Exhibit 1



February 28, 2017

Debbie Potter Community Development Director City of Alameda 2263 Santa Clara Ave. Alameda, CA 94501

Dear Ms. Potter:

As President of the Downtown Alameda Business Association, I am pleased to submit the attached BIA Report, accompanying 2016/2017 actual year-to-date budget for our Association, the Strategic Goals (yet to be approved by the Board), and a listing of the current Downtown Association board of directors.

We are proposing changes in the BIA boundaries for 2018/2019 as our work plan was not far enough along for the 2017/2018 submission. We have a very aggressive work plan we will be rolling out with all of our committees and with City staff to determine appropriate addresses for the proposed expansion of the BIA boundaries.

We have provided a description of the activities the Downtown Association is proposing for the upcoming year. The attached budget is a draft and once approved by the Board will be forwarded to you in its complete form.

Sincerely,

Donna Layburn President Downtown Alameda Business Association

> 2447 Santa Clara Ave., #302, Alameda CA 94501 Phone: (510) 523-1392 - Fax: (510) 523-2372 Email: office@DowntownAlameda.com - Website: www.DowntownAlameda.com

# **DOWNTOWN ALAMEDA BUSINESS ASSOCIATION**

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

## PROPOSED ASSESSMENT FOR BUSINESS IMPROVEMENT AREA FISCAL YEAR 2017/2018

#### **INTRODUCTION:**

The Downtown Alameda Business Association is recommending a BIA budget of \$98,000 for the Downtown Alameda Business District for fiscal year 2017/2018. This recommendation is based on the estimate of the income derived from the BIA assessment in fiscal 2016/2017.

While the activities and goals for the Downtown Association are still in the works for the 2016/2017 period, the projected activities present many challenges and opportunities as the state of the downtown district requires moving forward with new ideas, visions, and activities. The budget is not yet completely defined for 2017/2018, and Strategic Goals and activities are the result of monthly ongoing Board of Director and committee meetings.

#### BUDGET:

The BIA is one of two sources of funding for the entire scope of the activities proposed in this report. The other source is funds raised by the Downtown Alameda Business Association through our special events. The Downtown Association will continue its current schedule of street events for the calendar year 2017, which are under contract, as well as working toward replacing or continuing the events in 2018.

#### **BOUNDARIES**:

We will work with City staff to determine appropriate addresses for a proposed expansion of the BIA boundaries in 2018/2019 with the goal of aligning the Business Improvement Area boundaries with the existing Landscape & Lighting (L&L) boundaries.

#### **ACTIVITIES:**

Attached is a summary of the proposed activities for the fiscal year 2017/2018. These activities are designed to improve the pedestrian-friendly look of the downtown district, improve the vitality of the downtown district to increase sales and sales tax revenues, promote member businesses and the district as a whole, attract new businesses to the downtown district, and increase the overall business atmosphere in Downtown Alameda.

#### **REPORTING:**

A partial list of committee activities is included in this packet. A final summary including the Board-approved budget will be forwarded at the end of this fiscal year.

# 2017/18 Membership Committee Work Plan Outline

## **OBJECTIVE:**

Ensure members are informed of the latest news pertaining to the District, apprised of marketing and educational opportunities available to the membership, and given a regular opportunity to meet and mix with other members.

- 1. Communicate news and information to the membership:
  - Continue to email monthly newsletter to everyone on the email distribution list.
  - Continue to email mixer reminders and other updates to the membership.
- 2. Conduct and improve attendance at Downtown Mixers:
  - Provide relevant and useful information.
  - Recognize individual business achievements/highlights.
  - Invite city officials (presentation/Q&A).
  - Provide a brief program at select mixers.
  - Review host's mixer expectations and remind them to invite guests.
- 3. Improve communication to membership:
  - Gather additional member email addresses.
  - E.D. to conduct weekly "get to know" members by visiting on a regular basis.
- 3. Update, print, and distribute new member brochure on an as needed basis.
- 4. Plan and conduct the Downtown Association's Holiday Party.
- 5. Enhance the member awards program to include recognition of anniversaries, green business awards, etc. on a monthly basis.

# 2017/18 Maintenance & Improvement Committee Work Plan Outline

### **OBJECTIVE**:

Identify, organize, report, and monitor the maintenance and improvements of the Downtown Alameda district which includes: garbage, ACI relationship, planters, lighting, planters, trees, light posts, etc.

- 1. Work with Public Works to implement enhanced maintenance.
- 2. Work with Public Works and ACI to ensure collection of all trash containers as outlined.
- 3. Continue to support County mandatory recycling requirements.
- 4. Ensure the installation of recycling containers on the street. Support and submit grants for new recycling programs and receptacles.
- 5. Create a protocol for identifying, documenting, and reporting maintenance issues.
- 6. Ensure that all street events have proper recycling containers.
- 7. Work with Public Works to ensure proper street trees are replanted where warranted.
- 8. Identify street paving and crowning activities and priorities.
- 9. Review Phase III streetscape possibilities North of Lincoln and funding options.
- 10. Interact with the Police Department on crime, theft, and coverage issues.
- 11. Identify needs and ideas for making district more bicycle friendly.

12. Create an RFP to Alameda's Art Fund to assist in producing banners for selected light poles.

# 2017/18 Promotions Committee Work Plan Outline

## **OBJECTIVE**:

Promote the Downtown Alameda district to the broadest audience possible using as many media outlets, events, publications, and social media outlets as possible.

#### 1. Website:

- · Continue to improve new website.
- Conduct training for members on how to maximize their own page.
- Campaign to add more member email addresses for including more businesses.
- · Ensure search engine optimization.
- Research and redesign member area to increase communication and interest.
- Interactive map includes points of interest and parking locations.
- Add PayPal feature and "For Sale" tickets and promotional materials.
- 2. Special Events:
  - Plan and develop marketing plan for new events that do not shut down the street.
  - Plan and conduct Art & Wine Faire (last weekend of July 2017).
  - Plan and conduct Classic Car Show (2nd Saturday in October 2017).
- 3. Other Events:
  - Plan and implement new events with input from the Board of Directors and members.
  - Complete plan to offer summer music events in conjunction with 2<sup>nd</sup> Friday Art Walks.
- 4. Update and print 2017 Shopping Guide & Business Directory
- 5. Print Advertising:
  - · Continue newspaper ads for special events and holiday season
- 6. Cable Advertising:
  - Continue ads for special events
- 7. Alameda Theatre's Pre-Movie Advertising:
  - Three ads for each of our special events running 4 weeks prior to the event.
  - One generic ad promoting Downtown Alameda running all other times.
- 8. Holiday Marketing:
  - Maximize local advertising outlets.
  - Work with Alameda Theatre to expand Dickens program.
- 9. Arts District Designation Grant:
  - Follow up on grant submission to California Arts Council for "Creative California Community" Grant. Develop work plan if granted.

# 2017/18 Economic Government Relations Committee Work Plan Outline

## **OBJECTIVE**:

Recognizing how critical future development of the north of Lincoln area is to the district; how current vacant properties throughout the district are being developed, identified, and marketed; the challenges in starting a new business in Alameda; and the importance of maintaining relationships with the city staff and government — the goal of this committee is to develop strategies to improve communications and assist in economic development.

- 1. Share updated status of vacant storefronts and development projects in monthly mixers, newsletters, and property owner communications.
- 2. Work with the City of Alameda to ensure proper legislation is enacted prior to the public hearing pertaining to the BIA expansion.
- 3. Outline a marketing campaign to inform and gather consensus for the proposed expansion.
- 4. Develop member surveys to get ideas and referrals for outreach to potential new businesses.
- 5. Outreach to the businesses in the areas of expansion to share the case for expansion with them including the benefits for them with new member packets and face-to-face meetings.
- 6. Outreach to current members about the proposed expansion.
- 7. Maintain affiliate membership in California Main Street Alliance. Board to make recommendations on new programs from the annual conferences.
- 8. Continue to work with other associations, developers, and the City of Alameda to improve the planning, permit, and inspection process.

## METHOD AND BASIS OF LEVYING ASSESSMENT

### Budget: See Exhibit A

## CONCLUSION:

The Downtown Alameda Business Association would like to thank the Alameda City Council, City Attorney, Community Development, Public Works, and Finance Departments for their assistance in implementing the BIA. The increased participation from the business community and the continued quality of projects have shown the BIA is a valuable tool in our continuing efforts to revitalize the Downtown Alameda and the Historic Park Street Business District.

# Downtown Alameda Business Association 2017 Board of Directors

#### **Officers:**

**President Donna Layburn** Marketplace 865-1500

Vice President Steve Busse Park Centre Animal Hospital 521-1700

> Secretary Deb Knowles Edward Jones 749-0403

*Treasurer* **Ron Mooney** Daisy's 522-6443

At Large Directors:

**Julie Baron** Julie's Coffee & Tea Garden 865-2385

> Kyle Conner Alameda Theatre 769-2160

**Cindy Kahl** Speisekammer 522-1300

Jennifer Serr The Sewing Room 332-9807

#### **Committee Chairs:**

City & Economic Relations Rich Krinks Harbor Bay Realty 814-4802

Maintenance & Improvement Kate Pryor Tucker's Ice Cream 522-4960

> Membership open

Promotions open

## <u>Staff:</u>

Interim Executive Director & Marketing/Promotions Manager Rose Chastain rose@downtownalameda.com (510) 523-1392

Membership Services Manager Danielle Brown office@downtownalameda.com Marketing/Communications Consultant Stephanie Prothero stephanie@downtownalameda.com

## Downtown Alameda Business Association 2017/2018 DRAFT Budget

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<b>INCOME:</b>	
Restricted	17/18 Budget
BIA Payments	\$110,000
<b>Restricted Income Sub Total</b>	\$110,000
<b>Unrestricted</b>	<u>17/18 Budget</u>
Misc. Income	\$9,000
Customer Appreciation Day	\$2,000
Art & Wine Faire (Net)	\$85,000
Car Show (Net)	\$3,000
Spring Festival (Net)	\$30,000
<b>Unrestricted Income Sub Total</b>	\$129,000
Income Grand Total	\$239,000
<b>EXPENSES:</b>	
<b>Restricted</b>	17/18 Budget
Liability/D&O Insurance	\$5,000
Audit/Accounting	\$5,000
Postage/Printing	\$1,900
Supplies	\$2,300
Office Rent	\$15,900
Workers Comp	\$2,000
Utilities	\$2,300
Membership Committee	\$1,000
Membership Manager	\$32,000
Employer Taxes	\$2,900
Other Office Costs	\$500
Customer Celebration Day	\$1,700
Promotions Committee	\$15,000
Marketing Consultant	<u>\$24,000</u>
<b>Restricted Expenses Sub Total</b>	\$111,500

<b>Unrestricted</b>	17/18 Budget
Executive Director Salaries	\$70,000
Employer Taxes	\$5,800
Maintenance/Improvement	\$20,000
CAMSA Conference	\$1,500
Meetings/Trainings	\$2,500
Outside Services - Programs	\$21,500
Board Authorized Reserve	\$6,200
Unrestricted Expenses Sub Total	\$127,500
<b>Expenses Grand Totals</b>	\$239,000

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## Downtown Alameda Business Association 2017/2018 DRAFT Budget



# DOWNTOWN ALAMEDA BUSINESS ASSOCIATION Summary of Activities 2016-2017

The following is a summary of activities conducted during 2016 and activities to date in 2017. These activities have already taken place, or will take place before the end of the current fiscal year.

## **ACCOMPLISHMENTS:**

## MARKETING/ PROMOTIONS COMMITTEE:

## Spring Festival 2016:

- 50,000 visitors to the Park Street District during Mother's Day weekend, May 7-8, 2016.
- Net income was \$35,000.

## Art & Wine Faire 2016:

- 100,000 + visitors to the Park Street District during the two days of the event, July 30-31, 2016.
- Net income was \$97,000.

## **Classic Car Show 2016:**

- 25,000 visitors to the Park Street district during the one day of the event, October 8, 2016.
- This event is planned to be revenue neutral. Net income of \$5000.

## **Customer Celebration Day:**

- Coordinated Customer Celebration Day with over 50 participating members.
- Events included: sales, games, prizes, discounts, and gift baskets.
- Marketing and advertising in local papers, emails, Twitter, and Facebook.

## Marketing/ Promotions Coordinator/ Committee/ Marketing Director:

- Continually upgraded website pages, including merchant individual pages.
- Expanded use of social media for all promotions and events with Twitter, Facebook.
- Produced and distributed 2016 Shopping Guide to members, hotels, and doctor offices.
- Produced 2-3 electronic newsletters per month; and emailed to members and City Staff.
- Defined Alameda Sun promotions calendar for features and member highlights for 2017.
- Prepared rebranding logo and promotional materials to support Downtown logo and dba.
- Prepared new "Welcome packets" and individual outreach to existing members and new members.
- Goal to reach 80-90% face to face meetings with members before year end.

## 2017 Festivals:

- Hired interim Marketing Promotions Director to ensure execution of Spring and Art & Wine Festivals for 2017, currently under existing contract.
- Launched communication program to work with members on opportunities and "how to's" to promote their businesses during the festivals.

## Mixers:

• Established new goals to improve outreach and attendance at monthly mixers, held at locations throughout the District.

## MAINTENANCE/IMPROVEMENT COMMITTEE:

- Worked with City Staff to communicate issues on Maintenance Contract and performance.
- Worked with City Staff to effect removal/improvement of News racks throughout the district.
- Worked with Public Works to order and install 3-stream Recycle/Compost/Landfill bins on prominent high traffic corners and locations in core of the Downtown District.
- Supported grant application with CASA to improve public education for recycling/compost sorting, and a study to determine cross contamination and effectiveness of existing sorting in bins.
- Participated with WABA in communicating more effectively with Public Works on common issues and goals for both districts, in order to streamline use of staff time and identification of issues/resolution.

## **BOARD PARTICIPATION IN CALIFORNIA MAIN STREET PROGRAM:**

- Board members have participated/networked in both 2016/2017 California Main Street annual conferences as affiliate members.
- Working on directions for future events to bring more people into the district for community/family events.
- Networking with several Executive Directors of cities throughout California to identify successful potential events that do not close down the streets as additional or replacement events in the future.

## **ECONOMIC/GOVERNMENT RELATIONS COMMITTEE:**

- Worked with numerous members to support and advocate for their new developments, remodels, or store openings.
- Worked to identify potential new retailers or restaurants; and had members write letters of support for businesses to consider the Downtown District for their locations.
- Created lists of improvements, enhancements, and potential projects to improve the "Gateway" entrance to the District; including the installation of an arch and preliminary research into costs and RFP to have an arch designed, built, and installed with comments on potential fundraising opportunities.

## **MEMBERSHIP COMMITTEE:**

- Created 2017 calendar, commitments, and locations for 10 mixers.
- Procured space and catering for December Holiday Mixer for members.
- Conducted email survey of members that was very successful in soliciting opinions on particular issues facing the association, with the goal of having numerous surveys used on issues throughout the year.
- Assisted members interfacing with City government.
- Provided answers to members' questions on a daily basis.

## **PROMOTION OF DISTRICT WITH THE ARTS:**

- Board attended California Arts Council meetings with City Staff and Rhythmix staff to research potential grants for additional community arts program funding.
- In conjunction with Rhythmix, submitted a grant to secure funds to support an art program that will include an art contest to decorate vacant storefronts, abandoned building facades, and fencing; in order to improve look and feel of the overall Downtown District.
- Participated on the committee for the City of Alameda's façade improvement grant program to review applications and award grants. Announced in emails and newsletters renewal of the program with instructions and applications.
- Reviewed applications and documents related to signage additions/changes, installation
  of new awnings, and plans for new construction in the Downtown District. Participated on
  the committee for the City of Alameda's façade improvement grant program to review
  applications and award grants.



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03/17/17 Accrual Basis

## Downtown Alameda Business Association Profit & Loss Budget vs. Actual July 2016 through February 2017

	Jul '16 - Feb	Budget	\$ Over Bud
Ordinary Income/Expense Income UNRESTRICTED INCOME Event Income			
Art & Wine Faire Car Show Customer Appreciation Day	159,386.00 20,604.46 800.00	145,000.00 19,300.00 700.00	<b>14,38</b> 6.00 1,304.46 100.00
Total Event Income	180,790.46	165,000.00	15,790.46
Program Income Misc. Income	5,100.00 32.89	7,650.00 600.00	<b>-2,550.00</b> -567.11
Total UNRESTRICTED INCOME	185,923.35	173,250.00	12,673.35
RESTRICTED INCOME	109,358.58	105,000.00	4,358.58
Total Income	295,281.93	278,250.00	17,031.93
Expense			
UNRESTRICTED EXPENSES			
Event Expenses	87,573.86	88,710.00	-1,136.14
Shopping Guide - Sponsored	0.00	2,250.00	-2,250.00
Executive Director's Salary	40,281.00	60,453.00	<b>-20</b> ,172.00
Payroll Taxes	3,387.50	6,240.00	-2,852.50
Staff Benefits	4,000.00	8,000.00	-4,000.00
Meetings/Training	531.80	1,000.00	-468.20
CAMSA Conference	0.00	1,000.00	-1,000.00
Shopping Guide (Sponsored)	0.00	2,250.00	-2,250.00
Outside Service - Prog. Other Costs - Prog.	8,868.75 27.57	0.00	8,868.75
Total UNRESTRICTED EXPENSES	144,670.48	169,903.00	-25,232.52
RESTRICTED EXPENSES			
Utilities	1,594.11	1,680.00	-85.89
Membership	2,722.32	3,375.00	-652.68
Promotion Committee Expenses	4,208.81	8,250.00	-4,041.19
Printing/Postage	0.00	800.00	-800.00
Membership Manager Wages	21,280.52	21,215.06	65.46
Employer Taxes	1,784.85	2,200.00	-415.15
Workers Comp.	522.48	2,000.00	-1,477.52
Audit/Accounting	3,673.92	5,099.92	-1,426.00
Marketing Consultant	16,625.00	12,000.00	4,625.00
Internet/Social Media Consultan	0.00	4,000.00	-4,000.00
Liability/D&O Insurance	4,177.00	4,500.00	-323.00
Postage	235.00	0.00	235.00
Supplies	546.23	1,625.00	-1,078.77
Office Rent	10,584.00	10,584.00	0.00
Office Expenses	913.41	0.00	913.41
Total RESTRICTED EXPENSES	68,867.65	77,328.98	-8,461.33
Total Expense	213,538.13	247,231.98	-33,693.85
Net Ordinary Income	81,743.80	31,018.02	50,725.78
Net Income	81,743.80	31,018.02	50,725.78



## **DABA Financial Documents**

- A. A copy of filed tax return
- B. A copy of annual balance sheet and income statement related to the tax return in A above and
- C. any reconciliation sheets required to tie out these to the tax return
- D. A copy of year-end detailed listing for accounts payable and accounts receivable
- E. A copy of year-end bank reconciliation and bank statement with the bank logo.

12:20 PM 01/11/17 Accrual Basis

#### Downtown Alameda Business Association YTD Profit & Loss Budget vs. Actual July 2015 through June 2016

Program Income         10,400.00         9,850.00           Misc. Income         928.86         1,200.00           Total UNRESTRICTED INCOME         245,597.89         253,275.00           RESTRICTED INCOME         120,457.92         99,000.00	7,955,97 550.00 -271.14 -7,677.11
UNRESTRICTED INCOME           Event Income         234,269,03         242,225,00           Program Income         10,400.00         9,850,00           Misc. Income         928,86         1,200,00           Total UNRESTRICTED INCOME         245,597,89         253,275,00           RESTRICTED INCOME         120,457,92         99,000,00	550.00 -271.14
Event Income         234,269.03         242,225.00         -           Program Income         10,400.00         9,850.00         -           Misc. Income         928.86         1,200.00         -           Total UNRESTRICTED INCOME         245,597.89         253,275.00           RESTRICTED INCOME         120,457.92         99,000.00	550.00 -271.14
Program Income         10,400.00         9,850.00           Misc. Income         928.86         1,200.00           Total UNRESTRICTED INCOME         245,597.89         253,275.00           RESTRICTED INCOME         120,457.92         99,000.00	550.00 -271.14
Misc. Income         928.86         1,200.00           Total UNRESTRICTED INCOME         245,597.89         253,275.00           RESTRICTED INCOME         120,457.92         99,000.00	-271.14
RESTRICTED INCOME         120,457.92         99,000.00	-7,677.11
	21,457.92
Total Income 366,055.81 352,275.00	13,780.81
Expense	
UNRESTRICTED EXPENSES	
	8,977.46
Shopping Guide - Sponsored 2,174.10 2,500.00	-325.90
Executive Director's Salary 87,282.00 87,299.94	-17.94
Payroll Taxes 9,276.43 9,900.00	-623.57
	1,200.00
	2,500.00 231.82
Meetings/Training 2,231.82 2,000.00	
Total UNRESTRICTED EXPENSES 242,526.89 250,939.94	-8,413.05
RESTRICTED EXPENSES	
Utilities 2,250.67 2,220.00	30.67
Membership 3,667.50 4,090.00	-422.50
Promotion Committee Expenses 10,140.46 11,000.00	-859.54
	3,084.79
Printing/Postage 166.62 0.00	166.62
Membership Manager Wages         28,368.00         27,209.73           Employer Taxes         2,813.79         2,226.00	1,158.27 587.79
Workers Comp. 1,631.86 2,152.00	-520.14
	3,588.43
	4,059.54
Liability/D&O Insurance 4,132.00 3,914.00	218.00
Postage 479.90 1,200.00	-720.10
Supplies 1,604.86 1,800.00	-195,14
Office Rent 15,939.00 15,876.00	63.00
Office Expenses 562.20 0.00	562.20
Other Costs - REST 4,852.84 0.00	4,852.84
Total RESTRICTED EXPENSES         117,219.38         109,683.73	7,535.65
Total Expense 359,746.27 360,623.67	-877.40
Net Ordinary Income         6,309.54         -8,348.67	14,658.21

Other Income/Expense Other Expense

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#### Downtown Alameda Business Association YTD Profit & Loss Budget vs. Actual July 2015 through June 2016

	Jul '15 - Jun	Budget	\$ Over Bud
Temp. Rest. Funds Reserve	5,107.78		
Unrestricted Funds Reserve	1,201.76		
Total Other Expense	6,309.54		
Net Other Income	-6,309.54		3
Net Income	0.00	-8,348.67	8,348.67

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Accrual Basis

## Downtown Alameda Business Association **Transactions by Account** As of June 30, 2016

Туре	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Accounts Receivable									0.00
Invoice	06/30/2016	C072	City of Alameda		Unrestri		Uninvoiced In	750.00	750.00
Invoice	06/30/2016	C072	City of Alameda		Unrestri		Uninvoiced In	1,800.00	2,550.00
Invoice	06/30/2016	C072	City of Alameda		Restrict		BIA	4,000.00	6,550.00
Invoice	06/30/2016	C072	Miscellaneous Inco		Unrestri		-SPLIT-	250.00	6,800.00
Total Accounts Receiva	able							6,800.00	6,800.00
TOTAL								6,800.00	6,800.00

