262                           |         | 26,262                     |         |
| 11                               | Land  |                                  |         | ●                          |         |
| 12                               | Other assets. Attach schedule. <b>STMT 4</b>      |                                  | 11,550  | ●                          | 5,599   |
| 13                               | <b>Total assets</b>                               |                                  | 256,222 |                            | 210,875 |
| <b>Liabilities and net worth</b> |   |                                  |         |                            |         |
| 14                               | Accounts payable                                  |                                  | 4,965   | ●                          | 3,894   |
| 15                               | Contributions, gifts, or grants payable           |                                  |         | ●                          |         |
| 16                               | Bonds and notes payable                           |                                  |         | ●                          |         |
| 17                               | Mortgages payable                                 |                                  |         | ●                          |         |
| 18                               | Other liabilities. Attach schedule. <b>STMT 5</b> |                                  | 59,316  |                            | 13,433  |
| 19                               | Capital stock or principal fund                   |                                  |         | ●                          |         |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                                  |         | ●                          |         |
| 21                               | Retained earnings or income fund                  |                                  | 191,941 | ●                          | 193,548 |
| 22                               | <b>Total liabilities and net worth</b>            |                                  | 256,222 |                            | 210,875 |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                         |  |   |       |
|---|--|---|-------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 |  |   |       |
| 1   | Net income per books   | ● | 1,607 |
| 2   | Federal income tax   | ● |       |
| 3   | Excess of capital losses over capital gains  | ● |       |
| 4   | Income not recorded on books this year. Attach schedule                              | ● |       |
| 5   | Expenses recorded on books this year not deducted in this return. Attach schedule    | ● |       |
| 6   | <b>Total.</b> Add line 1 through line 5  |   | 1,607 |
| 7   | Income recorded on books this year not included in this return. Attach schedule      | ● |       |
| 8   | Deductions in this return not charged against book income this year. Attach schedule | ● |       |
| 9   | <b>Total.</b> Add line 7 and line 8  |   |       |
| 10  | <b>Net income per return.</b> Subtract line 9 from line 6                            |   | 1,607 |

# California Statements

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

| Name                | Address |       |     | Title           | Avg<br>Hrs | Compensation<br>Amount |
|---------------------|---------|-------|-----|-----------------|------------|------------------------|
|                     | City    | State | Zip |                 |            |                        |
| RICH KRINKS         |         |       |     | COMMITTEE CHAIR | 2.00       |                        |
| CINDY KAHL          |         |       |     | PRESIDENT-ELECT | 2.00       |                        |
| RON MOONEY          |         |       |     | TREASURER       | 4.00       |                        |
| KRIZTEN DELOSSANTOS |         |       |     | SECRETARY       | 1.00       |                        |
| OTTO WRIGHT         |         |       |     | PRESIDENT       | 2.00       |                        |
| JOE LOPARO          |         |       |     | DIRECTOR        | 1.00       |                        |
| ERIC ●LNEY          |         |       |     | DIRECTOR        | 1.00       |                        |
| JOHN FRANGOULIS     |         |       |     | DIRECTOR        | 1.00       |                        |
| JOHN STEBBINS       |         |       |     | DIRECTOR        | 1.00       |                        |
| BARBARA MOONEY      |         |       |     | COMMITTEE CHAIR | 2.00       |                        |
| TOTAL               |         |       |     |                 |            | <u>0</u>               |

FYE:

**California Statements**

6/30/2020

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

| <u>Description</u>      | <u>Amount</u> |
|-------------------------|---------------|
|                         | \$            |
| ART & WINE FAIRE        | 13,758        |
|                         | 3,915         |
| EVENT RENTAL            | 2,865         |
| BEER                    | 7,500         |
| WINE                    | 7,968         |
| GLASSES                 | 6,499         |
| TABLES/CHAIRS RENTALS   | 449           |
| SPONSORS BOOTHS         | 960           |
| LUMPERS                 | 4,700         |
| BIKE MONITORS           | 1,100         |
| DUMPSTER                | 4,500         |
| ELECTICIAN              | 800           |
| POSTER                  | 1,510         |
| SECURITY                | 936           |
| RENTAL TRUCKS           | 429           |
| AWF ICE                 | 487           |
| AWF T-SHIRTS            | 2,180         |
| MISC.                   | 3,169         |
| PERMITS                 | 690           |
| DRINK TICKETS           | 94            |
| SUPPLIES                | 576           |
| BANNERS                 | 306           |
| PRESSURE WASHING        | 2,500         |
| OTHER                   | 525           |
| SPRING FESTIVAL         | 1,828         |
| 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                 |               |
| BOOTH                   |               |
| TRUCK RENTAL            |               |
| STAGE RENTAL            |               |
| ICE                     |               |
| SUPPLIES                |               |
| MISC.                   |               |
| PRESSURE WASHING        |               |
| SPRING FESTIVAL - OTHER |               |

FYE:

**California Statements**

6/30/2020

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

| <u>Description</u>          | <u>Amount</u>     |
|-----------------------------|-------------------|
|                             | \$                |
| CAR SHOW                    | 4,222             |
|                             | 4,138             |
| TOILET RENTAL               | 1,098             |
| BIKE PARKING                | 320               |
| MUSIC                       | 1,010             |
| LUMPERS                     | 580               |
| POSTER                      | 280               |
| BANNER                      | 873               |
| PLATES                      | 1,045             |
| T-SHIRTS                    | 5,000             |
| MISC.                       | 2,952             |
| PRINTING                    | 987               |
| POSTAGE                     | 232               |
| <br>SPIRITS STROLL          | <br>3,047         |
|                             | 630               |
| GLASSWARE                   | 1,692             |
| OTHER                       | 7,371             |
| PROGRAM                     |                   |
| MARKETING                   | 25,658            |
| IT/ SOCIAL MEDIA            |                   |
| SHOPPING GUIDES             |                   |
| PRINTING/ POSTAGE           | 351               |
| MEETINGS                    | 1,395             |
| MEMBERSHIP PROGRAM          | 3,315             |
| POWER BOX ART               |                   |
| MEMBER OUTREACH             | 164               |
| MAINT. & IMPROVEMENT COMM   |                   |
| OTHER- REST                 |                   |
| MERCHANT SERVICE FEES       | 1,672             |
| OTHER- PROG                 |                   |
| SUPPLIES                    |                   |
| PROMOTION PROGRAM           | 15,976            |
| SUPPLIES                    | 3,780             |
| OTHER                       | 2,474             |
| WORKERS COMP                | 5,057             |
| LIABILITY/ D&O              | 2,356             |
| PAYROLL TAXES               | 11,785            |
| ACCOUNTING                  | 6,216             |
| SUPPLIES                    | 679               |
| STAFF DEVELOPMENT/ TRAINING | 7,950             |
| OPERATION M&I               | 300               |
| CLEAN GREEN & SAFE          | 15,834            |
| TOTAL                       | <u>\$ 210,683</u> |



FYE:

**California Statements**

6/30/2020

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

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

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

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------|------------------------------|------------------------|
| SECURITY DEPOSIT   | \$ 4,285                     | \$ 1,925               |
| PREPAID EXPENSES   | 7,265                        | 3,674                  |
| TOTAL              | <u>\$ 11,550</u>             | <u>\$ 5,599</u>        |

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

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------|------------------------------|------------------------|
| UNEARNED REVENUE   | \$ 51,466                    | \$ 8,050               |
| ACCRUED PAYROLL    | 4,674                        | 3,710                  |
| WORKERS COMP       |                              |                        |
| OTHER              |                              |                        |
| CREDIT CARDS       | 666                          |                        |
| PAYROLL TAXES      | 2,510                        | 1,673                  |
| TOTAL              | <u>\$ 59,316</u>             | <u>\$ 13,433</u>       |