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01/11/17

Accrual Basis

## Downtown Alameda Business Association Balance Sheet As of June 30, 2016

	Jun 30, 16
ASSETS Current Assets Checking/Savings	
Bank of Marin Checking	17,190.72
Total Checking/Savings	17,190.72
Accounts Receivable Accounts Receivable	6,800.00
Total Accounts Receivable	6,800.00
Other Current Assets Prepaid Expenses Prepaid Rent Prepaid Expenses - Other	1,125.00 5,881.94
Total Prepaid Expenses	7,006.94
Total Other Current Assets	7,006.94
Total Current Assets	30,997.66
Fixed Assets Computer Equipment Furniture & Fixtures Accumulated Depreciation Total Fixed Assets	7,963.00 2,265.00 10,142.00 86.00
Total Fixed Assets	00.00
TOTAL ASSETS	31,083.66
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Unearned Revenue	17,328.00
<b>Total Other Current Liabilities</b>	17,328.00
Total Current Liabilities	17,328.00
Total Liabilities	17,328.00
Equity Temp. Restricted Funds Unrestricted Funds	11,983.78 1,771.88
Total Equity	13,755.66
TOTAL LIABILITIES & EQUITY	31,083.66

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Accrual Basis

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#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date Num	Name	Memo	Class	Clr Split	Amount	Balance
rdinary Incor	ne/Expense						
Income	-						
UNRES	TRICTED INCOME						
Ever	nt Income						
S	pring Festival						
	SF Sales						
Deposit	05/09/2016	Misc. Event Custom	Glasses & Li	Unrestric	Bank of Marin	27,149.00	27,149.00
	Total SF Sales					27,149.00	27,149.00
	Sponsorship						
General Jou		Miscellaneous Inco	Direct TV Wri	Unrestric	Accounts Rec	-1,250.00	-1,250.00
Deposit	04/01/2016	Armstrong Paint &	Sponsorship	Unrestric	Bank of Marin	1,500.00	250.00
Deposit	04/01/2016	Hi Def Solar	Sponsorship	Unrestric	Bank of Marin	1,500.00	1,750.00
Deposit	04/18/2016	Comcast	SF Sponsors	Unrestric	Bank of Marin	1,000.00	2,750.00
Deposit	04/18/2016	Bath Fitters	SF Sponsors	Unrestric	Bank of Marin	1,500.00	4,250.00
Deposit	04/29/2016	bladium	Deposit	Unrestric	Bank of Marin	750.00	5,000.00
Deposit	05/09/2016	One Lawn	SF Sponsors	Unrestric	Bank of Marin	1,500.00	6,500.00
Deposit	05/09/2016	Provident Credit Uni	SF Sponosrs	Unrestric	Bank of Marin	1,500.00	8,000.0
Deposit	05/09/2016	Forrest Chiropratic	Deposit	Unrestric	Bank of Marin	500.00	8,500,0
Deposit	05/27/2016	Photo Association	Deposit	Unrestric	Bank of Marin	125.00	8,625,0
Deposit	05/31/2016	Alameda Entertain	Sponsorship	Unrestric	Bank of Marin	750.00	9,375.00
Deposit	06/09/2016	Eckerstrom Product	HP Sponsors	Unrestric	Bank of Marin	3,000.00	12,375.00
	Total Sponsorship					12,375.00	12,375.00
	Sponsorship - In Kind						
General Jou	imal 05/09/2016	ACI	GJE for In-Ki	Unrestric	Trash/Recycle	2,500.00	2,500.00
	Total Sponsorship - In Kind					2,500.00	2,500.00
	Eckerstrom Contract Payment				<b>A 1 1 1 1 1 1</b>	40.000.00	40.000.00
Deposit	04/29/2016	Eckerstrom Product	Payment Prio	Unrestric	Bank of Marin	10,000.00	10,000.00
Deposit	05/09/2016	Eckerstrom Product	Eckerstrom	Unrestric	Bank of Marin	17,000.00	27,000.00
	Total Eckerstrom Contract Paym	ient				27,000.00	27,000.00
	Eckerstron Additional Paymen			11	Deale of Maria	2 026 00	3,936,00
Deposit	06/09/2016	Eckerstrom Product	Cable Ads, S	Unrestric	Bank of Marin	3,936.00	
	Total Eckerstron Additional Payr	nent				3,936.00	3,936.00
Т	otal Spring Festival					72,960.00	72,960.00
A	Art & Wine Faire						
	Sales				Desta data da	40 500 00	40 500 0
Deposit	07/28/2015	Art & Wine Faire	Deposit	Unrestric	Bank of Marin	49,538.03	49,538.03
Deposit	07/28/2015	Art & Wine Faire	Deposit	Unrestric	Bank of Marin	90.00	49,628.03
Deposit	07/31/2015	Art & Wine Faire	Deposit	Unrestric	Bank of Marin	2,380.00	52,008.03
Deposit	07/31/2015	Art & Wine Faire	Deposit	Unrestric	Bank of Marin	351.00	52,359.03
	Total Sales					52,359.03	52,359.03

Sponsorship

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#### Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Deposit         07/01/2015         Alameda Municipal         Deposit         Unrestric         Bank of Marin         8,000.00           Deposit         07/01/2015         Red Peg         Deposit         Unrestric         Bank of Marin         6,000.00           Deposit         07/01/2015         Armstrong Paint &         Deposit         Unrestric         Bank of Marin         3,000.00           Deposit         07/01/2015         Hi Def Solar         Deposit         Unrestric         Bank of Marin         1,500.00           Deposit         07/20/2015         Hi Def Solar         Deposit         Unrestric         Bank of Marin         1,500.00           Deposit         07/28/2015         SG Homes         Deposit         Unrestric         Bank of Marin         1,500.00           Deposit         07/28/2015         Forrest Chiropratic         Deposit         Unrestric         Bank of Marin         2,500.00           Deposit         07/28/2015         0728/2015         Forrest Chiropratic         Deposit         Unrestric         Bank of Marin         2,500.00           Deposit         07/28/2015         0728/15         Bath Fitters         GJE for Unea         Unrestric         Unrearet Rev         1,500.00	8,000.00 14,000.00 17,000.00 18,500.00 21,500.00 23,000.00 24,000.00 24,000.00 27,000.00 27,000.00 31,000.00 31,000.00 34,000.00
Deposit         07/20/2015         One Lawn         Deposit         Unrestric         Bank of Marin         2,000.00           Deposit         07/28/2015         SG Homes         Deposit         Unrestric         Bank of Marin         1,500.00           Deposit         07/28/2015         East Bay Municipal         Deposit         Unrestric         Bank of Marin         1,000.00           Deposit         07/28/2015         Forrest Chiropratic         Deposit         Unrestric         Bank of Marin         2,000.00           Deposit         07/28/2015         Forrest Chiropratic         Deposit         Unrestric         Bank of Marin         2,500.00           Invoice         07/28/2015         072815         Harbor Bay Realty         Deposit         Unrestric         Unrestric         Unrestric         Bank of Marin         2,500.00           General Journal         07/31/2015         Bath Fitters         GJE for Unea         Unrestric         Unrestric         Unearned Rev         1,500.00           General Journal         07/31/2015         Provident Credit Uni         GJE for Unea         Unrestric         Unearned Rev         1,500.00           General Journal         07/28/2015         All         GJE for In-Ki	$\begin{array}{c} 21,500.00\\ 23,000.00\\ 24,000.00\\ 24,500.00\\ 27,000.00\\ 27,500.00\\ 30,000.00\\ 31,000.00\\ 32,500.00\\ 34,000.00\\ \end{array}$
General Journal     07/31/2015     Bath Fitters     GJE for Unea     Unrestric     Unearned Rev     2,500.00       General Journal     07/31/2015     San Francisco Chro     GJE for Unea     Unrestric     Unearned Rev     1,000.00       General Journal     07/31/2015     San Francisco Chro     GJE for Unea     Unrestric     Unearned Rev     1,000.00       General Journal     07/31/2015     Provident Credit Uni     GJE for Unea     Unrestric     Unearned Rev     1,500.00       Deposit     09/23/2015     Ellis Eye     Unrestric     Unrestric     Unrestric     Unearned Rev     1,500.00       Sponsorship       Total Sponsorship       Sponsorship - In Kind       General Journal     07/28/2015     ACI     GJE for In-Ki     Unrestric     Dumpster     2,500.00       General Journal     07/28/2015     ACI     GJE for In-Ki     Unrestric     Dumpster     2,500.00       General Journal     07/28/2015     Rock Wall Winery     GJE for In-Ki     Unrestric     Advertising     1,500.00       General Journal     07/28/2015     Rock Wall Winery     GJE for In-Ki     Unrestric     Advertising     9,000.00	30,000.00 31,000.00 32,500.00 34,000.00
Sponsorship - In Kind       General Journal     07/28/2015     ACI     GJE for In-Ki     Unrestric     Dumpster     2,500.00       General Journal     07/28/2015     Alameda Theater     GJE for In-Ki     Unrestric     Advertising     1,500.00       General Journal     07/28/2015     Alameda Theater     GJE for In-Ki     Unrestric     Advertising     1,500.00       General Journal     07/28/2015     Rock Wall Winery     GJE for In-Ki     Unrestric     Advertising     5,000.00       Total Sponsorship - In Kind     Eckerstrom Contract Payment     Deposit     Unrestric     Bank of Marin     41,000.00       Eckerstrom Contract Payment       Total Eckerstrom Contract Payment       Eckerstrom Additional Payment	
General Journal     07/28/2015     ACI     GJE for In-Ki     Unrestric     Dumpster     2,500.00       General Journal     07/28/2015     Alameda Theater     GJE for In-Ki     Unrestric     Advertising     1,500.00       General Journal     07/28/2015     Rock Wall Winery     GJE for In-Ki     Unrestric     Advertising     1,500.00       General Journal     07/28/2015     Rock Wall Winery     GJE for In-Ki     Unrestric     Advertising     5,000.00       Total Sponsorship - In Kind     Eckerstrom Contract Payment     Deposit     Unrestric     Bank of Marin     41,000.00       Total Eckerstrom Contract Payment     Total Eckerstrom Contract Payment     41,000.00     41,000.00	34,000.00
Eckerstrom Contract Payment         Deposit         Unrestric         Bank of Marin         41,000,00           Total Eckerstrom Contract Payment         41,000,00	2,500.00 4,000.00 9,000.00
Deposit 07/28/2015 Eckerstrom Product Deposit Unrestric Bank of Marin 41,000,00 Total Eckerstrom Contract Payment 41,000,00 Eckerstrom Additonal Payment	9,000.00
Eckerstrom Additional Payment	41,000.00
	41,000.00
	5,013.00
Total Eckerstrom Additonal Payment 5,013.00	5,013.00
Total Art & Wine Faire 141,372.03	141,372.03
Car Show Sponsorship Deposit 09/23/2015 Car Show Kelly Lux Unrestric Bank of Marin 1 000 00	
Deposit         09/23/2015         Car Show         Kelly Lux         Unrestric         Bank of Marin         1,000,00           Deposit         09/23/2015         Rodger's Trucking         Rodger's Tru         Unrestric         Bank of Marin         1,000,00           Deposit         10/09/2015         Alameda Collision         Deposit         Unrestric         Bank of Marin         2,000,00           Deposit         10/13/2015         F. H. Dailey         Deposit         Unrestric         Bank of Marin         1,000,00           Deposit         10/13/2015         F. H. Dailey         Deposit         Unrestric         Bank of Marin         500,00           Deposit         01/22/2016         Lee Auto         Deposit         Unrestric         Bank of Marin         500,00	1,000.00 2,000.00 4,000.00 5,000.00 5,500.00 6,000.00
Total Sponsorship 6,000.00	6,000.00
Additional T-Shirt Sales Deposit Unrestric Bank of Marin 1,516.00 Deposit 03/18/2016 4 T-Shirts Unrestric Bank of Marin 40.00	1,516.00 1,556.00
Total Additional T-Shirt Sales 1,556.00	1,556.00
Entry Fees	

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#### Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Deposit	08/14/2015		Car Show	Deposit	Unrestric	-	Bank of Marin	1,122.00	1,122.00
Deposit	09/04/2015		Car Show	Deposit	Unrestric		Bank of Marin	3,943.00	5,065.00
Deposit	09/11/2015		Car Show	Deposit	Unrestric		Bank of Marin	1,033.00	6,098.00
Deposit	09/18/2015		Car Show	Deposit	Unrestric		Bank of Marin	1,571.00	7,669,00
Deposit	10/09/2015		Car Show	Deposit	Unrestric		Bank of Marin	2,472.00	10,141.00
Deposit	10/13/2015		Car Show	Deposit	Unrestric		Bank of Marin	575.00	10,716.00
	Total Entry Fees						-	10,716.00	10,716.00
Tot	al Car Show							18,272.00	18,272.00
	stomer Appreciation	Day							
Deposit	09/18/2015		Customer Appreciti	Deposit	Unrestric		Bank of Marin	1,115.00	1,115.00
Deposit	10/09/2015		Customer Appreciti	Deposit	Unrestric		Bank of Marin	100.00	1,215,00
Deposit	10/30/2015	3104	Ole's Waffle Shop	Deposit	Unrestric		Bank of Marin	50,00	1,265,00
Deposit	10/30/2015	3617	Alameda See Spot	Deposit	Unrestric		Bank of Marin	50.00	1,315.00
Deposit	10/30/2015	1120	Alameda Collision	Deposit	Unrestric		Bank of Marin	50.00	1,365.00
Deposit	10/30/2015	5861	Julie's Coffee & Tea	Deposit	Unrestric		Bank of Marin	50.00	1,415,00
Deposit	11/05/2015		Tot Tank	Deposit	Unrestric		Bank of Marin	50.00	1,465.00
Deposit	11/20/2015		The Marketplace	From The Ma	Unrestric		Bank of Marin	50.00	1,515.00
Deposit	02/05/2016		Ole's Waffle Shop	Payment For	Unrestric		Bank of Marin	100.00	1,615,00
Deposit	02/05/2016		Daisy's	Deposit	Unrestric		Bank of Marin	50.00	1,665.00
Tota	al Customer Appreciat	ion Day					_	1,665.00	1,665.00
Total E	vent Income							234,269.03	234,269.03
Progra	m Income								
Ass	sociate Members								
Deposit	12/23/2015		SpeedPro East Bay	Deposit	Unrestric		Bank of Marin	100.00	100.00
Deposit	12/23/2015		Busestad Construct	Deposit	Unrestric		Bank of Marin	100.00	200,00
Deposit	12/23/2015		State Farm Insurance	Deposit	Unrestric		Bank of Marin	100.00	300.00
Deposit	12/23/2015		Isadora Alman	Deposit	Unrestric		Bank of Marin	100,00	400.00
Deposit	12/23/2015		Heavenly Stems Ac	Deposit	Unrestric		Bank of Marin	100.00	500.00
Deposit	01/14/2016		Emmanuel's Mufflers	Deposit	Unrestric		Bank of Marin	100.00	600.00
Deposit	01/14/2016		Rhythmix Cultural	Deposit	Unrestric		Bank of Marin	100.00	700.00
Deposit	01/14/2016		Lynn's of Alameda	Deposit	Unrestric		Bank of Marin	100.00	800.00
Deposit	01/22/2016		Forrest Chiropratic	Deposit	Unrestric		Bank of Marin	100.00	900.00
Deposit	01/22/2016		Curves	Deposit	Unrestric		Bank of Marin	100.00	1,000.00
Deposit	02/05/2016		Acupuncture, Herbs	Half Payment	Unrestric		Bank of Marin	50.00	1.050.00
Deposit	02/05/2016		Hand and Stone	Deposit	Unrestric		Bank of Marin	100.00	1,150.00
Deposit	04/01/2016		Tracy Zollinger	Second Pay	Unrestric		Bank of Marin	50.00	1,200.00
Deposit	04/18/2016		Child Unique Monte	Associate Me	Unrestric		Bank of Marin	100.00	1,300.00
Tota	al Associate Members						-	1,300.00	1,300.00
	sh Disposal								
General Journa			City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	300.00
General Journa			City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	600,00
General Journa			City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	900.00
General Journa			City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	1,200.00
General Journa	al 11/30/2015		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	1,500.00
									.,

01/11/17 Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
General Journal	12/31/2015		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	1,800.00
General Journal	01/31/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	2,100.00
General Journal	02/29/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	2,400.00
General Journal	03/31/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300,00	2,700.00
General Journal	04/30/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	3,000,00
General Journal	05/31/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	3,300,00
General Journal	06/30/2016		City of Alameda	GJE for Mont	Unrestric		Uninvoiced Inc	300.00	3,600.00
			City of Alameda		onreatio			3.600.00	3.600.00
	ish Disposal							3,000.00	5,000.00
Muni Lo General Journal	t Income 07/31/2015		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	250.00
General Journal	08/31/2015		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	500.00
				GJE for Muni	Unrestric		Uninvoiced Inc	250.00	750.00
General Journal	09/30/2015		City of Alameda					250.00	1,000.00
General Journal	10/31/2015		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc		1,250.00
General Journal	11/30/2015		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	
General Journal	12/31/2015		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	1,500.00
General Journal	01/31/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	1,750.00
General Journal	02/29/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	2,000.00
General Journal	03/31/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	2,250.00
General Journal	04/30/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	2,500.00
General Journal	05/31/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250,00	2,750.00
General Journal	06/30/2016		City of Alameda	GJE for Muni	Unrestric		Uninvoiced Inc	250.00	3,000.00
Total Mu	ini Lot Income							3,000.00	3,000.00
	ng Guide Sponso	rship							
Deposit	01/22/2016		Mason Management	Deposit	Unrestric		Bank of Marin	750.00	750.00
Deposit	01/22/2016		Edward Jones - Jan	Deposit	Unrestric		Bank of Marin	250.00	1,000.00
Deposit	05/20/2016		Julie's Coffee & Tea	Deposit	Unrestric		Bank of Marin	250.00	1,250.00
Deposit	05/20/2016		Alameda Collision	Deposit	Unrestric		Bank of Marin	750.00	2,000.0
Deposit	05/27/2016		Edward Jones - De	Recieved Fro	Unrestric		Bank of Marin	250.00	2,250.00
Invoice	06/30/2016	C072	Miscellaneous Inco		Unrestric		Accounts Rec	250.00	2,500.00
Total Sh	opping Guide Spo	nsorship					-	2,500.00	2,500.00
Total Progra	am Income							10,400.00	10,400.00
Misc. Incor	ne								
General Journal	07/01/2015			Reverse of G	Unrestric		Petty Cash	-6.00	-6.00
Deposit	09/23/2015		Miscellaneous Inco	EDD Refund	Unrestric		Bank of Marin	30.63	24.6
Deposit	09/23/2015		U.S. Treasury	Refund	Unrestric		Bank of Marin	212.23	236.8
Deposit	10/09/2015		Philadelphia Insura	Deposit	Unrestric		Bank of Marin	642.00	878.8
Deposit	04/01/2016		Bay Risk Insurance	Refund for A	Unrestric		Bank of Marin	50.00	928.8
Total Misc.							-	928.86	928.86
							-	245,597.89	245,597.8
								240,007.00	240,097.03
RESTRICTED	INCOME								
BIA									
BIA Deposit	07/01/2015		City of Alameda	Deposit	Restricte		Bank of Marin	5,789.02	5,789.02

01/11/17 Accrual Basis

#### **Downtown Alameda Business Association** Profit & Loss Detail July 2015 through June 2016

Туре Date Num Name Memo Class Cir Split Amount Balance 08/24/2015 City of Alameda Restricte... Bank of Marin ... 35,369.80 79,605.53 Deposit Deposit Bank of Marin ... Deposit Deposit Deposit Deposit Restricte ... 11,313.44 3,216,19 90,918.97 94,135.16 09/23/2015 City of Alameda 10/09/2015 City of Alameda Restricte ... Bank of Marin ... Deposit 11/20/2015 12/23/2015 City of Alameda City of Alameda Deposit Restricte ... Bank of Marin ... Bank of Marin ... 2,226.00 3,996.86 96,361.16 Deposit Deposit Restricte... Deposit 01/14/2016 02/19/2016 City of Alameda Deposit Restricte ... Bank of Marin ... Bank of Marin ... 4,114.56 104,472.58 City of Alameda 2 659 00 107,131,58 Deposit Deposit Restricte. Deposit 03/18/2016 City of Alameda February BIA. Restricte ... Bank of Marin ... 1,011.00 108,142.58 BIA Payment BIA Payment... Restricte ... Bank of Marin ... Deposit 04/18/2016 City of Alameda 4.322.00 112 464 58 City of Alameda Bank of Marin ... 2,796.34 115,260.92 Deposit 05/09/2016 Restricte ... City of Alameda City of Alameda Bank of Marin ... 116,457.92 120,457.92 Deposit 06/24/2016 Deposit Restricte ... 1,197.00 C072... Restricte ... 06/30/2016 Accounts Rec... 4.000.00 Invoice Total BIA 120,457.92 120,457.92 Total RESTRICTED INCOME 120,457,92 120,457,92 Total Income 366,055.81 366,055.81 Expense UNRESTRICTED EXPENSES Event Expenses Customer Appreciation Day Advertising 09/22/2015 Check Check 149.25 1858 Alameda Sun Unrestric... Bank of Marin ... 149.25 10/23/2015 2006 Bay Area News Gro ... Bank of Marin ... 756.00 905.25 Unrestric... Total Advertising 905.25 905.25 Music 09/04/2015 Gary Miller Unrestric... Bank of Marin ... 200.00 200,00 Check 1839 Check 09/04/2015 1840 Greg Jenkins Unrestric.. Bank of Marin ... 100.00 300.00 Total Music 300.00 300.00 Balloons 09/04/2015 Check 1835 Robb Ratto Unrestric... Bank of Marin ... 162.06 162.06 Total Balloons 162.06 162.06 Printing 08/28/2015 Alameda Printing S.. Check 1825 Unrestric... Bank of Marin 43.80 43.80 Check 09/22/2015 1860 Alameda Printing S... Unrestric... Bank of Marin ... 155.49 199.29 Total Printing 199.29 199.29 CCD Banner 08/28/2015 Island Print Express Bank of Marin ... Check 1824 Unrestric... 958.11 958.11 Check 09/28/2015 1829 Bank of Marin ... 200.00 1,158.11 Felicia Ann Unrestric.. Total CCD Banner 1,158.11 1,158.11 2,724.71 2,724.71

Total Customer Appreciation Day

01/11/17 Accrual Basis

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#### Downtown Alameda Business Association Profit & Loss Detail

July 2015 through June 2016

Тур	e	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
General Jo		stival Recycle 05/09/2016		ACI	GJE for In-Ki	Unrestric		Sponsorship	2,500.00	2,500.00
	Total T	rash/Recycle							2,500.00	2,500.00
Check	Poster	05/16/2016	2144	Alameda Printing S	Spring Festiv	Unrestric		Bank of Marin	49.28	49.28
	Total P	oster						-	49.28	49.28
Check	Music	Clearance 05/31/2016	2154	SESAC	Spring Festiv	Unrestric		Bank of Marin	148.00	148.00
	Total N	lusic Clearance							148.00	148.00
Check	Volunt	eer Tokens 05/05/2016	2118	Tucker's Ice Cream	For Volunteer	Unrestric		Bank of Marin	450.00	450.00
	Total V	olunteer Tokens	;						450.00	450.00
Check	Sales '	Tax 05/16/2016	2143	State Board of Equil	Spring Festiv	Unrestric		Bank of Marin	2,355.00	2,355.00
	Total S	ales ⊺ax						-	2,355.00	2,355.00
Check	Glasse	es 05/17/2016	2149	Saxco, Inc.	Spring Festiv	Unrestric		Bank of Marin	3,824,78	3,824.78
	Total G	lasses							3,824.78	3,824.78
Check	Beer	05/16/2016	2141	Alameda Island Bre	Spring Festiv	Unrestric		Bank of Marin	3,150.00	3,150.00
	Total B	eer							3,150.00	3,150.00
Check Check	Wine	05/16/2016 05/31/2016	2140 2161	Rock Wall Winery Rock Wall Winery	Spring Festiv Spring Festiv	Unrestric Unrestric		Bank of Marin Bank of Marin	2,688.00 100.00	2,688.00 2,788.00
	Total V	Vine							2,788.00	2,788.00
Check	Cable	Ad Production 05/31/2016	2159	West Advertising	Cable Ad Pro	Unrestric		Bank of Marin	1,100.00	1,100.00
	⊤otal C	able Ad Product	tion						1,100.00	1,100.00
Bill	Cable	Ads 05/31/2016	0003	West Advertising		Unrestric		Accounts Pay	6,523.20	6,523.20
	Total C	able Ads						-	6,523.20	6,523.20
Check	Banne	r 03/17/2016	2100	Joyce McConeghey	Cross Street	Unrestric		Bank of Marin	88.60	88.60
	Total B	anner						-	88.60	88.60
Check	Permit	s 04/20/2016	2110	Bank of Marin	ABC Permit	Unrestric		Bank of Marin	300,00	300.00

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Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Тур	e Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	04/20/2016	2111	Alameda County En	Spring Festiv	Unrestric		Bank of Marin	672.00	972.0
	Total Permits						_	972.00	972.0
165	Drink Tickets								
Check	04/21/2016	2117	Robb Ratto	Drink Tickets	Unrestric		Bank of Marin	55.11	55.1
	Total Drink Tickets							55.11	55.1
Check	Police 05/16/2016	2142	Alameda Police De	Spring Festiv	Unrestric		Bank of Marin	1,632.00	1,632.0
UNECK	Total Police	2142	Alameda Police De	oping reativ	Unreauto		Darik of Marin	1,632.00	1,632.0
	Tables/Chairs Rentals							1,052.00	1,052.0
Check	05/31/2016	2160	Eckerstrom Product	Tables/Chair	Unrestric		Bank of Marin	388.00	388.0
	Total Tables/Chairs Re	ntals					-	388.00	388.0
	Printing								
Check	04/21/2016	2117	Robb Ratto	Large Maps	Unrestric		Bank of Marin	20.00	20.0
Check	05/09/2016	2137	Robb Ratto	Maps and Mu	Unrestric		Bank of Marin	55.03	75.
Check	05/09/2016	2137	Robb Ratto	Maps	Unrestric		Bank of Marin	7.18	82.3
	Total Printing							82.21	82.1
	Bike Parking								
Check	05/08/2016	2124	Hal Keenan Jim Weyeneth	Bike Parking Bike Parker	Unrestric Unrestric		Bank of Marin Bank of Marin	350.00 100.00	350. 450.
Check Check	05/08/2016 05/08/2016	2125 2126	John Martin	Bike Parker	Unrestric		Bank of Marin	100.00	550.
oncon	Total Bike Parking	2120	Contraction and					550.00	550.0
	Electrical								
Check	05/08/2016	2123	Bill Armstrong	SF Electrician	Unrestric	х	Bank of Marin	0.00	0.
Check	05/08/2016	2127	Bill Armstrong	Spring Festiv	Unrestric		Bank of Marin	600.00	600.
Check	05/08/2016	2128	Gerald Bashaw	Sspring Festi	Unrestric		Bank of Marin	400.00	1,000.
	Total Electrical							1,000.00	1,000.0
	Lumpers								
Check	05/08/2016	2129	Jenifer Lipps	SF Lumper	Unrestric		Bank of Marin	100.00	100.
Check	05/08/2016	2130	Chris Swartzell	SF Lumper	Unrestric		Bank of Marin	325.00	425. 750.
Check Check	05/08/2016 05/08/2016	2131 2132	Gabriel Johnson Caleb Salmon	SF Lumper SF Lumper	Unrestric Unrestric		Bank of Marin Bank of Marin	325.00 325.00	1,075.
Check	05/08/2016	2132	Elyse Fink	SF Lumper	Unrestric		Bank of Marin	325.00	1,400.
Check	05/08/2016	2134	Joshua Lipps	SF Lead Lum	Unrestric		Bank of Marin	500.00	1,900.
	Total Lumpers							1,900.00	1,900.0
	Booths								
Check	05/31/2016	2160	Eckerstrom Product	Spring Festiv	Unrestric		Bank of Marin	720.00	720.0
	Total Booths							720.00	720.
	Truck Rental								
Check	05/09/2016	2137	Robb Ratto	Gas For Rent	Unrestric		Bank of Marin	11.05	11.0

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#### Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Т	ype Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	05/09/2016	2137	Robb Ratto	Truck Rental	Unrestric		Bank of Marin	119.43	130.48
	Total Truck Rental						-	130.48	130.48
	Ice								
Check	05/08/2016	2122	San Francisco Ice	SF Ice	Unrestric		Bank of Marin	1,350.00	1,350.00
	Total Ice							1,350.00	1,350.00
	Sujpplies								
Check	02/26/2016	2086	Joyce McConeghey	Meetings/SF	Unrestric		Bank of Marin	30.33	30,33
Check	04/21/2016	5 2114	Joyce McConeghey	OJ, zip ties,	Unrestric		Bank of Marin	129.03	159,36
Check	04/21/2016	2117	Robb Ratto	Lamenating	Unrestric		Bank of Marin	51.68	211.04
Check	05/09/2016	2136	Joyce McConeghey	Supplies	Restricte		Bank of Marin	103,15	314.19
Check	05/09/2016		Robb Ratto	Plastic Sheat	Unrestric		Bank of Marin	70.10	384.29
Check	05/09/2016		Robb Ratto	Duct Tape	Unrestric		Bank of Marin	32.93	417.22
CHECK		2137		Duct Tape	Unresult		Bank of Marin		
	Total Sujpplies							417.22	417.22
Check	Advertising 05/17/2016	2150	Alameda Sun	Coring Contin	l Investio		Deels of Maria	4.40.00	4.40.00
Check	06/15/2016			Spring Festiv	Unrestric		Bank of Marin	149.00	149.00
			Bay Area News Gro		Unrestric		Bank of Marin	180.00	329.00
Check	06/15/2016	2168	San Francisco Chro	Newspaper Ad	Unrestric		Bank of Marin	1,961.00	2,290.00
	Total Advertising							2,290.00	2,290.00
Ohaali	Misc.								
Check	11/03/2015		Eckerstrom Product		Unrestric		Bank of Marin	299.75	299.75
Check	02/19/2016		Robb Ratto	Alameda Cou	Unrestric		Bank of Marin	27.00	326.75
Check	04/21/2016	2117	Robb Ratto	Meeting with	Unrestric		Bank of Marin	55.46	382.21
Check	05/09/2016	2137	Robb Ratto	Sand	Unrestric		Bank of Marin	5.00	387.21
Check	05/09/2016	2137	Robb Ratto	Lunch with J	Unrestric		Bank of Marin	25.00	412.21
Check	05/09/2016	2137	Robb Ratto	Breakfast wit	Unrestric		Bank of Marin	68.27	480.48
Check	05/31/2016		Eckerstrom Product	Health Depar	Unrestric		Bank of Marin	105.50	585.98
Check	05/31/2016		Lars G. Hansson	SF Sellers P	Unrestric		Bank of Marin		
Check	06/15/2016		Joyce McConeghey	Volunteer Lu	Unrestric			280.00	865.98
Check		21/1	Joyce McCollegiley	Volunteer Lu	Unrestric		Bank of Marin	27.00	892.98
	Total Misc.							892.98	892.98
Check	Pressure Washing 05/20/2016		Ultra Wash	Spring Festiv	Unrestric		Bank of Marin	2,900,00	2,900.00
	Total Pressure Was			opinig i ootiini				2,900.00	2,900.00
	Spring Festival - C							2,500.00	2,500,00
Bill	07/01/2015		Greenway Golf		Unrestric		Accounts Pay	868.53	868.53
	Total Spring Festiva	al - Other						868.53	868.53
	Total Spring Eastival						-		
	Total Spring Festival							39,125.39	39,125.39
	Art & Wine Faire Expe Beer	enses							
Check	07/31/2015	1794	Bay Area Beverage		Unrestric		Bank of Marin	7,052.00	7,052.00
			, , , , , , , , , , , , , , , , , ,		G1100010			7,002.00	7,032.00

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Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	e	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
	Total B Wine	eer							7,052.00	7,052.00
General Jou Check		07/28/2015 07/31/2015	1801	Rock Wall Winery Rock Wall Winery	GJE for In-Ki	Unrestric Unrestric		Advertising Bank of Marin	<b>5,000.00</b> 3,519.47	5,000.00 8,519.47
	Total V	/ine							8,519.47	8,519.47
Check Check	Glasse	s 07/31/2015 08/24/2015	1798 1812	Saxco, Inc. Saxco, Inc.		Unrestric Unrestric		Bank of Marin Bank of Marin	6,551.08 49.79	6,551.08 6,600.87
	Total G	lasses							6,600.87	6,600.87
Check	Sales 1	Tax 08/31/2015	1827	State Board of Equil		Unrestric		Bank of Marin	4,548.00	4,548.00
	Total S	ales Tax							4,548.00	4,548.00
General Jou		/Chairs Rentals 07/28/2015	6	Eckerstrom Product		Unrestric		Other Current	476.50	476.50
	Total T	ables/Chairs Re	ntals						476.50	476.50
General Jou		ors Booths 07/28/2015		Eckerstrom Product		Unrestric		Other Current	1,250.00	1,250.00
	Total S	ponsors Booths							1,250.00	1,250.00
Deposit	Lumpe	rs 07/28/2015			Deposit	Unrestric		Bank of Marin	3,450.00	3,450.00
	Total Li	umpers							3,450.00	3,450.00
Deposit	Bike M	onitors 07/28/2015			Deposit	Unrestric		Bank of Marin	. 350.00	350.00
	Total B	ke Monitors							350.00	350.00
General Jour	Dumps mal	ter 07/28/2015		ACI	GJE for In-Ki	Unrestric		Sponsorship	2,500.00	2,500.00
	Total D	umpster							2,500.00	2,500.00
Deposit Check	Electic	ian 07/28/2015 07/31/2015	1802	Robb Ratto	Deposit	Unrestric Unrestric		Bank of Marin Bank of Marin	1,800.00 200.00	1,800.00
	Total El	ectician							2,000.00	2,000.00
General Jour Check Check Check Check Check	<b>Adverti</b> mal	sing 07/28/2015 08/24/2015 08/24/2015 08/24/2015 09/17/2015	1815 1818 1814 1844	Alameda Theater San Francisco Chro Bay Area News Gro Parents Press Alameda Sun	GJE for In-Ki	Unrestric Unrestric Unrestric Unrestric Unrestric		-SPLIT- Bank of Marin Bank of Marin Bank of Marin Bank of Marin	1,500.00 2,094.40 180.00 2,994.00 149.25	1,500,00 3,594,40 3,774,40 6,768,40 6,917,65

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# **Downtown Alameda Business Association** Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
	Total Advertising							6,917.65	6,917.65
Check	Poster 07/31/2015	1800	Alameda Printing S		Unrestric		Bank of Marin	49.28	49.28
Olleok	Total Poster	1000	Aldineda Frinang C		0111000110		-	49.28	49.28
	Security								
Check	07/31/2015	1796	Alameda Police De		Unrestric		Bank of Marin	1,632.00	1,632.00
	Total Security							1,632.00	1,632.00
Check	Rental Trucks 07/28/2015	1789	Joyce McConegley	AWF Supplies	Unrestric		Bank of Marin	207.01	207.01
	Total Rental Trucks		,					207.01	207.01
	AWF Ice								
Check	07/28/2015	1788	San Francisco Ice		Unrestric		Bank of Marin	1,995.00	1,995.00
	Total AWF Ice							1,995.00	1,995.00
Check Check Check	AWF T-Shirts 07/28/2015 07/28/2015 08/14/2015	1783 1784 EFT	iPROMOTEu Scott Balwin iPROMOTEu	Car show T-s Car show T-s	Unrestric Unrestric Unrestric	x	Bank of Marin Bank of Marin Bank of Marin	0.00 200.00 2,748.63	0.00 200.00 2,948.63
	Total AWF T-Shirts							2,948.63	2,948.63
Check Check Check Check Deposit General Jour Check Check Check	Misc. 07/15/2015 07/20/2015 07/28/2015 07/28/2015 07/28/2015 07/28/2015 07/28/2015 07/28/2015 07/31/2015 11/03/2015	1778 1781 1785 1787 1790 1804 1802 2012	Robb Ratto Robb Ratto Cresco Rental Segway of Oakland Tucker's Ice Cream Eckerstrom Product SESAC Robb Ratto Eckerstrom Product	Gas for Rent	Unrestric Unrestric Unrestric Unrestric Unrestric Unrestric Unrestric Unrestric		Bank of Marin Bank of Marin	63.74 84.00 362.77 217.91 75.00 173.50 173.50 148.00 27.00 896.50	63.74 147.74 510.51 728.42 803.42 823.42 996.32 1,144.92 1,171.92 2,068.42
	Total Misc.							2,068.42	2,068.42
Check Check Check	Permits 07/08/2015 07/08/2015 07/08/2015 Total Permits	1771 1772 1773	Bank of Marin County of Alameda Alameda County En	AWF ABC Li	Unrestric Unrestric Unrestric		Bank of Marin Bank of Marin Bank of Marin	450.00 720.00 240.00 1,410.00	450.00 1,170.00 1,410.00 1,410.00
Check	Drink Tickets 07/01/2015	1768	Robb Ratto		Unrestric		Bank of Marin	84.57	84.57
UNCON	Total Drink Tickets	1100	1000 Hallo		01100010			84.57	84.57
	i star brink Hoketa							2	51.07

Supplies

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Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	e Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Check Check Check Check Check Check	07/01/2015 07/15/2015 07/28/2015 08/24/2015 09/17/2015	1764 1774 1789 1813 1843	Joyce McConegley Joyce McConegley Joyce McConegley Joyce McConegley Joyce McConegley	AWF Supplies AWF Supplies AWF Supplies	Unrestric Unrestric Unrestric Unrestric Unrestric		Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	56.87 209.93 22.46 12.87 29.55	56.8 266.8 289.2 302.1 331.6
	Total Supplies							331,68	331.6
Ohaali	Banners	4700	Fact Circa		I la se stala		Deals of Maxia	93.08	93.0
Check	07/01/2015 Total Banners	1763	Fast Signs		Unrestric		Bank of Marin	93.08	93.0
	Pressure Washing							93.08	93.0
Check	07/31/2015	1799	Ultra Wash		Unrestric		Bank of Marin	2,900.00	2,900.0
	Total Pressure Washing	3					-	2,900.00	2,900.0
Check	Cable Ads 09/03/2015	1831	West Advertising		Unrestric		Bank of Marin	10,002.77	10,002.7
	Total Cable Ads							10,002.77	10,002.7
Check	Cable Ad Production 09/03/2015	1831	West Advertising		Unrestric		Bank of Marin	1,100.00	1,100.0
	Total Cable Ad Producti	on					_	1,100.00	1,100.0
т	otal Art & Wine Faire Expe	enses					_	68,486.93	68,486.9
Check	ar Show Cable Ad Production 10/23/2015	2007	West Advertising		Unrestric		Bank of Marin	1,100.00	1,100.0
	Total Cable Ad Producti	on						1,100.00	1,100.0
Check	Toilet Rental 10/08/2015	1867	National Constructi	Car show por	Unrestric		Bank of Marin	306.60	306.6
	Total Toilet Rental						_	306,60	306,6
Check	Bike Parking 10/09/2015	1874	Hal Keenan		Unrestric		Bank of Marin	240.00	240.0
	Total Bike Parking				5 E			240.00	240.0
Check	Cable Ads 10/09/2015	2019	West Advertising		Unrestric		Bank of Marin	3,971.02	3,971.0
	Total Cable Ads						_	3,971.02	3,971.0
Check Check	Newspaper Ads 10/09/2015 10/09/2015 11/03/2015	2020 2021 2010	San Francisco Chro Bay Area News Gro Alameda Sun	Newspaper Ad	Unrestric Unrestric Unrestric		Bank of Marin Bank of Marin Bank of Marin	1,102.33 180.00 149.50	1,102.3 1,282.3 1,431.8
Check	11/03/2013	2010							

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Accrual Basis

#### **Downtown Alameda Business Association** Profit & Loss Detail July 2015 through June 2016

Тур	De Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
	Music								
Check	10/09/2015	1875	Duffy Colline		Unrestric		Bank of Marin	400.00	400.
Check	10/09/2015	1876	Pete Fletcher		Unrestric		Bank of Marin	400.00	800.
	Total Music							800.00	800.
	Lumpers								
Check	10/09/2015	1877	Joss Lip=s		Unrestric		Bank of Marin	250.00	250.
Check	10/09/2015	1878	Jenifer Lipps		Unrestric		Bank of Marin	250.00	500.
	Total Lumpers							500.00	500.
	Poster								
Check	09/22/2015	1860	Alameda Printing S		Unrestric		Bank of Marin	49.28	49.
	Total Poster						-	49.28	49.
	Banner								
Check	09/22/2015	1849	Fast Signs		Unrestric		Bank of Marin	93.08	93.
	Total Banner						1	93.08	93
	Plates								
Check	10/12/2015	1880	iPROMOTEu	Car Show Pl	Unrestric		Bank of Marin	991.34	991
	Total Plates							991.34	991
	T-Shirts								
Check	09/17/2015	1842	Scott Balwin		Unrestric		Bank of Marin	100.00	100
Check	10/12/2015	1881	iPROMOTEu	Car Show T	Unrestric		Bank of Marin	5,708.48	5,808
	Total T-Shirts							5,808.48	5,808
	Misc.								
Check	09/04/2015	1835	Robb Ratto		Unrestric		Bank of Marin	113.63	113
Check	09/22/2015	1861	Robb Ratto		Unrestric		Bank of Marin	15.72	129
Check	09/29/2015	1863	Joyce McConegley	AWF Supplies	Unrestric		Bank of Marin	181.69	311
Check	10/08/2015	1868	Piedmont Party Re	Car show tab	Unrestric		Bank of Marin	148.15	459
Check	10/09/2015	1873	Betty Dittmer		Unrestric		Bank of Marin	50.00	509
Check	10/09/2015	1879	Duane Watson	Donuts	Unrestric		Bank of Marin	36.00	545
Check	10/09/2015	1879	Duane Watson	Placement M	Unrestric		Bank of Marin	30.66	575
Check	10/09/2015	1879	Duane Watson	Ice For Event	Unrestric		Bank of Marin	21.86	597
Check	10/09/2015	1879	Duane Watson	Groceries Fo	Unrestric		Bank of Marin	62.35	660
Check	10/09/2015	1879	Duane Watson	Meat For Eve	Unrestric		Bank of Marin	93.70	753
Check	10/12/2015	1882	Robb Ratto		Unrestric		Bank of Marin	42.88	796
Check	10/23/2015	2004	SESAC		Unrestric		Bank of Marin	74.00	870
	Total Misc.							870.64	870
	Printing								
Check	08/24/2015	1817	Alameda Printing S		Unrestric		Bank of Marin	93.08	93
Check	10/09/2015	1869	Alameda Printing S		Unrestric		Bank of Marin	48.00	141
Check	10/12/2015	1882	Robb Ratto		Unrestric		Bank of Marin	35.38	176
	Total Printing							176.46	176.

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Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Post					5				
Check	07/31/2015	1797	Joyce McConeghey		Unrestric		Bank of Marin	218.43	218.4
Check	08/24/2015	1813	Joyce McConeghey		Unrestric		Bank of Marin	19.60	238.0
Check	09/29/2015	1863	Joyce McConegley	AWF Supplies	Unrestric		Bank of Marin	148.75	386.7
Tota	Postage						-	386.78	386.7
Total Ca	ar Show						-	16,725.51	16,725.5
Total Event	Expenses							127,062.54	127,062.5
Shopping (	Guide - Sponsore			=				0.474.40	0.474.4
Check	05/16/2016	2139	Island Print Express	Shopping Gui	Unrestric		Bank of Marin	2,174.10	2,174.1
Total Shopp	bing Guide - Spons	sored						2,174.10	2,174.1
	Director's Salary	4766	Robert S. Ratto		Unrestric		Bank of Marin	3,357,00	3.357.0
Check	07/01/2015 07/15/2015	1766 1777	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	6,714,0
Check		1792	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	10.071.0
Check	07/31/2015 08/14/2015	1811	Robert S. Ratto		Unrestric		Bank of Marin	3,357,00	13,428.
Check	08/26/2015	1820	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	16,785.
Check	09/11/2015	1838	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	20,142.
Check	09/25/2015	1841	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	23,499.
Check	10/09/2015	1871	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	26,856.
Check		1885	Robert S. Ratto		Unrestric		Bank of Marin	3,357,00	30,213.
Check	10/22/2015	2014	Robert S. Ratto		Unrestric		Bank of Marin	3,357.00	33,570.
Check	11/04/2015	2014	Robert S. Ratto	Gross	Unrestric		Bank of Marin	3,357.00	36,927.
Check	11/19/2015	2030	Robert S. Ratto	Gross	Unrestric		Bank of Marin	3,357,00	40,284.
Check	12/02/2015	2039	Robert S. Ratto	Gross	Unrestric		Bank of Marin	3,357.00	43,641.
Check	12/16/2015	2051	Robert S. Rallo	Rob	Unrestric		Membership	3,357.00	46,998.
General Journal	01/03/2016			Rob	Unrestric		Membership	3,357.00	50,355.
General Journal	01/17/2016			Rob	Unrestric		Membership	3,357.00	53,712.
General Journal	01/29/2016			Rob	Unrestric		Membership	3,357.00	57,069.
General Journal	02/12/2016			Robb	Unrestric		Membership	3,357.00	60,426.
General Journal	02/26/2016			Robb	Unrestric		Membership	3,357.00	63,783.
General Journal	03/11/2016			Robb	Unrestric		Membership	3,357.00	67,140.
General Journal	03/25/2016			Robb	Unrestric		Membership	3,357.00	70,497.
General Journal	04/08/2016			Robb	Unrestric		Membership	3,357.00	73,854.
General Journal	04/22/2016			Robb	Unrestric		Membership	3,357.00	77.211.
General Journal	05/06/2016			Robb	Unrestric		Membership	3,357.00	80,568.
General Journal	05/20/2016				Unrestric		Membership	3,357.00	83,925.
General Journal	06/03/2016 06/17/2016			Robb Robb	Unrestric		Membership	3,357,00	87,282.
General Journal	utive Director's Sat	201		1000	Officiality			87,282.00	87,282.
Pavroli Ta		iai y						,	
Check	07/01/2015	1766	Robert S. Ratto		Unrestric		Bank of Marin	256.86	256.
General Journal	07/01/2015	1100		Reverse of G	Unrestric		Petty Cash	421.50	678.
Check	07/15/2015	1777	Robert S. Ratto		Unrestric		Bank of Marin	256,86	935.
Check	07/31/2015	1792	Robert S. Ratto		Unrestric		Bank of Marin	256.86	1,192.
Check	08/14/2015	1811	Robert S. Ratto		Unrestric		Bank of Marin	256.86	1,448.
OTIOOR	00/1-12010								

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Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Onesk         10/22/2015         1885         Mobert S. Ratto         Unrestric         Bank of Marin         256.81           Check         11/04/2015         2014         Robert S. Ratto         Unrestric         Bank of Marin         76.50           Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         77.11           Check         11/19/2015         2029         Joyce McConegley         Employer tax         Unrestric         Bank of Marin         76.50           Check         11/19/2015         2030         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76.50           Check         12/02/2015         2038         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76.50           Check         12/02/2015         2051         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76.50           General Journal         01/17/2016         Total Employ         Unrestric         Bank of Marin         76.50           General Journal         02/12/2016         2077         EDD         Total Employ         Unrestric         Membership         256.80 <th>Туре</th> <th>Date</th> <th>Num</th> <th>Name</th> <th>Memo</th> <th>Class</th> <th>Clr</th> <th>Split</th> <th>Amount</th> <th>Balance</th>	Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check         09/11/2015         1838         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         10/09/2015         1871         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         10/09/2015         1871         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         10/04/2015         2014         Robert S. Ratio         Unrestric         Bank of Marin         256.81           Check         11/04/2015         2015         Robert S. Ratio         Unrestric         Bank of Marin         234.55           Check         11/04/2015         2027         EDD         Employer tax         Unrestric         Bank of Marin         77.11           Check         12/02/2015         2038         Robert S. Ratio         Employer tax         Unrestric         Bank of Marin         76.50           Check         12/02/2015         2038         Robert S. Ratio         Salary         Unrestric         Bank of Marin         256.81           General Journal         01/03/2016         Total Employ         Unrestric         Bank of Marin         256.81           General Journal         01/02/2016         Z077		08/26/2015	1820	Robert S. Ratto		Unrestric		Bank of Marin	256.86	1,705.80
Check         09/25/2015         1841         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         10/09/2015         1870         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         10/20/2015         1870         Robert S. Ratio         Unrestric         Bank of Marin         256.86           Check         11/04/2015         2014         Robert S. Ratio         Unrestric         Bank of Marin         342.43           Check         11/04/2015         2027         EDD         Unrestric         Bank of Marin         256.81           Check         11/19/2015         2029         Joyce McConegley         Employer tax         Restrict         Bank of Marin         256.81           Check         11/19/2015         2030         Robert S. Ratio         Employer tax         Unrestric         Bank of Marin         256.81           Check         12/02/2015         2038         Robert S. Ratio         Salary         Unrestric         Bank of Marin         256.81           General Journal         01/03/2016         2057         EDD         Foral Employ         Unrestric         Bank of Marin         256.81 <t< td=""><td></td><td></td><td>1838</td><td>Robert S. Ratto</td><td></td><td></td><td></td><td></td><td></td><td>1,962.66</td></t<>			1838	Robert S. Ratto						1,962.66
Check         10/09/2015         1871         Robert S. Ratto         Unrestric         Bank of Marin         256 86           Check         10/22/2015         1885         Robert S. Ratto         Unrestric         Bank of Marin         256 86           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         342 43           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         342 43           Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         76.50           Check         11/19/2015         2030         Robert S. Ratto         Unrestric         Bank of Marin         76.50           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76.50           General Journal         01/17/2016         2051         Robert S. Ratto         Salary         Unrestric         Bank of Marin         265.81           General Journal         01/17/2016         2051         Robert S. Ratto         Unrestric         Bank of Marin         216.61           General Journal         01			1841	Robert S. Ratto						2,219,52
Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         76.50           Check         11/04/2015         2014         Robert S. Ratto         Unrestric         Bank of Marin         256.81           Check         11/04/2015         2014         Robert S. Ratto         Unrestric         Bank of Marin         244.3           Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         243.455           Check         11/19/2015         2039         Robert S. Ratto         Unrestric         Bank of Marin         256.81           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           Check         12/05/2015         2051         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           General Journal         01/17/2016         Cort         Fotal Employ         Unrestric         Membership         256.81           General Journal         01/17/2016         Cort         Fotal Employ         Unrestric         Membership         256.81           General Journal         <			1871	Robert S. Ratto		Unrestric				2,476,38
Check         10/22/2015         1885         Robert S. Ratio         Unrestric         Bank of Marin         256 Bit           Check         11/04/2015         2014         Robert S. Ratio         Unrestric         Bank of Marin         342.43           Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         76.50           Check         11/19/2015         2029         Joyce McConegley         Restricte         Bank of Marin         77.11           Check         11/19/2015         2039         Robert S. Ratio         Employer tax         Restricte         Bank of Marin         76.50           Check         12/02/2015         2038         Robert S. Ratio         Salary         Unrestric         Bank of Marin         76.50           Check         12/02/2015         2051         Robert S. Ratio         Salary         Unrestric         Bank of Marin         76.50           General Journal         01/03/2016         2077         EDD         Payrol Taxes         Unrestric         Membership         266.81           General Journal         02/12/2016         2077         EDD         Payrol Taxes         Membership         33.32           G		10/09/2015	1870	Robert S. Ratto						2,476.38
Check         11/04/2015         2014         Robert S. Ratto         Unrestric         Bank of Marin         342,43           Check         11/04/2015         2027         EDD         Unrestric         Bank of Marin         76,50           Check         11/19/2015         2029         Joyce McConegley         Employer tax         Bank of Marin         77,11           Check         11/19/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76,50           Check         12/02/2015         2038         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         342,33           Check         12/02/2015         2038         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         266,81           General Journal         01/17/2016         2051         Robert S. Ratto         Employer tax         Unrestric         Membership         256,81           General Journal         01/17/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         256,80           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric		10/22/2015	1885	Robert S. Ratto						2,809.69
Check         11/04/2015         2015         Robert S, Ratto         Unrestric         Bank of Marin         76:50           Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         224.55           Check         11/19/2015         2029         Joyce McConegley         Employer tax         Restrict         Bank of Marin         224.55           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           Check         12/02/2015         2038         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           General Journal         01/03/2016         Total Employ         Unrestric         Membership         256.81           General Journal         01/29/2016         Total Employ         Unrestric         Membership         233.32           General Journal         02/12/2016         Total Employ         Unrestric         Membership         233.32           General Journal         02/2/2016         Total Employ         Unrestric         Membership         333.31           General Journal         03/11/2016 <td< td=""><td></td><td>11/04/2015</td><td>2014</td><td>Robert S. Ratto</td><td></td><td></td><td></td><td></td><td></td><td>3.152.12</td></td<>		11/04/2015	2014	Robert S. Ratto						3.152.12
Check         11/19/2015         2027         EDD         Unrestric         Bank of Marin         234,55           Check         11/19/2015         2030         Robert S. Ratto         Employer tax         Restricta         Bank of Marin         234,55           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         236,81           Check         12/02/2015         2038         Robert S. Ratto         Salary         Unrestric         Bank of Marin         256,81           Check         12/02/2016         2051         Robert S. Ratto         Salary         Unrestric         Bank of Marin         256,81           General Journal         01/07/2016         Control         Total Employ         Unrestric         Membership         256,81           General Journal         02/12/2016         2077         EDD         Payronol Taxes         Unrestric         Membership         256,80           General Journal         03/11/2016         2095         EDD         Total Employ         Unrestric         Membership         256,80           Check         03/11/2016         2095         EDD         Total Employ         Unrestric	Check	11/04/2015	2015	Robert S. Ratto						3,152.12
Check         11/19/2015         2029         Joyce McConegley         Employer tax         Pestricte         Bank of Marin         77.11           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         77.11           Check         12/02/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         76.50           Check         12/16/2015         2051         Robert S. Ratto         Salary         Unrestric         Bank of Marin         76.50           General Journal         01/03/2016         Cost         Total Employ         Unrestric         Membership         265.81           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Bank of Marin         211.76           General Journal         02/12/2016         2077         EDD         Total Employ         Unrestric         Membership         266.81           General Journal         03/11/2016         2095         EDD         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unre	Check	11/19/2015	2027	EDD						3,228.62
Check         11/19/2015         2030         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           Check         12/02/2015         2038         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         256.81           Check         12/16/2015         2038         Robert S. Ratto         Salary         Unrestric         Bank of Marin         256.81           General Journal         01/07/2016         Total Employ         Unrestric         Bank of Marin         256.81           General Journal         01/17/2016         Total Employ         Unrestric         Membership         256.81           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         256.81           General Journal         02/12/2016         2095         EDD         Total Employ         Unrestric         Membership         256.82           General Journal         03/25/2016         General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         04/21/2016         2116         Internal Revenue S         941 Payront	Check	11/19/2015	2029	Jovce McConeglev	Employer tax					
Check         12/10/2015         2039         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         200.81           Check         12/16/2015         2038         Robert S. Ratto         Salary         Unrestric         Bank of Marin         76.50           General Journal         01/03/2016         2051         Robert S. Ratto         Employer tax         Unrestric         Bank of Marin         266.81           General Journal         01/03/2016         2077         EDD         Total Employ         Unrestric         Membership         266.81           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         256.81           General Journal         02/12/2016         2095         EDD         Total Employ         Unrestric         Membership         256.80           General Journal         03/11/2016         2095         EDD         EDD Payment         Unrestric         Membership         266.82           General Journal         04/25/2016         Total Employ         Unrestric         Membership         266.82           General Journal         04/22/2016         2116         Internal Revenue S <td< td=""><td>Check</td><td>11/19/2015</td><td>2030</td><td></td><td></td><td></td><td></td><td></td><td></td><td>3,540.28</td></td<>	Check	11/19/2015	2030							3,540.28
Check         12/02/2015         2038         Robert S. Ratio         Statu         Direction         Bank of Marin         342.38           Check         12/16/2015         2051         Robert S. Ratio         Employer tax.         Unrestric         Bank of Marin         265.81           General Journal         01/03/2016         Total Employ         Unrestric         Membership         629.58           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         266.81           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         333.32           General Journal         02/12/2016         2095         EDD         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         04/08/2016         2116         Internal Revenue S         941 Payment         Restricte         Membership         333.31          General Journa	Check	12/02/2015								3,797.09
Check         12/16/2015         2051         Robert S. Ratto         Employer tax.         Unrestric         Balk of Marin         76.50           General Journal         01/03/2016         General Journal         01/17/2016         Total Employ         Unrestric         Membership         436.54           General Journal         01/17/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         256.81           General Journal         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Bank of Marin         211.76           General Journal         02/12/2016         2075         EDD         EDD Payroll Taxes         Unrestric         Bank of Marin         1.00           General Journal         03/21/2016         2095         EDD         EDD Payment         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.30           General Journal         04/08/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/06/2016         Total Employ         Unrestric         Membership <t< td=""><td>Check</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4,139.47</td></t<>	Check									4,139.47
General Journal       01/03/2016       Data Charles and Charles a	Check	12/16/2015								4,215.97
General Journal         01/17/2016         Total Employ         Unrestric         Membership         525.83           General Journal         01/29/2016         Total Employ         Unrestric         Membership         256.81           Check         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Membership         256.81           General Journal         02/26/2016         Total Employ         Unrestric         Membership         256.80           Check         03/11/2016         2095         EDD         Total Employ         Unrestric         Membership         256.80           Check         03/11/2016         2095         EDD         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         256.82           General Journal         04/08/2016         Total Employ         Unrestric         Membership         256.82           General Journal         05/06/2016         Total Employ         Unrestric         Membership         333.33           General Journal         05/07/2016         Total Employ         Unrestric	General Journal		2001	Robert G. Ratio						4,472.78
General Journal       01/29/2016       2077       EDD       Total Employ       Unrestric       Membership       2436.34         Check       02/12/2016       2077       EDD       Payroll Taxes       Unrestric       Bank of Marin       211.76         General Journal       02/26/2016       Total Employ       Unrestric       Membership       256.81         Check       03/11/2016       2095       EDD       EDD Payment       Unrestric       Bank of Marin       1,00         General Journal       03/25/2016       Total Employ       Unrestric       Membership       256.82         Check       03/11/2016       2116       Internal Revenue S       941 Payment       Restricta       Membership       256.82         General Journal       04/21/2016       2116       Internal Revenue S       941 Payment       Restricta       Bank of Marin       333.31         General Journal       05/06/2016       Total Employ       Unrestric       Membership       256.82         General Journal       06/03/2016       Total Employ       Unrestric       Membership       256.82         General Journal       06/01/2015       1767       Robert S. Ratto       Unrestric <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5,102.36</td></td<>										5,102.36
Check         02/12/2016         2077         EDD         Payroll Taxes         Unrestric         Bank of Marin         211.76           General Journal         02/12/2016         2095         EDD         Total Employ         Unrestric         Membership         256.80           Check         03/11/2016         2095         EDD         EDD Payment         Unrestric         Membership         256.80           General Journal         03/11/2016         2095         EDD         EDD Payment         Unrestric         Membership         333.31           General Journal         03/12/2016         Total Employ         Unrestric         Membership         333.33           General Journal         04/08/2016         Total Employ         Unrestric         Membership         333.30           General Journal         04/02/2016         116         Internal Revenue S         941 Payment         Restricte         Bank of Marin         317.36           General Journal         05/06/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/02/2016         Total Employ         Unrestric         Membership         256.80           General Journal										5,538.90
General Journal       02/12/2016       Total Employ       Unrestric       Bank of Marin       211.6         General Journal       02/26/2016       Total Employ       Unrestric       Membership       333.32         Check       03/11/2016       2095       EDD       EDD Payment       Unrestric       Bank of Marin       1,00         General Journal       03/25/2016       Total Employ       Unrestric       Membership       333.31         General Journal       03/25/2016       Total Employ       Unrestric       Membership       333.33         General Journal       03/25/2016       Total Employ       Unrestric       Membership       333.30         General Journal       04/21/2016       2116       Internal Revenue S       941 Payment       Restricte       Bank of Marin       317.36         General Journal       05/06/2016       Total Employ       Unrestric       Membership       333.31         General Journal       05/03/2016       Total Employ       Unrestric       Membership       333.32         General Journal       06/03/2016       Total Employ       Unrestric       Membership       256.80         General Journal       06/03/2016       Tota			2077	EDD						5,795.71
General Journal         02/26/2016         333.32           Check         03/11/2016         2095         EDD         EDD Payment         Unrestric         Membership         256.80           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.30           General Journal         04/08/2016         Total Employ         Unrestric         Membership         333.30           General Journal         04/08/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/06/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/12016         Total Employ         Unr			2077	EDD						6,007.47
Check         03/11/2016         2095         EDD         For an end of the strict         Wertheerstrip         256.80           General Journal         03/11/2016         2095         EDD         Total Employ         Unrestric         Bank of Marin         1.00           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         04/08/2016         Total Employ         Unrestric         Membership         256.62           Check         04/21/2016         2116         Internal Revenue S         941 Payment         Restricte         Bank of Marin         317.36           General Journal         05/06/2016         Total Employ         Unrestric         Membership         256.80           General Journal         05/06/2016         Total Employ         Unrestric         Membership         256.80           General Journal         05/02/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/07/2015         1767         Robert S. Ratto         Unrestric         Membershi										6,340.79
General Journal         03/11/2016         LDD         Total Employ         Unrestric         Bank of Marin         1,00           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         03/25/2016         Total Employ         Unrestric         Membership         333.31           General Journal         04/21/2016         2116         Internal Revenue S         941 Payment         Restricte         Bank of Marin         317.36           General Journal         04/22/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/20/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/06/2016         Total Employ         Unrestric         Membership         333.31           General Journal         06/03/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/07/2015         1767         Robert S. Ratto         Unrestric         Mem			2005	EDD						6,597.59
General Journal       03/25/2016       333.31         General Journal       03/25/2016       333.30         General Journal       04/08/2016       Total Employ       Unrestric       Membership       333.30         General Journal       04/21/2016       2116       Internal Revenue S       941 Payment       Restricte       Bank of Marin       317.36         General Journal       05/06/2016       Total Employ       Unrestric       Membership       256.82         General Journal       05/07/2016       Total Employ       Unrestric       Membership       333.31         General Journal       06/03/2016       Total Employ       Unrestric       Membership       256.82         General Journal       06/03/2016       Total Employ       Unrestric       Membership       256.80         General Journal       06/01/2015       Tofa       Total Employ       Unrestric       Membership       256.80         General Journal       06/03/2016       Total Employ       Unrestric       Membership       256.80         General Journal       06/01/2015       1767       Robert S. Ratto       Unrestric       Membership       1,000.00         Check       03/01/2015			2095	EDD						6,598.59
General Journal         04/08/2016         Total Employ         Unrestric         Membership         266.82           Check         04/21/2016         2116         Internal Revenue S         941 Payment         Restricte         Bank of Marin         317.36           General Journal         05/20/2016         Total Employ         Unrestric         Membership         256.82           General Journal         05/20/2016         Total Employ         Unrestric         Membership         256.82           General Journal         05/20/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           Total Payroll Taxes         9.276.43         256.80         9.276.43         9.276.43           Staff Benefits         Check         08/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         09/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,										6,931.90
Check         04/21/2016         2116         Internal Revenue S         941 Payment 941 Payment Total Employ         Bank of Marin         333.30           General Journal         04/22/2016         Total Employ         Unrestric         Bank of Marin         317.36           General Journal         05/06/2016         Total Employ         Unrestric         Membership         233.31           General Journal         05/06/2016         Total Employ         Unrestric         Membership         233.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         233.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         233.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         08/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1870         Robert S. Ratto         Unrestric									256.82	7,188.72
General Journal         04/22/2016         Total Employ         Unrestric         Membership         333.31           General Journal         05/06/2016         Total Employ         Unrestric         Membership         256.82           General Journal         05/06/2016         Total Employ         Unrestric         Membership         256.82           General Journal         06/03/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           Staff Benefits         Total Payroll Taxes         9.276.43         9.276.43           Check         03/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check <t< td=""><td></td><td></td><td>0146</td><td>Internal Day of</td><td></td><td></td><td></td><td></td><td>333.30</td><td>7,522.02</td></t<>			0146	Internal Day of					333.30	7,522.02
General Journal         05/06/2016         Total Employ         Unrestric         Membership         206.02           General Journal         05/202016         Total Employ         Unrestric         Membership         333.31           General Journal         05/02/2016         Total Employ         Unrestric         Membership         256.80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         333.31           General Journal         06/17/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           Staff Benefits         Check         08/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         09/01/2015         Robb Ratto         Unrestric         Other Prepaid         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000			2110	Internal Revenue S					317.36	7,839.38
General Journal         05/20/2016         Total Employ         Diffestitc         Membership         333.31           General Journal         06/03/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/03/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/17/2016         Total Employ         Unrestric         Membership         333.32           Total Payroll Taxes         9.276.43         9.276.43         9.276.43           Check         08/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00					Total Employ				256.82	8,096.20
General Journal         O6/03/2016         Total Employ         Unrestric         Membership         266,80           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256,80           Total Employ         Unrestric         Membership         256,80           Total Payroll Taxes         9,276,43           Staff Benefits           Check         07/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           General Journal         09/01/2015         1787         Robb Ratto         Unrestric         Bank of Marin         1,000,00           Check         09/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           Gener					Total Employ			Membership	333.31	8,429,51
General Journal         06/17/2016         Total Employ         Unrestric         Membership         333.32           General Journal         06/17/2016         Total Employ         Unrestric         Membership         256.80           Staff Benefits           Check         07/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           Check         09/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02								Membership	256,80	8,686,31
Staff Benefits         Total Employ         Unrestric         Membership         256.80           Staff Benefits         9,276.43           Check         08/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         08/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           Check         08/01/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Total Employ         Unrestric         Bank of Marin         1,000.00           General Journal         02/12/2016         To								Membership	333.32	9,019.63
9,276.43           Staff Benefits           Check         07/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         08/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         Robb Ratto         Unrestric         Other Prepaid         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Medical Reim         Unrestric         Membership         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00					Total Employ	Unrestric		Membership	256.80	9,276.43
Check         07/01/2015         1767         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         08/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         Robb Ratto         Unrestric         Other Prepaid         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Other Prepaid         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Salary         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Total Employ         Unrestric         Membership         1,000.00	, .								9,276.43	9,276.43
Check         08/01/2015         1793         Robb Ratto         Direstric         Bank of Marin         1,000.00           General Journal         09/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Salary         Unrestric         Bank of Marin         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00										
Check         08/01/2015         1793         Robb Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         09/01/2015         Robb Ratto         Unrestric         Other Prepaid         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         General Journal         01/03/2016         Unrestric         Bank of Marin         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00		07/01/2015	1767	Robert S. Ratto		Unrestric		Bank of Marin	1 000 00	1.000.00
General Journal         09/01/2015         Robb Ratto         Unrestric         Other Prepaid         1,000.00           Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Salary         Unrestric         Bank of Marin         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00		08/01/2015	1793	Robb Ratto						2.000.00
Check         10/09/2015         1870         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           Check         12/02/2015         2038         Robert S. Ratto         Unrestric         Bank of Marin         1,000.00           General Journal         01/03/2016         Medical Reim         Unrestric         Membership         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00		09/01/2015		Robb Ratto						2,000.00
Check         11/04/2015         2015         Robert S. Ratto         Unrestric         Bank of Marin         1,000,00           Check         12/02/2015         2038         Robert S. Ratto         Salary         Unrestric         Bank of Marin         1,000,00           General Journal         01/03/2016         Medical Reim         Unrestric         Membership         1,000,00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000,00		10/09/2015	1870	Robert S. Ratto						
Check         12/02/2015         2038         Robert S. Ratto         Salary         Unrestric         Bank of Marin         1,000,00         0           General Journal         01/03/2016         Medical Reim         Unrestric         Membership         1,000,00         0           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000,00	Check	11/04/2015	2015	Robert S. Ratto						4,000.00
General Journal         01/03/2016         Medical Reim         Unrestric         Membership         1,000.00           General Journal         02/12/2016         Total Employ         Unrestric         Membership         1,000.00	Check	12/02/2015	2038	Robert S. Ratto	Salary					5,000.00
General Journal 02/12/2016 Total Employ Unrestric Membership 1,000.00	General Journal	01/03/2016								6,000.00
	General Journal	02/12/2016								7,000.00
General Journal 03/11/2016 Medical Data	General Journal	03/11/2016								8,000.00
General Journal 04/08/2016	General Journal	04/08/2016								9,000.00
General Journal 05/06/2016 Medical Verning Membership 1,000.00 11	General Journal									10,000.00
General Journal 06/03/2016 Medical Pairs Unresult Wembership 1,000.00 1										11,000.00
General Journal 06/17/2016 Medical Point Unserting Methodship 1,000,00 12										12,000.00
Total Staff Renefits	Total Staff B				wearear rem	Unitestite		wembership		12,000.00
power box Art 12,000.00 12									12,000.00	12,000.00

power box Art

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Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	01/21/2016	2067	Rhythmix Cultural	For the Wate	Unrestric		Bank of Marin	2,500.00	2,500.00
Total powe	er box Art							2,500.00	2,500.00
Meetings/									
Check	07/15/2015	1778	Robb Ratto		Unrestric		Bank of Marin	90.80	90.80
Check	07/31/2015	1802	Robb Ratto		Unrestric		Bank of Marin	47.12	137,92
Check	08/26/2015	1822	Robb Ratto		Unrestric		Bank of Marin	62.65	200.57
Check	09/04/2015	1833	Robb Ratto		Unrestric		Bank of Marin	79.44	280.01
Check	09/04/2015	1835	Robb Ratto		Unrestric		Bank of Marin	25.00	305.01
Check	09/17/2015	1843	Joyce McConegley	AWF Supplies	Unrestric		Bank of Marin	22.91	327.92
Check	09/22/2015	1861	Robb Ratto	Attil Cappiloo	Unrestric		Bank of Marin	36.74	364.66
Check	09/30/2015	1865	R&J Catering		Unrestric		Bank of Marin	200.00	564.66
Check	10/12/2015	1882	Robb Ratto		Unrestric		Bank of Marin	101.83	666.49
check	11/05/2015	2017	Robb Ratto		Unrestric		Bank of Marin	85.05	751.54
check	11/19/2015	2026	Joyce McConegley		Unrestric		Bank of Marin	22.71	774.25
heck	11/20/2015	2028	Robb Ratto		Unrestric		Bank of Marin	64.83	839.08
neck Check	12/02/2015	2033	Robb Ratto		Unrestric		Bank of Marin	56.51	895.59
		2052	Robb Ratto	Supplies/Mee	Unrestric		Bank of Marin	64.83	960.42
Check	12/17/2015 12/29/2015	2052	Robb Ratto	Supplies/Mee	Unrestric		Bank of Marin	73.10	1.033.52
Check			Robb Ratto	Meeting with	Restricte		Bank of Marin	31.27	1,064.79
Check	01/15/2016	2066		Meetins & Mi	Unrestric		Bank of Marin	138.87	1,203,66
Check	01/22/2016	2069	Robb Ratto		Unrestric		Bank of Marin	128.64	1,332.30
heck	01/29/2016	2073	Robb Ratto	Supplies/Mee	Unrestric		Bank of Marin	45.81	1,378.11
heck	02/12/2016	2081	Robb Ratto	Meetings			Bank of Marin	29.33	1,407.44
check	02/19/2016	2082	Robb Ratto	Meeting with	Unrestric	х		29.33	1,407.44
heck	02/26/2016	2084	Robb Ratto	Void Check	Unrestric	~	Bank of Marin Bank of Marin	450.00	1,857.44
Check	02/26/2016	2085	California Main Stre	Conference f	Unrestric				1,867.42
Check	02/26/2016	2086	Joyce McConeghey	Meetings/SF	Unrestric	х	Bank of Marin	9.98 0.00	1,867.42
heck	03/04/2016	2089	Robb Ratto	VOID: Meetin	Unrestric	X	Bank of Marin	30.83	1,898.25
heck	03/05/2016	2091	Robb Ratto	Meetings	Unrestric		Bank of Marin	45.68	1,696.25
Check	03/11/2016	2096	Robb Ratto	Meetings	Unrestric		Bank of Marin		
Check	03/17/2016	2101	Robb Ratto	Meetings	Unrestric		Bank of Marin	55.49	1,999.42
Check	03/31/2016	2108	Robb Ratto	March Board	Unrestric		Bank of Marin	9.58	2,009.00
Check	04/21/2016	2117	Robb Ratto	Court House	Unrestric		Bank of Marin	70.04	2,079.04
Check	05/09/2016	2137	Robb Ratto	Meetings	Unrestric		Bank of Marin	14.45	2,093.49
Check	05/31/2016	2164	Robb Ratto	Meetings	Unrestric		Bank of Marin	84.44	2,177.93
Check	06/15/2016	2171	Joyce McConeghey	Meeting Food	Unrestric		Bank of Marin	48.41	2,226.34
Check	06/30/2016	2177	Robb Ratto	Brd Meeting	Unrestric		Bank of Marin	5.48	2,231.82
Total Meet	tings/Training						-	2,231.82	2,231.82
Total UNRES	TRICTED EXPENS	ES						242,526.89	242,526.89
RESTRICTED	EXPENSES								
Utilities									
Phone	/Internet								
Check	08/14/2015	EFT	Comcast		Restricte		Bank of Marin	154.61	154.61
Check	08/14/2015	EFT	Comcast		Restricte		Bank of Marin	154,53	309.14
Check	09/15/2015	EFT	Comcast		Restricte		Bank of Marin	152.89	462.03
Check	10/15/2015	EFT	Comcast		Restricte		Bank of Marin	157.64	619.67
Check	11/17/2015	EFT	Comcast		Unrestric		Bank of Marin	153.70	773.37

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Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	12/17/2015	EFT	Comcast		Unrestric		Bank of Marin	158.45	931.8
Check	01/07/2016	EFT	Comcast		Unrestric		Bank of Marin	161.92	1,093,7
Check	02/12/2016	EFT	Comcast	Internet/Phone	Unrestric		Bank of Marin	159.62	1,253,3
Check	03/17/2016	EFT	Comcast	Internet/Phone	Unrestric		Bank of Marin	159.62	1,412.9
Check	04/18/2016	EFT	Comcast	Internet/Phone	Unrestric		Bank of Marin	164.37	1,577.3
Check	05/12/2016	EFT	Comcast	Internet/Phone	Unrestric		Bank of Marin	164,34	1,741.6
Check	06/10/2016	EFT	Comcast	Internet/Phone	Unrestric		Bank of Marin	159.59	1,901.2
Total F	hone/Internet						-	1,901.28	1,901.2
	Water								
Check	07/31/2015	1808	Arrowhead Water		Restricte		Bank of Marin	57.63	57.6
Check	09/17/2015	1848	Arrowhead Water		Restricte		Bank of Marin	54.48	112.1
heck	11/03/2015	2011	Ready Refresh		Unrestric		Bank of Marin	34.49	146.6
Check	12/02/2015	2036	Ready Refresh	Expenses	Unrestric		Bank of Marin	26.61	173.2
Check	12/29/2015	2056	Ready Refresh	Expenses	Unrestric		Bank of Marin	14.78	187.9
Check	01/29/2016	2071	Ready Refresh	Meetins & Mi	Unrestric		Bank of Marin	34,49	222.4
Check	02/26/2016	2087	Ready Refresh	Office Water	Unrestric		Bank of Marin	36.71	259.1
Check	03/31/2016	2106	Ready Refresh	April Water B	Unrestric		Bank of Marin	37.71	296.9
Bill	04/14/2016	16D5	Ready Refresh		Unrestric		Accounts Pay	14.78	311.0
Check	06/15/2016	2170	Ready Refresh	April Water B	Unrestric		Bank of Marin	37.71	349.3
Total (	Office Water						-	349.39	349.3
Total Utilit	ies						_	2,250.67	2,250.6
Members									
	istration Expense								
heck	11/05/2015	2016	Maureen Weaver		Restricte		Bank of Marin	129.87	129.0
heck	11/19/2015	2026	Joyce McConegley		Restricte		Bank of Marin	46.84	176.1
heck	12/29/2015	2055	Robb Ratto	Supplies/Mee	Restricte		Bank of Marin	35.00	211.
Check	01/05/2016	2060	Robb Ratto	Supplies/Mee	Restricte		Bank of Marin	40.00	251.
heck	01/15/2016	2065	Joyce McConeghey	Stamps/Mem	Restricte		Bank of Marin	46,16	297.8
Check	02/26/2016	2086	Joyce McConeghey	Meetings/SF	Restricte		Bank of Marin	55.14	353.
Total A	dministration Expe	nses						353.01	353.0
	y/Awards Dinner I				94				
heck	09/30/2015	1864	Elks Lodge	Bar Tenders	Restricte		Bank of Marin	100.00	100.0
heck	11/20/2015	2032	Alameda Best Cate		Restricte		Bank of Marin	2,100.00	2,200.
heck	12/03/2015	2040	Elks Lodge		Restricte		Bank of Marin	150.00	2,350.0
Check	12/03/2015	2041	Robb Ratto		Restricte		Bank of Marin	150.00	2,500.0
check	12/03/2015	2041	Robb Ratto		Restricte		Bank of Marin	100.00	2,600.
heck	12/04/2015	2043	Robb Ratto	Holiday Party	Restricte		Bank of Marin	100.00	2,700.0
Total H	loliday/Awards Dinr	ner Expense	es					2,700.00	2,700.0
i otar i	Expenses								
		1774	Joyce McConegley	AWF Supplies	Restricte		Bank of Marin	53.98	53.9
	07/15/2015				Restricte		Bank of Marin	58.68	112.0
Mixer	07/15/2015 08/24/2015	1813	Jovce McConeghev						
Mixer Check Check	08/24/2015	1813 1834	Joyce McConeghey	AWE Supplies					
Mixer Check Check Check	08/24/2015 09/04/2015	1834	Joyce McConegley	AWF Supplies	Restricte		Bank of Marin	55.82	168.4
Mixer Check Check	08/24/2015			AWF Supplies AWF Supplies					

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# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

T	ype Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check Check Check Check Check	11/20/2015 12/08/2015 01/22/2016 03/17/2016 04/21/2016	2033 2046 2069 2100 2114	Robb Ratto Scott Erwin Robb Ratto Joyce McConeghey Joyce McConeghey	Mixer Tip Meetins & Mi Committee M Committee M	Restricte Restricte Restricte Restricte Restricte		Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	9.95 60.00 60.00 68.14 64.33	286.52 346.52 406.52 474.66 538.99
	Total Mixer Expenses							538.99	538.99
	New Member Packet Exp								
Check Check	10/09/2015 04/21/2016	2022 2113	Alameda Printing S Alameda Printing S	VOID: Welco	Restricte Restricte	Х	Bank of Marin Bank of Marin	26.28	26.28 26.28
	Total New Member Packe	t Expenses						26.28	26.28
Check	Recognition Awards 12/02/2015	2037	Robb Ratto		Restricte		Bank of Marin	49.22	49.22
	Total Recognition Awards							49.22	49.22
Т	otal Membership						_	3,667.50	3,667.50
P	romotion Committee Expe	nses							
Check	11/19/2015	2025	Alameda Entertain		Restricte		Bank of Marin	1,800.00	1,800.00
	Total Theatre Ad							1,800.00	1,800.00
	Website								
Check Check Check Check Check Check	07/15/2015 11/19/2015 11/19/2015 01/15/2016 01/15/2016 01/15/2016	1779 2028 2031 2062 2063 2063	Jiva Creative LocalOn Inc. LocalOn Inc. Jiva Creative West Advertising West Advertising	Web Hosting Quarterly Fe Quarterly Fe	Restricte Restricte Restricte Restricte Restricte		Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	90.00 995.00 205.00 90.00 12.99 247.50	90.00 1,085.00 1,290.00 1,380.00 1,392.99 1,640.49
Check Check	03/31/2016 05/16/2016	2108 2147 2159	Robb Ratto Stephanie L. Prothero	Meeting With New Email A	Restricte		Bank of Marin Bank of Marin	54.24 95.88	1, <b>694.7</b> 3 1,790.6
Check	05/31/2016	2128	West Advertising	Park Street d	Restricte		Bank of Marin	50.00	1,840,6
	Total Website							1,840.61	1,840.6
Check Check Check Check Check	Shopping Guide 09/22/2015 12/29/2015 03/04/2016 03/05/2016 03/23/2016	1859 2057 2090 2093 2104	Alameda Printing S Ona Lorraine Ona Lorraine Ona Lorraine Ona Lorraine	VOID: Shopp Shopping Gui Shopping Gui	Restricte Restricte Restricte Restricte Restricte	х	Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	739.13 150.00 0.00 540.00 200.00	739.13 889.13 889.13 1,429.13 1,629.13
	Total Shopping Guide							1,629.13	1,629.13
Check Check Check	Merchant Events 12/02/2015 01/04/2016 06/21/2016	2034 2058 2173	Alameda Printing S Betty Dittmer Jessica Warren	Small Busins Parking Mete 2nd Friday M	Restricte Restricte Restricte		Bank of Marin Bank of Marin Bank of Marin	32.85 150.00 125.00	32.8 182.8 307.8
	Total Merchant Events						20	307,85	307.8

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### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Ad Age	ncy Costs								
Check	07/31/2015	1807	West Advertising		Restricte		Bank of Marin	500.00	500.00
Check	09/03/2015	1831	West Advertising		Restricte		Bank of Marin	852.50	1.352.50
Check	09/22/2015	1857	West Advertising		Restricte		Bank of Marin	412.50	1.765.00
Check	10/09/2015	2019	West Advertising		Restricte		Bank of Marin	220.00	1,985.00
Check	10/23/2015	2013	West Advertising		Restricte		Bank of Marin	110.00	2.095.00
Check	10/23/2015	2007						330.00	2,095,00
Check			West Advertising		Restricte		Bank of Marin		
	10/23/2015	2007	West Advertising		Restricte		Bank of Marin	165.00	2,590.00
Check	10/23/2015	2007	West Advertising		Restricte		Bank of Marin	500.00	3,090.0
Check	01/15/2016	2063	West Advertising	Quarterly Fe	Restricte		Bank of Marin	500.00	3,590.0
Check	05/31/2016	2159	West Advertising	2nd quarter P	Restricte		Bank of Marin	500.00	4,090.00
Check	05/31/2016	2159	West Advertising	Quarterly Fe	Restricte		Bank of Marin	472.87	4,562.8
Total Ac	Agency Costs						-	4,562.87	4,562.87
Total Prome	otion Committee E	Expenses						10,140.46	10,140.46
Maint. & In	provement Com	mREST							
Check	09/28/2015	1830	Felicia Ann		Restricte		Bank of Marin	2,500.00	2,500.0
Check	09/28/2015	1830	Felicia Ann		Restricte		Bank of Marin	3,000.00	5,500.0
Check	04/21/2016	2115	Artistic Collectables		Restricte		Bank of Marin	2,272,25	7,772.2
Check	06/03/2016	2165	Artistic Collectables	Banners - 2n	Restricte		Bank of Marin	2,269.00	10.041.2
Check	06/30/2016	2178	Reece's Installation	Banner Instal	Restricte		Bank of Marin	3,043.54	13,084.7
Total Maint	& Improvement (	CommRES	ST				-	13,084.79	13,084.7
Printing/Po									
Check	10/09/2015	1869	Alameda Printing S		Restricte		Bank of Marin	131.58	131.5
Check	05/09/2016	2137	Robb Ratto	Spring Festiv	Restricte		Bank of Marin	24.64	156.2
Check	05/16/2016	2144	Alameda Printing S	Board Packet	Restricte		Bank of Marin	10.40	166.6
Total Printir	ng/Postage							166.62	166.6
	ip Manager Wag								
Check	07/01/2015	1765	Joyce McConeghey		Restricte		Bank of Marin	960.00	960.0
Check	07/15/2015	1776	Joyce McConeghey		Restricte		Bank of Marin	960.00	1,920.0
Check	07/31/2015	1791	Joyce McConeghey		Restricte		Bank of Marin	960.00	2,880.0
Check	08/24/2015	1810	Joyce McConeghey		Restricte		Bank of Marin	960.00	3,840.0
Check	08/28/2015	1828	Joyce McConeghey		Restricte		Bank of Marin	960,00	4,800,0
Check	09/04/2015	1836	Joyce McConeghey		Restricte		Bank of Marin	1,008.00	5,808,0
Check	09/22/2015	1862	Joyce McConeghey		Restricte		Bank of Marin	1,008.00	6,816.0
Check	10/09/2015	1872	Joyce McConeghey		Restricte		Bank of Marin	1,008.00	7.824.0
Check	10/22/2015	1884	Joyce McConeghey		Restricte		Bank of Marin	1,008.00	8,832,0
Check	11/04/2015	2013	Joyce McConeghey		Restricte		Bank of Marin	1,008.00	9,840.0
Check	11/19/2015	2013	Joyce McConegley	arooo	Restricte				
				gross			Bank of Marin	1,008.00	10,848.0
Check	12/02/2015	2035	Joyce McConeghey	Salary	Restricte		Bank of Marin	1,008.00	11,856.0
Check	12/16/2015	2049	Joyce McConeghey	Salary	Restricte		Bank of Marin	1,008.00	12,864.0
	01/03/2016			Joyce	Restricte		-SPLIT-	1,108.00	13,972.0
General Journal				Joyce	Restricte		-SPLIT-	1,108.00	15,080.0
General Journal	01/17/2016								
General Journal General Journal	01/29/2016			Joyce	Restricte		-SPLIT-	1,108.00	
General Journal				Joyce Joyce Joyce	Restricte Restricte Restricte		-SPLIT- -SPLIT- -SPLIT-	1,108.00 1,108.00 1,108.00	16,188.0 17,296.0 18,404.0

01/11/17

Accrual Basis

### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
General Journal	03/11/2016			Joyce	Restricte		-SPLIT-	2,008.00	20,412.00
Seneral Journal	03/25/2016			Joyce	Restricte		-SPLIT-	1,108.00	21,520.00
General Journal	04/08/2016			Joyce	Restricte		-SPLIT-	1,158,00	22,678.00
Seneral Journal	04/22/2016			Joyce	Restricte		-SPLIT-	1,158.00	23,836.00
Seneral Journal	05/06/2016			Joyce	Restricte		-SPLIT-	1,158.00	24,994.00
Seneral Journal	05/20/2016			Joyce	Restricte		-SPLIT-	1,158.00	26,152,00
General Journal	06/03/2016			Joyce	Restricte		-SPLIT-	1,108.00	27,260.00
General Journal	06/17/2016			Joyce	Restricte		-SPLIT-	1,108.00	28,368.00
Total Membe	ership Manager V	Vages					-	28,368.00	28,368.00
Employer T	axes								
Check	07/01/2015	1765	Joyce McConeghey	2	Restricte		Bank of Marin	73.44	73.44
Check	07/15/2015	1776	Joyce McConeghey		Restricte		Bank of Marin	73.44	146.88
Check	07/31/2015	1791	Joyce McConeghey		Restricte		Bank of Marin	73.44	220.32
Check	08/24/2015	1810	Joyce McConeghey		Restricte		Bank of Marin	73.44	293.76
Check	08/28/2015	1828	Joyce McConeghey		Restricte		Bank of Marin	73.44	367.20
Check	09/04/2015	1836	Joyce McConeghey		Restricte		Bank of Marin	77.11	444.31
Check	09/22/2015	1862	Joyce McConeghey		Restricte		Bank of Marin	77.11	521.42
Check	10/09/2015	1872	Joyce McConeghey		Restricte		Bank of Marin	77.11	598.53
Check	10/22/2015	1884	Joyce McConeghey		Restricte		Bank of Marin	77.11	675.64
Check	11/04/2015	2013	Joyce McConeghey		Restricte		Bank of Marin	77.11	752.75
Check	12/02/2015	2035	Joyce McConeghey	Salary	Restricte		Bank of Marin	77.11	829.86
	12/16/2015	2035	Joyce McConeghey	Salary	Restricte		Bank of Marin	77.11	906.97
Check	12/17/2015	2049	Internal Revenue S	941 payment	Unrestric		Bank of Marin	244.76	1,151,73
Check		2055	Internal Revenue S	Total Employ	Restricte		Membership	160.12	1,311,85
Seneral Journal	01/03/2016				Restricte		Membership	160.09	1,471.94
Seneral Journal	01/17/2016			Total Employ				160.11	1.632.05
Seneral Journal	01/29/2016			Total Employ	Restricte		Membership	160.09	1,792,14
Seneral Journal	02/12/2016			Total Employ	Restricte		Membership	160.12	1,952.26
Seneral Journal	02/26/2016			Total Employ	Restricte		Membership		
General Journal	03/11/2016			Total Employ	Restricte		Membership	252.90	2,205.16
Seneral Journal	03/25/2016			Total Employ	Restricte		Membership	84.75	2,289.91
Seneral Journal	04/08/2016			Total Employ	Restricte		Membership	88.59	2,378.50
General Journal	04/22/2016			Total Employ	Restricte		Membership	88.58	2,467.08
Seneral Journal	05/06/2016			Total Employ	Restricte		Membership	88.60	2,555.68
General Journal	05/20/2016			Total Employ	Restricte		Membership	88.59	2,644.27
Seneral Journal	06/03/2016			Total Employ	Restricte		Membership	84.75	2,729.02
General Journal	<b>06/17/20</b> 16			Total Employ	Restricte		Membership	84.77	2,813.79
Total Emplo	yer Taxes							2,813.79	2,813.79
Workers Co			×		Destricts		Deals of Maria	266.00	200 00
Check	12/11/2015	2048	State Fund	Workers Co	Restricte		Bank of Marin	366.86	366.86
Check	12/29/2015	EFT	State Fund	Workers Co	Restricte		Bank of Marin	994.05	1,360.91
Check	02/01/2016	2075	State Fund		Restricte		Bank of Marin	270.95	1,631.86
Total Worke	ers Comp.							1,631.86	1,631.86
Audit/Acco Tax/Aud									
Check	07/31/2015	1806	Lars G. Hansson		Restricte		Bank of Marin	135.00	135.00
Check	08/24/2015	1816	Lars G. Hansson		Restricte		Bank of Marin	540.00	675.00
	0012412010	1010	La S Q. Hansson				an out the out in the set is a	0.000	0.00

01/11/17 Accrual Basis

### Downtown Alameda Business Association **Profit & Loss Detail** July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check Check Check Check Check Check Check	09/04/2015 09/17/2015 09/30/2015 10/09/2015 10/23/2015 02/12/2016 05/31/2016	1832 1846 EFT 2024 2005 2080 2155	Donald R. White, T Lars G. Hansson Bank of Marin Lars G. Hansson Alameda County Ta Lars G. Hansson Lars G. Hansson	End of Year Preparation o	Unrestric Restricte Restricte Restricte Restricte Restricte		Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	24.45 135.00 22.60 270.00 52.44 2,025.00 560.00	699.4 834.4 857.0 1,127.0 1,179.4 3,204.4 3,764.4
Total 1	ax/Audit						-	3,764.49	3,764.4
	inting/Bookkeeping								
Check Check Check Check Check Check Check Check Check Check Check Check Check Check Check	08/24/2015 08/24/2015 10//09/2015 10/12/2015 01/15/2016 03/15/2016 03/11/2016 03/31/2016 03/31/2016 05/31/2016 05/31/2016 06/30/2016	1809 1819 2023 1886 2042 2061 2097 2105 2107 2156 2157 2182	Tamara Powell Hilliard Managemen Hilliard Managemen	Quick Books Quick Books Quick Books Quick Books Quick Books Quick Books Quick Books Quick Books	Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte	x x x	Bank of Marin Bank of Marin	100.00 180.00 675.00 315.00 225.00 0.00 495.00 0.00 157.50 247.50 0.00 180.00 180.00 180.00	100.0 280.0 955.0 1,720.0 2,035.0 2,260.0 2,755.0 2,755.0 2,912.5 3,160.0 3,160.0 3,340.0 3,340.0
		ping						3,520.00	3,520.0
Payrol Check Check Check Check Check Check Check	01/05/2016 02/03/2016 03/02/2016 04/04/2016 05/05/2016 06/03/2016 Payroll Fees	EFT EFT EFT eft EFT	Bank of Marin Payroll Bank of Marin Bank of Marin Bank of Marin Payroll Bank of Marin Bank of Marin	April Payroll Payroll Fees Payroll Fee	Unrestric Restricte Restricte Restricte Restricte		Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin Bank of Marin	49.99 49.99 49.99 49.99 49.99 49.99 49.99	49.99 99.94 149.97 199.96 249.95 299.94
Total	ayroin rees							299.94	299.9
	t/Accounting		2					7,584.43	7,584.4
Check Check Check Check Check Check Check Check Check Sill Sill	09/22/2015 09/22/2015 09/22/2015 09/22/2015 09/22/2015 09/22/2015 09/22/2015 10/23/2015 11/01/2015 11/01/2015	1850 1851 1852 1853 1854 1855 1856 2009	Stephanie L. Prothero Stephanie L. Prothero	September 1 October	Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte Restricte		Bank of Marin Bank of Marin Accounts Pay Accounts Pay	875.00 475.00 525.00 800.00 11,000.00 975.00 115.46 825.00 164.46 1,285.54 1,750.00	875.00 1,350.00 1,875.00 3,675.00 4,650.00 4,765.44 5,590.44 5,754.92 7,040.46 8,790.46

01/11/17

#### Accrual Basis

#### Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Cir Split Amount Balance Name Memo Class Туре Date Num Bank of Marin ... 650.00 9,440.46 Check 01/15/2016 2064 Stephanie L. Prothero December Bil Restricte... 2064 Bank of Marin ... 750.00 10 190 46 Stephanie L. Prothero November In... Restricte ... 01/15/2016 Check 2078 2079 Stephanie L. Prothero Stephanie L. Prothero Bank of Marin ... 11,040.46 Check 02/12/2016 January Billing Restricte.. 850.00 Restricte... Bank of Marin ... 775.00 11,815.46 12,715.46 January Billing 02/12/2016 Check Check 03/11/2016 2098 Stephanie L. Prothero February Billing Restricte.. Bank of Marin ... 900.00 Bank of Marin ... 1,025.00 13,740.46 Stephanie L. Prothero Restricte... 2099 February Billing Check 03/11/2016 04/30/2016 043016 Stephanie L. Prothero Restricte ... Accounts Pay. 1 900 00 15.640.46 Bill 17,115.46 Bank of Marin ... 1,475.00 Stephanie L. Prothero Restricte... Check 05/20/2016 2153 April Invoices Bank of Marin ... 1,200.00 750.00 Check 05/31/2016 2158 Stephanie L. Prothero Spring Festiv. Restricte ... 18 315.46 End of May I .. Bank of Marin ... 19,065,46 Check 06/15/2016 2172 Stephanie L. Prothero Restricte Stephanie L. Prothero Accounts Pay... 875.00 19,940.46 06/30/2016 Restricte... Bill 19,940.46 19.940.46 Total Marketing Consultant Liability/D&O Insurance Bay Risk Insurance Restricte... Bank of Marin ... 3,914.00 3,914.00 Check Check 1782 07/20/2015 Bank of Marin ... 50.00 168.00 1847 Bay Risk Insurance Restricte ... 3,964.00 09/17/2015 4,132.00 Check 05/05/2016 2120 Brown & Brown Ins. New Insuran. Restricte ... Bank of Marin ... 4,132.00 4,132.00 Total Liability/D&O Insurance Postage 09/29/2015 1863 Joyce McConegley AWF Supplies Restricte.. Bank of Marin ... 245.00 245.00 Check 294.00 Joyce McConegley Bank of Marin ... 49.00 Check Check 10/12/2015 1883 AWF Supplies Restricte... Bank of Marin ... 11/19/2015 2026 Joyce McConegley Restricte... 49 00 343.00 426.00 2037 2065 Bank of Marin ... 83.00 Check 12/02/2015 Robh Ratto Restricte ... Bank of Marin ... 49.00 475.00 Joyce McConeghey Stamps/Mem... Restricte ... Check 01/15/2016 04/21/2016 06/15/2016 2114 2171 Joyce McConeghey Stamps Postage Restricte... Bank of Marin ... 1.31 476.31 Check Joyce McConeghey Restricte... Bank of Marin ... 3.59 479.90 Check Total Postage 479.90 479,90 Supplies Coffee Cups Restricte Bank of Marin ... 24.91 24.91 Check 07/15/2015 1775 Ouill Com 132.71 168.82 Restricte... Bank of Marin ... 107.80 07/31/2015 1802 Robb Ratto Check Bank of Marin ... Check 08/26/2015 1822 Robb Ratto Restricte 36.11 Bank of Marin ... 39.95 208.77 Restricte ... Check 09/04/2015 1835 Robb Ratto 09/04/2015 1837 Joyce McConeghey Restricte ... Bank of Marin ... 219.48 428.25 Check Bank of Marin ... 135.36 563.61 Restricte... Check 09/22/2015 1861 Robb Ratto Restricte ... 10/12/2015 1883 Joyce McConegley AWF Supplies Bank of Marin 72.23 635 84 Check Bank of Marin ... 11.69 647.53 Check 11/05/2015 2017 Robb Ratto Restricte... Joyce McConegley Restricte ... Bank of Marin ... 75.54 723.07 11/19/2015 2026 Check 846.37 Bank of Marin 123.30 Check 11/20/2015 2033 Robb Ratto Restricte 2050 Joyce McConeghey Restricte... Bank of Marin ... 53.62 899.99 12/16/2015 Salary Check Supplies/Mee... 12/17/2015 2052 Robb Ratto Restricte Bank of Marin ... 123.30 1.023.29 Check Bank of Marin ... 98.07 1,121.36 Restricte ... Check 12/29/2015 2055 Robb Ratto Restricte ... Bank of Marin ... 01/29/2016 2073 Robb Ratto Supplies 22.68 1.144.04 Check Bank of Marin ... 8.00 1,152.04 Mounting Ta. Check 02/19/2016 2082 Robb Ratto Restricte... Island Print Express New Office Si. Restricte... Bank of Marin 21.90 1 173 94 02/19/2016 2083 Check 1,173.94 0.00 Bank of Marin ... Check 03/04/2016 2089 Robb Ratto Ink Cartridges Restricte... Х 03/05/2016 2092 Robb Ratto Ink Cartridges Restricte... Bank of Marin 59.11 1 233 05 Check 87.04 1,320.09 Bank of Marin .... 03/17/2016 2100 Joyce McConeghey Office Supplies Restricte Check

01/11/17 Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

	Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check		05/12/2016	EFT	deluxe business sys		Restricte		Bank of Marin	199.43	1.519.5
Check		05/31/2016	2162	Quill.Com	One Case of	Restricte		Bank of Marin	56.89	1,576,4
Check		06/15/2016	2171	Joyce McConeghey	Supplies	Restricte		Bank of Marin	28.45	1,604.86
	⊤otal Supplie	s							1,604.86	1,604.86
<b></b>	Office Rent	67 107 100 1 5								
Check		07/07/2015	1769	Mason Management	Rent Check	Restricte		Bank of Marin	1,323.00	1,323.00
Check		08/01/2015	1795	Mason Management		Restricte		Bank of Marin	1,323.00	2,646.0
Check		08/28/2015	1826	Mason Management		Restricte		Bank of Marin	63.00	2,709.00
Check		09/04/2015	1823	Mason Management		Restricte		Bank of Marin	1,323.00	4,032.00
Check		10/05/2015	1866	Mason Management		Restricte		Bank of Marin	1,323.00	5,355.00
Check		11/05/2015	2018	Mason Management		Restricte		Bank of Marin	1,323.00	6,678.00
Check		12/11/2015	2047	Mason Management		Restricte		Bank of Marin	1,323.00	8,001,00
Check		01/05/2016	2059	Mason Management		Restricte		Bank of Marin	1,323.00	9,324.00
Check		02/01/2016	2072	Mason Management	VOID:	Restricte	Х	Bank of Marin	0.00	9.324.00
Check		02/01/2016	2074	Mason Management	Office Rent	Restricte		Bank of Marin	1,260,00	10,584.00
Check		03/04/2016	2088	Mason Management	Office Rent +	Restricte		Bank of Marin	1.386.00	11,970,00
Check		04/08/2016	2109	Mason Management	April Rent Ch	Restricte		Bank of Marin	1,323.00	13,293.00
Check		05/05/2016	2121	Mason Management	May Office R	Restricte		Bank of Marin	1,323.00	14,616.00
Check		06/07/2016	2167	Mason Management	June Office R	Restricte		Bank of Marin	1,323.00	15,939.00
	Total Office F	tent						-	15,939.00	15,939.00
	Office Exper									
0	Compute									
Check		07/31/2015	1805	Alameda Business		Unrestric		Bank of Marin	227.20	227.20
Check		09/17/2015	1845	Alameda Business		Unrestric		Bank of Marin	190.00	417.20
	Total Con	nputer Repair							417.20	417.20
	Other Co	sts - Office								
Check		03/11/2016	2094	Franchise Tax Board	Filing Fee	Unrestric		Bank of Marin	10.00	10.00
Check		03/17/2016	2102	Clerk of the Court	VOID: Small	Restricte	х	Bank of Marin	0.00	10.00
Check		03/23/2016	2103	Clerk of the Court	VOID: Small	Restricte	х	Bank of Marin	0.00	10.00
Check		03/31/2016	2108	Robb Ratto	Court House	Restricte		Bank of Marin	5.00	15.00
Check		04/21/2016	2112	Registry of Charitab		Restricte		Bank of Marin	50.00	65.00
	Total Othe	er Costs - Office	•						65.00	65.00
Check	Office Ex	penses - Other	0400							
спеск	T. 1.1.00	05/09/2016	2138	Payless Repair Ser	Copier	Unrestric		Bank of Marin	80.00	80.00
	Total Offic	e Expenses - Of	ther						80.00	80.00
	Total Office E	xpenses							562.20	562.20
	Other Costs	- REST								
heck		07/20/2015	1770	All Good Living	Logo deposit	Restricte		Bank of Marin	250.00	250.00
Check		03/17/2016	2101	Robb Ratto	New Ink Jet	Restricte		Bank of Marin	125.48	375.48
Check		04/21/2016	2117	Robb Ratto	Battery Shipp	Unrestric		Bank of Marin	82,39	457.87
Check		05/08/2016	2135	Robb Ratto	Segway Batt	Restricte		Bank of Marin	680.36	1,138.23
Check		06/06/2016	2166	Equipone	Konica/Minolt	Restricte		Bank of Marin	766.50	
Check		06/21/2016	2174	FASTHAUL	Haul away ol	Restricte		Bank of Marin		1,904.73
			2		naal away ol	NGOUIDIC		Dank Or Marin	175.00	2,079.7

01/11/17 Accrual Basis

# Downtown Alameda Business Association Profit & Loss Detail July 2015 through June 2016

Туре	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check Check Check Check Check	06/24/2016 06/30/2016 06/30/2016 06/30/2016	2175 2177 2179 2181	Clerk of the Court Robb Ratto Alameda Business Clerk of the Court	VOID: Filing Fee New Comput	Restricte Restricte Restricte Restricte	X	Bank of Marin Bank of Marin Bank of Marin Bank of Marin	0.00 20.00 2,708.11 45.00	2,079.73 2,099.73 4,807.84 4,852.84
Total Other	Costs - REST						_	4,852.84	4,852.84
Total RESTRI	CTED EXPENSES							117,219.38	117,219.38
Total Expense								359,746.27	359,746.27
Net Ordinary Income								6,309.54	6,309.54
Other Income/Exper Other Expense Temp. Rest. F General Journal	unds Reserve 06/30/2016			GJE for EOY			-SPLIT-	5,107.78	5,107.78
Total Temp. R	est. Funds Reserve	e					-	5,107.78	5,107.78
Unrestricted I General Journal	Funds Reserve 06/30/2016			GJE for EOY			Temp. Rest. F	1,201.76	1,201.76
Total Unrestric	ted Funds Reserve	e						1,201.76	1,201.76
Total Other Exper	ise							6,309.54	6,309.54
Net Other Income							-	-6,309.54	-6,309.54
Net Income							-	0.00	0.00

	Forms 990 / 990-E	Z Return Summ	ary	
For calendar year	2015, or tax year beginning 0	7/01/15 , and er	nding 06/30/	16
PARK STE	EET BUSINESS AS	SOCIATION, IN		
Net Asset / Fund Balance at Begin	ning of Year		_	7,446
Direct expenses Net income Other income <b>Total revenue</b> Expenses Program services Management and general Fundraising Total expenses Excess / (deficit)	<u>214,332</u> <u>107,613</u> 100	4,755 7,464	<u>58,443</u>	6,224
Changes Net Asset / Fund B	alance at End of Year		=	13,670
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per returm		Total expenses per Less: Donated service Prior year adjus Losses Other Plus: Investment expe Other	es itments	
Assets Liabilities Net assets	Beginning 15,550 8,104 7,446 Miscellaneous Info Amended return Return / extended due date Failure to file penalty	Balance Sheet         Ending         30,998         17,328         13,670         ormation         02/15/17	Differences	<u>4</u>

	IRS e-file	Signature Authorization	÷	
-orm 8879-EO		Exempt Organization		OMB No. 1545-1878
	For calendar year 2015, or fiscal year beginning	7/01 , 2015, and ending 6/3	<b>30</b> , <sub>20</sub> <b>16</b>	2045
Department of the Treasury nternal Revenue Service	Do not send Information about Form 8879-E0	form887000	2015	
Name of exempt organization	P information about 1 orm 0073-L	o and its instructions is at www.iis.gov	Employer identification	number
P	ARK STREET BUSINESS A	SSOCIATION, IN	R. S. S. S. LES	
Name and title of officer D	ONNA LAYBURN		mahara	
P	RESIDENT			
Part I Type of R	Return and Return Information (W	hole Dollars Only)		
check the box for the return	for which you are using this Form 8879-EO	and enter the applicable amount, if any, fro	m the return. If you	
	, <b>3a, 4a, or 5a, below</b> , and the amount on the			
	5b, whichever is applicable, blank (do not er	nter -0-). But, if you entered -0- on the return	n, then enter -0- on	
	not complete more than 1 line in Part I.			050 444
a Form 990 check here	<b>b</b> Total revenue, if any (Form 990	0, Part VIII, column (A), line 12)	1b	258,443
2a Form 990-EZ check here	b Total revenue, if any (Form)	990-EZ, line 9)	2b	
Ba Form 1120-POL check h	ere b lotal tax (Form 1120-PO	L, line 22)	3b	
a Form 990-PF check here	b lax based on investment in	come (Form 990-PF, Part VI, line 5)	4b	
a Form 8868 check here	<b>b</b> Balance Due (Form 8868, Part	I, line 3c or Part II, line 8c)		
Part II Declaratio	on and Signature Authorization o	f Officer	· · · · · · · · · · · · · · · · · · ·	
o send the organization's refine transmission, (b) the reasulthorize the U.S. Treasury anancial institution account in eturn, and the financial institugent at 1-888-353-4537 no holved in the processing of esolve issues related to the lectronic return and, if appli officer's PIN: check one book I authorize <b>RYA</b> on the organization's being filed with a state ERO to enter my PII As an officer of the organizate processing of the IRS Fed/State processing of the IRS Fed/State processing of the transmission.	m. I consent to allow my intermediate servic turn to the IRS and to receive from the IRS ( son for any delay in processing the return or and its designated Financial Agent to initiate idicated in the tax preparation software for p tution to debit the entry to this account. To m later than 2 business days prior to the payn the electronic payment of taxes to receive of payment. I have selected a personal identific cable, the organization's consent to electron <b>ox only</b> <b>IN VAN VALER</b> ERO firm name tax year 2015 electronically filed return. If I the agency(ies) regulating charities as part of N on the return's disclosure consent screen. organization, I will enter my PIN as my signa thin this return that a copy of the return is br ogram, I will enter my PIN on the return's disclosure.	(a) an acknowledgement of receipt or reason refund, and (c) the date of any refund. If a an electronic funds withdrawal (direct debit bayment of the organization's federal taxes evoke a payment, I must contact the U.S. The nent (settlement) date. I also authorize the confidential information necessary to answe ication number (PIN) as my signature for the hit funds withdrawal. to enter my PIN have indicated within this return that a copy of the IRS Fed/State program, I also authorize eing filed with a state agency(ies) regulating isclosure consent screen.	n for rejection of pplicable, I t) entry to the owed on this Freasury Financial financial institutions or inquiries and e organization's Enter five numbers, but do not enter all zeros y of the return is ze the aforementioned ectronically filed return.	v signature
Part III Certificati	on and Authentication	Date	11/30/10	
	r six-digit electronic filing identification		. 72	
	your five-digit self-selected PIN.		do n	ot enter all zeros
ndicated above. I confirm the	ric entry is my PIN, which is my signature o at I am submitting this return in accordance S e-file Providers for Business Returns.	-	•	
ERO's signature	N VAN VALER	Date Date	11/30/16	
	ERO Must Retain	This Form—See Instructions		

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

PSBA	01/20/2017	3:31	PM

Form

990

Return of Organ	ization Exempt	From	Income	Tax	
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 Return of Organization Exempt from momenta

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

 ▶ Do not enter social security numbers on this form as it may be made public.

 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

		of the Treasury enue Service	Do not enter social security numbers on this form as it r Information about Form 990 and its instructions is at w			Open to Public Inspection
A	For th	ne 2015 calendar	year, or tax year beginning 07/01/15, and ending 06/3			
_			f organization		D Employe	r identification number
	Address		PARK STREET BUSINESS ASSOCIATION	IN		
E.		Doing h	usiness as			1 K + + +
Ц	Name ch	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial ret		7 SANTA CLARA AVENUE SUITE 302			
	Final retu terminate		own, state or province, country, and ZIP or foreign postal code			
F	Amendeo	ALA	MEDA CA 94501		G Gross red	eipts \$ 366,056
H		r Nalle a	nd address of principal officer:	H(a) is this a g	roun return for a	subordinates? Yes X No
Ш	Application	on pending DON	NA LAYBURN	ri(a) is uns a g	ioup return for a	
				H(b) Are all su		
_				lf "No	," attach a list.	(see instructions)
I	Tax-exe	empt status:	501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website	HTTP:	//DOWNTOWNALAMEDA.COM/	H(c) Group exe	emption numbe	er 🕨
к	Form of	organization: 🗶 Co	rporation Trust Association Other	L Year of formation: 1	.990	M State of legal domicile: CA
P	art I	Summary				
	1	Briefly describe th	e organization's mission or most significant activities:			
ø		SEE SCHED	ULE O			
anc						and a start start of the start start.
Ë		••••••				
Governance	2	Check this box	if the organization discontinued its operations or disposed of more the	an 25% of its net as	sets.	
ර න්	3	Number of voting	members of the governing body (Part VI, line 1a)		3	12
			ndent voting members of the governing body (Part VI, line 1b)			12
Ę			dividuals employed in calendar year 2015 (Part V, line 2a)			2
Activities			olunteers (estimate if necessary)			60
4			siness revenue from Part VIII, column (C), line 12			0
			iness taxable income from Form 990-T, line 34			0
		Net unrelated bus		Prior Ye		Current Year
	8	Contributions and	grants (Part VIII, line 1h)			121,387
nue			evenue (Part VIII, line 2g)			30,337
Revenue	10	Investment income	e (Part VIII, column (A), lines 3, 4, and 7d)	*.*.		0
ď			rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			106,719
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	- 1940		258,443
			amounts paid (Part IX, column (A), lines 1–3)			0
			for members (Part IX, column (A), line 4)			0
			mpensation, employee benefits (Part IX, column (A), lines 5-10)			138,732
Expenses			aising fees (Part IX, column (A), line 11e)			0
ben			expenses (Part IX, column (D), line 25) ▶ 0			
ň			Part IX, column (A), lines 11a–11d, 11f–24e)			113,487
			dd lines 13–17 (must equal Part IX, column (A), line 25)			252,219
			enses. Subtract line 18 from line 12			6,224
5				Beginning of Cu		End of Year
	20	Total assets (Part	X, line 16)		5,550	30,998
Ass.	21	Total liabilities (Pa			8,104	17,328
Net Assets or Find Balances	22		I balances. Subtract line 21 from line 20		7,446	13,670
	art II					
			leclare that I have examined this return, including accompanying schedules and st	atements, and to the b	est of my kr	nowledge and belief, it is
tr	ue, con	ect, and complete. D	eclaration of preparer (other than officer) is based on all information of which prep	arer has any knowled	ge.	
_						
Sig	IN	Signature of	officer		Date	

Here		DONNA	LAYBU	RN				PRESIDENT	!						
	Тур	e or print nan	ne and title												
	Print/Type p	reparer's nar	ne			Preparer's signature			Date		Check	Xif	PTIN		
Paid	RYAN VA	N VALER							01/2	20/17	self-emp	loyed	P00	61941	6
Preparer	Firm's name		RYAN '	VAN	VALER	, E.A.				Firm's	EIN 🕨				
Use Only			2447	SANI	'A CLA	RA AVENUE	SUITE	300							
	Firm's addr	ess 🕨	ALAMEI	DA,	CA 9	4501				Phone	no.	510	)-52	21-0	)252
May the IR	RS discuss	this return	with the pre	eparer s	shown abov	ve? (see instruction	s)				, ,			Yes	No
For Paperw DAA	vork Reduc	tion Act N	otice, see the	e separa	te instructio	ons.							F	orm <b>99</b>	(2015)

		BUSINESS ASSOCT		Page
		m Service Accomplishing contains a response or no	nents ote to any line in this Part III	X
1 Briefly des	cribe the organization's mi			
	•••••••••••••••••••••••••••••••••••••••	······		
			ng the year which were not listed on th	
lf "Yes," de	escribe these new services	on Schedule O.		
3 Did the org	ganization cease conductin	g, or make significant changes	in how it conducts, any program	
services?				Yes 🔀 No
	escribe these changes on \$			
			ch of its three largest program service	
		(c)(4) organizations are require ny, for each program service re	d to report the amount of grants and a ported.	Illocations to others,
4a (Code:	) (Expenses \$	includir	g grants of \$	) (Revenue \$
PROMOTE INTERES		BUSINESS AREA TO		C AND BUSINESS
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· · · · · · · · · · · · · · · ·				
4b (Code:	) (Expenses \$	includir	g grants of \$	) (Revenue \$
N/A				
				and history and and history and
· · · · · · · · · · · · · · · · · · ·				
5				
	•••••••••••••••••••••••••••••••••			••••••••••••••••••••••••••••••••••••••
		***************************************	***********	*****
• • • • • • • • • • • • •				*****
4c (Code:	) (Expenses \$	includir	g grants of \$	) (Revenue \$
N/A	····· ) (Expended + ····			
		•••••••••••••••••••••••••••••••••••••••		
			•••••••••••••••••••••••••••••••••••••••	
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· · · · · · · · · · · · · · · ·				
4d Other prog	ram services (Describe in	Schedule ()		
(Expenses		including grants of \$	) (Revenue \$	)
	am service expenses 🕨			
AA				Form <b>990</b> (2015

	1 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		F	Page 3
Pa	art 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	.   1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2		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	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		┣──
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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	<u> </u>	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			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.	100200	1.000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			i i
	complete Schedule D, Part VI	11a	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	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
a	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		37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
<b>b</b>	Schedule D, Parts XI and XII	12a		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			
		4.46		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15		45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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 11a2 if "Xes," complete Schedule C. Part I (coc instructions)			v
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 If "Yes " complete Schedule C. Part II	40	x	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<b>A</b>	
	If "Yes," complete Schedule G, Part III	19		x
		1 13		43

	1 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
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?	<u>20b</u>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		<u>A</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23	x	
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2J		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		x
b	Diff.	24a		
0	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
C		24c		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a				
230		25a		
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	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	58 ·		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			10 Per
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	and a	124	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			· ·
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32	·	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	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,,		
	related organization? If "Yes," complete Schedule R, Part V, line 2		<b> </b>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b> </b> .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

DAA

Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		P	age <b>5</b>
Pa	art 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 1a 8	-	2013	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	189	27	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Lonst	1981	
0-	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	Statements, filed for the calendar year ending with or within the year covered by this return           If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Status -	x
0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		<u> </u>
3a		3a		x
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country: ►		00	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
<b>6</b> a	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	1	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
CI.	and continue trainided to the neuron	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		Sare)	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		USP	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		Ziel.	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	12953	
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		2	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1.1		
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.1	
	against amounts due or received from them.)	201		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans 13b	- 1		
с 14а	Enter the amount of reserves on hand	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		47

Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN			age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uctior	
-	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1644		
	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	100	作家	
	committee, explain in Schedule O.	1 And		
b	Enter the number of voting members included in line 1a, above, who are independent	1.60		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	3.5.		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	12	2.00	1
a	The second se	8a	x	
b	First converties with a start to get an head $f$ of the generating head $Q$	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
000	tion B. Policies (This Section B requests information about policies not required by the internal revenue of		Yes	No
40-	Did the exception have level charters branches as offlictor?	10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	100 11a		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	•
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	Lo Hills	v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1112	1	- TOPE
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	130	-2557	10.5
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1511	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		are i	1512
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			447
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O)			
19	Describe in 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:			
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
		)-52	3-1	392
DAA				0 (2015)
JAM.				- ,-0.0

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(10) TERRI MITCHELL

(11) RON MOONEY

<u>..</u>.....

DIRECTOR

DIRECTOR DAA 2.00

2.00

X

X

Form 990 (2015) PARK STR										Page 7
		Dir	ecto	ors,	Tru	iste	es,	Key Employees, High	phest Compensated	Employees, and
Independent C			roor	000			to t	o only line in this Dort	V/II	
								o any line in this Part t Compensated Employe		······
1a Complete this table for all persor		<u> </u>				_				
organization's tax year.	io required to b	5 1150	5 <b>u</b> . 1	сро	11 00	nper	1500	on for the calendar year of	and war of warm are	
• List all of the organization's ci compensation. Enter -0- in columns									s), regardless of amount o	of
• List all of the organization's ci										
<ul> <li>List the organization's five cui who received reportable compensati organization and any related organiz</li> </ul>	on (Box 5 of Fo									)
• List all of the organization's fo \$100,000 of reportable compensation	rmer officers, k	ey ei aniza	mplo tion	yees and	, ano any	d higl relate	hest ed o	compensated employees rganizations.	who received more than	
<ul> <li>List all of the organization's for organization, more than \$10,000 of</li> </ul>	reportable comp	ensa	ation	from	the	orga	iniza	ition and any related organ	izations.	
List persons in the following order: i compensated employees; and forme	er such persons									
K Check this box if neither the org	anization nor ar	ny re	lated	orga	aniza	tion	com	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B)				<b>C)</b> sition			(D) Poportobio	(E) Reportable	(F)
	Average hours per			check	more	than o		Reportable compensation	compensation from	Estimated amount of
	week (list any					s both pr/truste		from the	related organizations	other compensation
	hours for related	P Ind	Ins.	₽	Ke	em Hig	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual or director	Institutional	Officer	Key employee	Highest co employee	Former			and related
	below dotted line)		_ <u>₽</u>		ploye	eomi				organizations
		trustee	trustee	ľ	¢	compensated				
			L.		<u> </u>	đ				
(1) DONNA LAYBURN	10.00		1							
DECTORNE	10.00	x						0	о	
PRESIDENT (2) STEVE BUSSE	0.00		-	X				0	0	0
	10.00									
VICE PRESIDENT	0.00	x		x				0	0	0
(3) DEB KNOWLES										
	10.00									
SECRETARY	0.00	X		X				0	0	0
(4) DUANE WATSON										
	10.00									
TREASURER	0.00	X		X				0	0	0
(5) JULIE BARON	2.00									
DIRECTOR	0.00	x						0	0	0
(6) RICH KRINKS	0.00				-			V	V	v
	2.00									
DIRECTOR	0.00	x						0	0	0
(7) KYLE CONNER							_			:
	2.00									
DIRECTOR	0.00	X	<b></b>			$ \square$		0	0	0
(8) KATE PRYOR										
DIDECTOD	2.00							~	•	_
DIRECTOR (9) CINDY KAHL	0.00	X					_	0	0	0
(a) CINDI WHIL	2.00									
DIRECTOR	0.00	x						0	0	о о
(10) TEBRI MITCHELL					<u> </u>			<b>`</b>	0	· · · · · · · · · · · · · · · · ·

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Form 990 (2015)

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Form 990 (2015) PARK STRE Part VII Section A. Officers								nd Highest Compensated	Employees (continued)			Pa	ge <b>8</b>
(A) Name and title	Name and title Average hours per week (list any		, unle	ss per	tion nore son i	than o s both pr/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112) 1000-1000)		and rela	ion ted	
(12) ARTHUR MERCAN													
DIRECTOR	2.00	x						0	0				0
(13) ROBB RATTO													
EXECUTIVE DIRECTOR	40.00						x	87,282	0				0
										ļ		5	
					2								
,													
· · · · · · · · · · · · · · · · · · ·													
1b Sub-total								87,282					
c Total from continuation she d Total (add lines 1b and 1c)								87,282					
2 Total number of individuals (ir reportable compensation from	cluding but not I	imite	d to				bov		\$100,000 of				
				truct	~~~	kovu		ovec or highest company	ated			Yes	No
employee on line 1a? If "Yes,	" complete Sche	dule	J fo	r suc	h in	divid	ual .			aar e a	3	X	
4 For any individual listed on lin organization and related orga	nizations greater	thar	n \$15	50,00	0?	lf "Ye	s," (	complete Schedule J for su	ich			1	v
5 Did any person listed on line	1a receive or ac	crue	com	pens	satio	n fro	m a	ny unrelated organization o	r individual		4		X
for services rendered to the constraint Section B. Independent Contracts		(es,"	con	plete	e So	hedu	ile J	for such person		· · · · <u>, . ·</u>	5		X
1 Complete this table for your f compensation from the organ	ive highest comp	ensa	ated	inder	pend for t	dent o	cont	ractors that received more	than \$100,000 of	/ear.			
	(A) d business address	Jinp	51150					Descrip	(B) otion of services	oun	Co	(C) mpensati	on
ш													
-						-							
			<u> </u>									<u> </u>	
2 Total number of independent received more than \$100,000								se listed above) who	0				

# Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN

Part VIII

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

		Check in Schedule			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
st	1a	Federated campaigns	1a		S REAL PROPERTY IN			
Contributions, Gifts, Grants	Ь	Membership dues	1b	120,458				
02	c	Fundraising events	1c					
lifts	d d	Related organizations	1d					
0		Government grants (contributions)	1e					
Suc		All other contributions, gifts, grants,			和中国的建筑合品	State State Street		
hti		and similar amounts not included above	1f	929	Contraction of the			9 Page 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -
5 <u>5</u>		Nonesh antibutions included in lines 4-				2012 C		
Log	9		-in: ⊅		121,387			
	<u>n</u>	Total. Add lines 1a-1f			121,307			
Program Service Revenue				Busn. Code	10 070	10.070		AND ADD STREAM IN
Š	2a	2.24			18,272	18,272		
ě	b	* * * * * * * * * * * * * * * * * * * *		w	3,600	3,600		
, Ni	C		8 • · Jali · s.s • · ·	· ·	3,000	3,000		
ഗ്	d				2,500	2,500		
me	e	CUSTOMER APPRECIATIO	ON DAY		1,665	1,665		
ğ	f	All other program service reve	nue		1,300	1,300		
<u> </u>	g	Total. Add lines 2a-2f			30,337		A BALL A SALE AN	
	3	Investment income (including						
		and other similar amounts)		▶ _				
	4	Income from investment of tax	-exempt bon	d proceeds 🕨 📘				
	5	Royalties		🕨				
		(i) Real		(ii) Personal				Salar and Salar
	6a	Gross rents						
	b	Less: rental exps.				Ser She Links		
	c	Rental inc. or (loss)						A service of the service of the
	d	Net rental income or (loss)						
		Gross amount from (i) Securities		(ii) Other			a section and the section of the	
		sales of assets			123 2			STREET SPREY
	Ь	Less: cost or other						
	~	basis & sales exps.						
	6	Gain or (loss)						
		Net gain or (loss)	l.					
		Gross income from fundraising eve						
Revenue		(not including @						
Vel		of contributions reported on line 1c)				CONTRACTOR OF		
		See Dort IV line 19	-	214,332				
her	L		. a	107,613				
Oth	1	Less: direct expenses			106,719			2011 100 A REPUT 1000 3
		Net income or (loss) from fund			100,119			
	a sa	Gross income from garning activitie						
		See Part IV, line 19	a					
		Less: direct expenses						REPARCES PRESS AND A
		Net income or (loss) from gam	ing activities					
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenue		Busn. Code				
	11a	•••••••		*				
	b	· · · · · · · · · · · · · · · · · · ·						
	c				- T T			
	d	All other revenue						
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instruction	<u>15</u>		258,443	30,337	(	0
								000

Form 990 (2015)

Page 9

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#### PARK STREET BUSINESS ASSOCIATION, IN Form 990 (2015) Page 10 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 (C) Management and (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees ..... Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 114,642 57,321 57,321 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 12,000 Other employee benefits 12,000 9 10 Payroll taxes 12,090 12,090 11 Fees for services (non-employees): a Management b Legal 7,584 7,584 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 20,948 20,948 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 3,437 3,437 4,690 2,373 2,317 13 Office expenses 497 497 14 Information technology 15 Royalties 18,190 18,190 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,232 Conferences, conventions, and meetings .... 2,232 19 20 Interest Payments to affiliates 21 86 Depreciation, depletion, and amortization 86 22 5,764 5,764 Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MAINT. & IMPROVEMENT COMM 13,085 13,085 а 10,140 PROMOTION COMMITTEE 10,140 b 5,808 5,808 T-SHIRTS С 4,853 OTHER- REST 4,853 d e All other expenses 16,173 12,505 3,668 104,755 0 252,219 147,464 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

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from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

lif

		Check if Schedule O contains a response or not	e to any line in	this Part Y			
_		Check in Schedule O contains a response of ho	e to any line in		(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest bearing			10,414	1	17,191
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			2,550	3	
	4	Accounts receivable, net	•••••••		1,375	4	6,800
	5	Loans and other receivables from current and former	officers, directo	ors,			Contraction of the
		trustees, key employees, and highest compensated e					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe	ersons (as defir	ned under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B	), and contribut	ing employers and			
		sponsoring organizations of section 501(c)(9) voluntar	y employees' t	peneficiary		5/4 /	
2		organizations (see instructions). Complete Part II of S		6			
CIDCCL	7	Notes and loans receivable, net		7			
ζ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,125	9	7,007
	10a	Land, buildings, and equipment: cost or				361 23	
		other basis. Complete Part VI of Schedule D	10a	10,228		1200	
	b	Less: accumulated depreciation	10b	10,228	86	10c	
	11	Investments-publicly traded securities				11	
- 1	12	Investments-other securities. See Part IV, line 11				12	
- I	13	Investments-program-related. See Part IV, line 11				13	
- I	14	Intangible assets		-		14	
- I	15	Other assets. See Part IV, line 11				15	
-		Total assets. Add lines 1 through 15 (must equal line	34)		15,550	16	30,998
- i	17	Accounts payable and accrued expenses		*******		17	
- I	18	Grants payable		s-xxx (xxx		18	
- L	19	Deferred revenue		••••••		19	
- [	20	Tax-exempt bond liabilities		Madorana no mana na na n		20	·
- I		Escrow or custodial account liability. Complete Part IV				21	
		Loans and other payables to current and former office				1.1	
		trustees, key employees, highest compensated emplo				-	
	22	disqualified persons. Complete Part II of Schedule L				22	
- L		Secured mortgages and notes payable to unrelated th	n a últa a			23	
- 1		Unsecured notes and loans payable to unrelated third	• • • • • • • • • •			24	
		Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24					
			/		8,104	25	17,328
- L		of Schedule D					

X and

and

Organizations that follow SFAS 117 (ASC 958), check here

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Permanently restricted net assets

Total liabilities and net assets/fund balances .....

Unrestricted net assets

Capital stock or trust principal, or current funds

Total net assets or fund balances

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

complete lines 30 through 34.

30,998 Form 990 (2015)

13,670

1,686

11,984

570 27

28

29

30

31

32

7,446 33

15,550 34

6,876

Net Assets or Fund Balances

27

28

29

30

33

34

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI.       1         1       Total expenses (must equal Part IX, column (A), line 25)       2         3       Revenue less expenses. Subtract line 2 from line 1       3       6,224         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7,4466         5       Net unrealized gains (losses) on investments       6       6         6       Donated services and use of facilities       7       7         7       Investment expenses       7       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       10       13,670         Part XII       Financial Statements and Reporting       10       13,670         Part XII       Financial Statements and Reporting       2       2         1       Accounting method used to prepare the Form 900:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 900:       Cash       X Accrual       Other         2a       X       If "Yes," check a box below to indicate whether the financial statements for the yea	Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN	£			Page 12				
1       Total revenue (must equal Part VIII, column (A), line 12)       1       258, 443         2       Total expenses (must equal Part IX, column (A), line 25)       2       252, 219         3       3       6, 224         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7, 446         5       bonated services and use of facilities       5       6         7       revenue (must equal Part X)       8       7         8       bonated services and use of facilities       7       8         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3       3, colurn (B))         9       Check if Schedule O contains a response or note to any line in this Part XII       1       1       4         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       1       Yes       No         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       1       2a       X         1       Accounting method used to prepare the Form 99	Pa	rt XI Reconciliation of Net Assets								
2       Total expenses (must equal Part IX, column (A), line 25)       2       252, 219         3       Revenue less expenses. Subtract line 2 from line 1       3       6, 2224         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7, 446         5       Donated services and use of facilities       6       6         7       7       7         8       9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       13, column (B)         11       Financial Statements and Reporting       10       13, corum       10         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XI								
2       Total expenses (must equal Part IX, column (A), line 25)       2       252, 219         3       Revenue less expenses. Subtract line 2 from line 1       3       6, 224         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7, 446         5       6       6       6       6         7       7       7       7         8       9       9       9       9         10       Net assets or fund balances (explain in Schedule O)       9       9       9         10       Net assets or fund balances (explain in Schedule O)       9       9       10       13, column (B))         11       Net assets or fund balances (explain in Schedule O)       9       9       10       13, column (B))       10       13, column (B)       10       13	1	Total revenue (must equal Part VIII, column (A), line 12)	1							
3       Revenue less expenses. Subtract line 2 from line 1       3       6,2224         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7,446         5       Net uncalized gains (losses) on investments       6       6         6       0nated services and use of facilities       6         7       1       6       6         8       9       0 ther changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       13, 6700         Part XII       Financial Statements and Reporting       1       10       13, 6700         Part XII       Financial Statements and Reporting       1       1       2a       X         14       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       1       2a       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         15       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         16       Nee organization changed its enterns audited	2	Total expenses (must equal Part IX, column (A), line 25)								
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       7, 446         5       Net unrealized gains (losses) on investments       5         6       0       6         7       7       7         8       7       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       13, 670         Part XII       Financial Statements and Reporting       10       13, 670         Check if Schedule O contains a response or note to any line in this Part XII       10       13, 670         Part XII       Financial Statements and Reporting       Yes No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Yes No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         14       Accounting method used to prepare the Form 990:       Cash X       X       X       X       X       X <tr< th=""><td>3</td><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td></tr<>	3	Revenue less expenses. Subtract line 2 from line 1	3							
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 in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       33, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10         33, column (B))       10       13, 6700         Part XII       Financial Statements and Reporting       10       13, 6700         Check if Schedule O contains a response or note to any line in this Part XII       11       13         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         17       "Yes," to heck a box b	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,446				
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 in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       33, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10         33, column (B))       10       13, 6700         Part XII       Financial Statements and Reporting       10       13, 6700         Check if Schedule O contains a response or note to any line in this Part XII       11       13         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         17       "Yes," to heck a box b	5	Net unrealized gains (losses) on investments	5							
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       33, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10       13, 670         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       X       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:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         16       Yes," check a box below to indicate whether th	6	Donated services and use of facilities	6							
9 Other changes in net assets or fund balances (explain in Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   33, column (B)) 10   13 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting method used to prepare the Form 990: Cash   2 Accrual Other   1 Accounting francial statements compiled or reviewed by an independent accountant?   2 Za   X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis.   b Were the organization's financial statements audited by an independent accountant?   2 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:   2 Separate basis   5 Were the organization share a	7		7							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10       13, 670         Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII         1 Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1 f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       2c       2d	8	Prior period adjustments	8							
33, column (B) 10 13, 670     Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other        Yes   No      1 Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Accounting method used to prepare the Form 990:   Cash X   Part XII   Finencial Statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Cash   Cash   Cash   Cash   Cash   Cash   Cash   Cash    Cash <td< th=""><td>9</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>9</td><td></td><td></td><td></td></td<>	9	Other changes in net assets or fund balances (explain in Schedule O)	9							
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: the schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       Zc         If "Yes," the che a box below to indicate whether the financial statements or the year were audited on a separate basis, consolidated basis       B	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
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1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         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?       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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       Both consolidated and separate basis       2b       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to kine 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?       2c       2c         If the organization changed either its oversight process or selection		Check if Schedule O contains a response or note to any line in this Part XII								
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reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2b         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       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?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in 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?       3a       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a       3a	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	e. veze.		2a	<u> </u>				
Separate basis Consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant? 2b   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: 2b   Separate basis Consolidated basis Both consolidated and separate basis   c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in 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?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1		0 824				
b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         Separate basis       Consolidated basis, or both:       2       2         Separate basis       Consolidated basis       Both consolidated and separate basis       2       2         c       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?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in 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?       3a       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a		reviewed on a separate basis, consolidated basis, or both:		3.8						
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:       Image: Consolidated basis, or both:         Image: Consolidated basis, consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or compilation have a committee that assumes responsibility for oversight       Image: Consolidated basis, or compilation of its financial statements and selection of an independent accountant?         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated basis, or both:         Image: Single Audit Act and OMB Circular A-133?       Image: Consolidate basis, or audits or audits?       Image: Consolida				100	122	100				
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c 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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	b	Were the organization's financial statements audited by an independent accountant?		arrente 2	2b	<u> </u>				
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			271	14 15.2				
c       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?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a         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?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a		separate basis, consolidated basis, or both:		1370		1000				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in       2c         Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a						1411				
If the organization changed either its oversight process or selection process during the tax year, explain in       Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
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?         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a         3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a		If the organization changed either its oversight process or selection process during the tax year, explain in				199				
the Single Audit Act and OMB Circular A-133?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.			Seg	150				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					3a	2				
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
required addit or addits, explain why in Schedule O and describe any steps taken to undergo such addits.		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b					

PSBA	01/20/2017 3:31 PM				
SC	HEDULE D	Supplemental	Financial Statements		OMB No. 1545-0047
(Fo	rm 990)	Complete if the organiz	ation answered "Yes" on Form 990,		2015
	rtment of the Treasury	► Atta	a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ach to Form 990.		Open to Public
	al Revenue Service	Information about Schedule D (Form Schedule D)	990) and its instructions is at www.irs		Inspection
Name	e of the organization			Employer identifica	tion number
P	ARK STREET	BUSINESS ASSOCIATION, IN			1.
Pa	art I Organiza	tions Maintaining Donor Advised Fur		Accounts.	
	Complete	if the organization answered "Yes" on I	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at end o	of year			
2	Aggregate value of co	ontributions to (during year)ants from (during year)			
4	Aggregate value at en	d of year		- ·	
5		nform all donors and donor advisors in writing that			
	funds are the organiza	ation's property, subject to the organization's exc	lusive legal control?		Yes 🗌 No
6		nform all grantees, donors, and donor advisors in			
		poses and not for the benefit of the donor or done			
P	conferring impermissik art II Conserva	ation Easements.		<u></u>	Yes No
		if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conserv	ation easements held by the organization (check	all that apply).		1
	Preservation of lar	nd for public use (e.g., recreation or education)	Preservation of a historically imp	oortant land area	
	Protection of natur	ral habitat	Preservation of a certified histor	ic structure	
	Preservation of op	-			
2	easement on the last of	bugh 2d if the organization held a qualified conse	rvation contribution in the form of a cons		Alter Frederick Alter Tree Mar
а		ervation easements			the End of the Tax Yea
b	Total acreage restricte	ed by conservation easements		2b	
c	Number of conservation	on easements on a certified historic structure incl	uded in (a)	20	
d		on easements included in (c) acquired after 8/17/0		(14) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
				2d	
3		on easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during the	
	tax year ►				
4		re property subject to conservation easement is			
5		have a written policy regarding the periodic mon ement of the conservation easements it holds?			Yes No
6		urs devoted to monitoring, inspecting, handling o			
	•	, , , , , , , , , , , , , , , , , , ,	;		
7	Amount of expenses in	ncurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easer	ments during the y	vear
	▶ \$				
8		on easement reported on line 2(d) above satisfy			
•		(B)(ii)?			Yes No
9		now the organization reports conservation easement clude, if applicable, the text of the footnote to the			
_		ing for conservation easements.			
Pa		tions Maintaining Collections of Art, if the organization answered "Yes" on F		Similar Asset	s.
1a		ted, as permitted under SFAS 116 (ASC 958), n	- · · · · · · · · · · · · · · · · · · ·	balance sheet	
		treasures, or other similar assets held for public			
		, in Part XIII, the text of the footnote to its financi			
b		ted, as permitted under SFAS 116 (ASC 958), to			
		treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
		the following amounts relating to these items:			
	(ii) Assets included in	on Form 990, Part VIII, line 1		🏲 🇯	
2	If the organization rece	Form 990, Part X	other similar assets for financial dain on	► ♥ ovide the	
-		uired to be reported under SFAS 116 (ASC 958)			

_	and a grant of the second of t
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.

\$
 \$
 Schedule D (Form 990) 2015

	ule D (Form 990) 2015 PARK STR						ilar Assets	s (continu	Page <b>2</b> ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a b c	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's of	e 🗌	Other			s exempt purpose			
	XIII.								
	During the year, did the organization solicit							∏ Ye	s 🗌 No
	assets to be sold to raise funds rather than rt IV Escrow and Custodial A		part of the	organizatioi	TS COllection	<u></u>		те	
	Complete if the organizatio 990, Part X, line 21.		on Forr	n 990, Pa	rt IV, line S	9, or reported	an amount	on Form	ו
	Is the organization an agent, trustee, custo								
	included on Form 990, Part X?							📙 Ye	s.∐No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	blowing tat	ole:				Amount	+
~	Reginning balance						1c	Amount	
	Beginning balance           Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on							🗌 Ye	s No
	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation	has been p	rovided on P	art XIII		<u></u>	<u>    </u>
Pa	rt V Endowment Funds.			- 000 D-	white the second	10			
	Complete if the organization						Three wears healt	(a) Fau	r years back
10	Persing of year balance	(a) Current year	(0) P	rior year	(c) Two yes	ars back (u) i	hree years back	(e) Fou	I years back
	Beginning of year balance Contributions								
	Net investment earnings, gains, and					-			
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
	Administrative expenses								
-	End of year balance				hald an				
	Provide the estimated percentage of the cu Board designated or quasi-endowment		e (line 1g,	column (a))	neia as:				
a b	Permanent endowment								
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c s								
3a	Are there endowment funds not in the post	session of the organiz	ation that a	are held and	administere	d for the			
	organization by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations	the first of the first sector of the sector	in d on Or	h - dula DO			·	3a(ii)	
4	If "Yes" on line 3a(ii), are the related organ Describe in Part XIII the intended uses of				••••••			<u>3b</u>	
	rt VI Land, Buildings, and Eq		ownent iu	nus.					
	Complete if the organization		" on Forr	n 990, Pa	art IV, line	11a. See Form	n 990, Parl	X, line 1	10.
	Description of property	(a) Cost or other			other basis	(c) Accumula		(d) Book	
		(investment)		(oth	ner)	depreciatio	n		
	Land					COMPLETED AND		_	
b	Buildings								
	Leasehold improvements								
	Equipment				10,228	11	0,228		· · · · ·
	Other		rt X, colum	n (B), line 1		++ ``	· · •		

Schedule D (Form 990) 2015

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Schedule D (F Part VII	orm 990) 2015 PARK STREET BUSINESS Investments—Other Securities.	ASSOCIATION, IN	Page
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
	ld equity interests		
(3) Other			
(B)			
(C)			
(E)			
(F)	nananan ara ''aan araan kasan madalar ah ana ah		
(G)			
(H) Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			•
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX	Other Assets.	Form 000 Dont IV line 1	1d Cas Form 000 Dart V line 45
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line I	(b) Book value
(4)	(a) Description		(b) book value
(1)			
(2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(6)			
(7)	······		
(8)	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2) UNEAR	NED REVENUE	17,328	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1	
	n (b) must equal Form 990, Part X, col. (B) line 25.)	17,328	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's fina	ncial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	dule D (Form 990) 2015         PARK         STREET         BUSINESS         ASSOCIAT           rt XI         Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per	Return.	Page 4
	Complete if the organization answered "Yes" on Form 990, Pa			
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:		1000	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10.254	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T		
4				
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b	- 12- 24	
С	Add lines 4a and 4b			······
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	Int XII Reconciliation of Expenses per Audited Financial Statem		er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
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:			
а	Donated services and use of facilities	2a	1.2.2.3	
b				
с	Other losses		12.31	
d				
e			2e	
			3	
3	Subtract line 2e from line 1	·····		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		6 202	
С	Add lines 4a and 4b		4c	
5				
	art XIII Supplemental Information.			
Prov	ide 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; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
• • • •				
<ul> <li>exc</li> </ul>				
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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 PARK STREET BUSINESS ASSOCIATION, IN Part XIII Supplemental Information (continued)	Page 5
Part Am Supplemental mormation (continued)	
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Schedule D (Form 990) 2015

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SCHEDULE G	Supplemental Inform	ation Pegard	ina I	Eurod	Iraising or Gamir	a Activition	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organi	ization answered "Yes' ation entered more tha	' on Fo an \$15,0	rm 990 )00 on	, Part IV, lines 17, 18, or 19, Form 990-EZ, line 6a.		2015
Department of the Treasury Internal Revenue Service	Information about Sche	Attach to Fore edule G (Form 990 or 9			1 990-EZ. instructions is at www.irs.g	qov/form990.	Open to Public Inspection
Name of the organization						Employer identifica	
	RK STREET BUSINE						
	ng Activities. Complete if EZ filers are not required to				ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the on	ganization raised funds through a	any of the following	g activ	ities.	Check all that apply.		
a Mail solicitations	(	e Solicitation	of no	n-gov	ernment grants		
b 🔲 Internet and email	solicitations	f Solicitation	of go	vernn	nent grants		
c Phone solicitations		g 🚺 Special fur	draisi	na ev	rents		
d 🔲 In-person solicitatio				0			
	ve a written or oral agreement w	ith any individual i	(inclue	lina o	fficers directors truste	85	
or key employees listed	I in Form 990, Part VII) or entity	in connection with	profe	ssion	al fundraising services	?	Yes No
b If "Yes," list the ten high compensated at least \$	hest paid individuals or entities (fu 5,000 by the organization.	undraisers) pursua	nt to	agree	ments under which the	e fundraiser is to be	
				id fund- have		(v) Amount paid to	(vi) Amount paid to
	address of individual / (fundraiser)	(ii) Activity	custo cont	rol of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. <b>(i)</b>	(or retained by) organization
				No		50. (l)	
1							
2							
3							
4							
An Alexandron and a second						en e	
5							
6							
7							
8							
0							
9							
10			1				
Total	· · · · · · · · · · · · · · · · · · ·	J	J				-
	the organization is registered or li		ontrib	utions	or has been notified it	t is exempt from	<u></u>
				· · · · · ·	••••••		
	eren 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1820 - 1		····	·····			
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		******		3 • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
For Papanwork Peduction A	ct Notice see the Instructions	for Form 000 or	000 5	7		Schodulo G (Eor	n 000 or 000 E7) 2045

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G	(Form 990 or 990-EZ)	2015	PARK	STREET	BUSINE	SS ASS	OCIATIO	DN, IN	A Charles and	Page 2
Part II	Fundraising Ev									
	than \$15,000 of	fundraising	g event o	contributio	ns and gros	s income o	on Form 99	90-EZ, lin	es 1 and 6b.	List events with
	gross receipts g	reater thar	n \$5,00 <mark>0</mark>	•						
		(a	) Event #1		(b) E	Event #2		(c) Other event	s	
										(d) Total events
		ART &	WINE	FAIR	SPRING	FESTIV	VAL NO	NE		(add col. (a) through
		(8)	vent type)		(even	nt type)		(total number)		col. (c))
e										

Revenu	1	Gross receipts	141,372	72,960	214,332
	1	Less: Contributions Gross income (line 1 minus line 2)	141,372	72,960	214,332
	4	Cash prizes			
	5	Noncash prizes			
lses	6	Rent/facility costs			
Direct Expenses	7	Food and beverages			
Direct	8	Entertainment			
	9	Other direct expenses	68,488	39,125	 107,613
			d lines 4 through 9 in column (d) ct line 10 from line 3. column (d)		 <u>107,613</u> 106,719

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
Rev	1 Gross revenue				
Direct Expenses	<ol> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ol>				
Ö	5 Other direct expenses			Yes %	
		Add lines 2 through 5 in column (		No ►	
		e organization conducts gaming ac o conduct gaming activities in each			
	Were any of the organization If "Yes," explain:	's gaming licenses revoked, suspe	nded or terminated during the tax		

Sche	adule G (Form 990 or 990-EZ) 2015 PARK STREET BUSINESS ASSOCIATION, IN			Page 3
11	Does the organization conduct gaming activities with nonmembers?		T Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	8 · · · (4)		
	formed to administer charitable gaming?			es 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		П	es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►	500 • • • <b>•</b> • • • • • • • • • • • • • • •		
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
		••••		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		<b>Y</b>	es 🗌 No
	spent in the organization's own exempt activities during the tax year  \$			
Par	<b>t IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform instructions).	nd (v) nation	; and (see	-
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			• • • • • • • • • •	
	Schedule G (Fo	rm 990	) or 990	-EZ) 2015

SCHEDULE J Com		mpensation Information		OMB No.	. 1545-	0047
(Form 990)	For certain Officers	st	2015			
	Complete if the orga	Compensated Employees mplete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				
Department of the Treasury Internal Revenue Service	gov/form990.	rm990. Open to Public Inspection				
Name of the organization		•••••••••••••••••••••••••••••••••••••••	Employer identificatio	n number		
	PARK STREET BUSINES ns Regarding Compensation					
Part I Questio	ns Regarding Compensation				Yes	No
1a Check the appropriat	te box(es) if the organization provided a	any of the following to or for a person listed on Form			100	
990, Part VII, Section	n A, line 1a. Complete Part III to provid	le any relevant information regarding these items.		200	164	
First-class or cha	arter travel	Housing allowance or residence for personal	use		1.5	
Travel for compa	anions	Payments for business use of personal resid	ence	312		
Tax indemnificati	ion and gross-up payments	Health or social club dues or initiation fees		E dese		
Discretionary spo	ending account	Personal services (e.g., maid, chauffeur, che	f)			
<b>b</b> If any of the boxes of	n line 1a are checked, did the organiza	ation follow a written policy regarding payment				
	-	bed above? If "No," complete Part III to				
				1b		
				12542	14	
2 Did the organization	require substantiation prior to reimburs	ing or allowing expenses incurred by all				
directors, trustees, a	nd officers, including the CEO/Executiv	e Director, regarding the items checked in line				
1a?				2		
		used to establish the compensation of the				
		Do not check any boxes for methods used by a				
		Executive Director, but explain in Part III.				
Compensation of		Written employment contract				
	npensation consultant	Compensation survey or study				12
Form 990 of othe	er organizations	Approval by the board or compensation com	millee	111		1
4 During the year, did	any person listed on Form 990. Part VI	I, Section A, line 1a, with respect to the filing				1.54
organization or a rela		,		15.25		5.5
•	payment or change-of-control paymer	nt?		4a		X
b Participate in, or rec	eive payment from, a supplemental nor	nqualified retirement plan?				X
c Participate in, or rec	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		X
If "Yes" to any of line	es 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.				2.5
Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5_9				
		, did the organization pay or accrue any				
•	gent on the revenues of:	,				12.30
				5a		
b Any related organiza	ition?			5b		
If "Yes" to line 5a or	5b, describe in Part III.					1
		, did the organization pay or accrue any				-51
	gent on the net earnings of:					in the second
a The organization?				<u>6a</u>		
b Any related organiza	tion?			6b		
If "Yes" on line ba or	6b, describe in Part III.					
7 For persons listed or	Form 990 Part VII Section & line 1a	, did the organization provide any non-fixed				1
				7		
		accrued pursuant to a contract that was subject				<u> </u>
		ction 53.4958-4(a)(3)? If "Yes," describe				
				8		
		able presumption procedure described in				
Degulations, contian	53.4958-6(c)?			. 9 1		1

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# Schedule J (Form 990) 2015 PARK STREET BUSINESS ASSOCIATION, IN Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Employees. Use duplicate copies if additional space is needed. Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation (B) Nontaxable (B) Nontaxable (B) Nontaxable (B) (D)-(D) (B) Breakdown of W-2 and/or 1009-MISC compensation (B) Other reported formed compensation (B)(D)-(D) (B) Breakdown of W-2 and/or 1009-MISC compensation (B)(D)-(D) (B) Nontaxable (B)(D)-(D) (B) Compensation (C) Poter deferred compensation (C) Poter deferred compensation (C) Poter (C) Poter deferred compensation (C) Poter (C) Poter deferred (C) Poter (C) Pot

(A) Name and Litle	compensation	compensation	reportable compensation	compensation	<b>DONOLD</b>		as deferred on prior Form 990
ROBB RATTO 1 EXECUTIVE DIRECTOR	(i) 87,282 (ii)	2 0		0	0	87,282	0
PARCONVE DIRECTOR	(i) (ii)						•
3	(i) (ii)						·····
4	(i) (ii)						· · · · · · · · · · · · · · · · · · ·
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)				.=		×
10	(i) (ii)						
11	(i) (ii)						
12	(I) (II)	· · · · · · · · · · · · · · · · · · ·					
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						bedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015 PARK STREET BUSINESS ASSOCIATION, IN	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,	and for Part II. Also complete this part
for any additional information.	
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	Schedule J (Form 990) 2015

SCHEDULE O	Supplemental Information to Form 990 or 990-E	Z	OMB No. 1545-0047
(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.		2015
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public
Name of the organization	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	Employer identification	Inspection n number
	PARK STREET BUSINESS ASSOCIATION, IN		
FORM 990 -	ORGANIZATION'S MISSION		
THE PARK ST	REET BUSINESS ASSOCIATION COVERS THE DOWNTOWN	I ALAMEDA	BUSINESSES
AND WAS FIR	ST FORMED IN 1981. WE SERVE AS A SUPPORT NET	WORK FOR	THE 450+
BUSINESSES	LOCATED WITHIN ALAMEDA'S PARK STREET BUSINESS	S IMPROVEM	ENT AREA.
THE DOWNTOW	N ASSOCIATION'S GOAL IS TO DEVELOP AN ECONOM	ICALLY PRO	SPEROUS
BUSINESS DI	STRICT THROUGH A UNITED EFFORT OF ITS MEMBERS	3.	
ş			
FORM 990, P	ART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FO	RM 990
DIRECTOR (S)	REVIEW FORM 990 PRIOR TO FILING		
			••••
	······································		
FORM 990, P	ART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	SURE EXPLA	NATION
AVAILABLE U	PON REQUEST		
1. Second Contract Contract			
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Schedule O (Form 990 or 990-EZ) (2015)

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orm <b>4562</b>	De	preciation and	Amortiza	tion			OMB No. 1545-0172
		ding Information o					2015
epartment of the Treasury	► Information about Form	Attach to your t	ax return.		ov/form4	562.	Attachment Sequence No. 179
ternal Revenue Service (99)							
PA	RK STREET BUSIN	ESS ASSOCIAT	ION, IN				
usiness or activity to which this form rela	ates CIATION						
Part I Election To	<b>Expense Certain Prop</b>	erty Under Section	179				
Note: If you	have any listed property	, complete Part V be	fore you co	mplete Part	l		<b>500</b> ,000
Maximum amount (see ir	nstructions)				********	1	500,000
	property placed in service (se					2	2,000,000
	179 property before reduction					3	2,000,000
Reduction in limitation. Su	ubtract line 3 from line 2. If zer	ro or less, enter -0-				4 5	
	Subtract line 4 from line 1. If zero o	r less, enter -U Il mamed ini	st (business use o	nlv) (c) E	Elected cost		
(a)	Description of property	(0) 00					
Listed property. Enter the	amount from line 29			7			
	ion 179 property. Add amount					8	
	er the smaller of line 5 or line					9	
	leduction from line 13 of your					10	
	n. Enter the smaller of busines					11	
	luction. Add lines 9 and 10, bu			<u></u>	<u></u>	12	
Carryover of disallowed d	leduction to 2016. Add lines 9	and 10, less line 12		13			
ote: Do not use Part II or Par	t III below for listed property. I	nstead, use Part V.				-1- X //	
Part II Special Dep	preciation Allowance a	nd Other Depreciat	on (Do no	t include liste	ed prope	erty.) (:	See Instructions.)
	wance for qualified property (or						
during the tax year (see						14	
	on 168(f)(1) election					15 16	
6 Other depreciation (inclue	ding ACRS)	L. Pote d. susan and A.A.	Cae instru	ationa )		10	
Part III MACRS De	preciation (Do not inclu	Ide listed property.) ( Section A	See Instruc	cuons.)	<u> </u>		
	ssets placed in service in tax		)15		· · · · · · · · · · · · · · · · · · ·	17	8
	assets placed in service during the tax ye						
8 If you are electing to group any a Sect	tion B-Assets Placed in Service during the tax ye	vice During 2015 Tax Y	ear Using the	e General Depr	eciation S	ystem	
	(b) Month and year	(c) Basis for depreciation	(d) Recovery				
(a) Classification of property		(business/investment use only-see instructions)	period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
9a 3-year property							<u> </u>
b 5-year property							
c 7-year property							
d 10-year property							
					ļ		
e 15-year property							
e 15-year property f 20-year property							
			25 yrs.		S/L		
f 20-year property			27.5 yrs.	MM	S/L		
f 20-year property g 25-year property			27.5 yrs. 27.5 yrs.	MM	S/L S/L		
f     20-year property       g     25-year property       h     Residential rental property       i     Nonresidential real			27.5 yrs.	MM MM	S/L S/L S/L		
f     20-year property       g     25-year property       h     Residential rental property       i     Nonresidential real property			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L		
f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Section	on C—Assets Placed in Serv	rice During 2015 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L preciation	Syster	n
f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Section       Section         0a       Class life	on C—Assets Placed in Serv	rice During 2015 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM	S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section Class life b 12-year	on C—Assets Placed in Serv	rice During 2015 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	MM MM MM Alternative Dep	S/L S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year		nice During 2015 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM	S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section Class life b 12-year c 40-year Part IV Summary	(See instructions.)		27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section Class life b 12-year c 40-year Part IV Summary Listed property. Enter ar	(See instructions.) nount from line 28		27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year Part IV Summary 21 Listed property. Enter an 22 Total. Add amounts from	(See instructions.) nount from line 28 n line 12, lines 14 through 17,	lines 19 and 20 in column	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM 21. Enter	S/L S/L S/L S/L S/L S/L S/L	Syster	n
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year Part IV Summary 21 Listed property. Enter an 22 Total. Add amounts from here and on the appropri	(See instructions.) nount from line 28 n line 12, lines 14 through 17, riate lines of your return. Partr	lines 19 and 20 in columnerships and S corporatio	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM 21. Enter	S/L S/L S/L S/L S/L S/L S/L	Syster	
f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section 20a Class life b 12-year c 40-year Part IV Summary 21 Listed property. Enter ar 22 Total. Add amounts from here and on the approp 23 For assets shown above	(See instructions.) nount from line 28 n line 12, lines 14 through 17,	lines 19 and 20 in column erships and S corporatio the current year, enter the	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM 21. Enter	S/L S/L S/L S/L S/L S/L S/L	Syster	

PSBA Park Street Business Association,In 01/20/2017 3:30 PM Federal Asset Report FYE: 6/30/2016

# Form 990, Page 1

Asset Description	Date	Cost	Bus Sec Basis <u>%</u> 179Bonus for Depr PerConv Meth Prior Current	-
Prior MACRS: 1 Furnishings and Equipment	6/30/06	10,228 10,228	10,228         10         HY 200DB         10,142         86           10,228         10,142         86	- 1
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals	s 	10,228 0 0 10,228	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	)

PSBA Park Street Business Association,In

01/20/2017 3:30 PM

# **CA Asset Report**

FYE: 6/30/2016

## Form 990, Page 1

Asset Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS: 1 Furnishings and Equipment	6/30/06 _	10,228 10,228	10,228 10,228	10,142 10,142	<u>86</u>	86	0
Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	10,228 0 0 10,228	10,228 0 0 10,228	10,142 0 10,142	86 0 0 86	86 0 0 86	0 0 0

PSBA Park Street Business Association, In

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01/20/2017 3:30 PM

## AMT Asset Report

FYE: 6/30/2016

## Form 990, Page 1

	ate ervice Cost	Bus Sec Basis % 179Bonus for Depr PerConv Meth	Prior Current
Prior MACRS: 1 Furnishings and Equipment 6/3	0/06 10,228	10,228 10 HY 150DB 10,228	
Grand Totals Less: Dispositions and Transfers Net Grand Totals	10,228 0 10,228	10,228 0 10,228	10,142         86           0         0           10,142         86

PSBA Park Stree FYE: 6/30/2016	-	Adjustment Resiness Activities	port	01/20/2017 3:30 PM
Form Unit Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1 1 1	Furnishings and Equipment	<u> </u>	<u>86</u> 86	0

PSBA Park Street Business Associat FYE: 6/30/2016	eciation	Report 990, Page 1		01/2 6/30/17	20/2017 3:30 PN	N
Asset Description Prior MACRS: 1 Furnishings and Equipment	Date In Service 6/30/06	<u>    Cost                                </u>		<u>AMT</u> 0 0		
Grand Totals		10,228	0	0		

PSBA F	Park Street Business Association CA Future Dep 30/2016	reciation	on Repor 990, Page		01/20/2017 <b>6/30/17</b>	3:30 PM
Asset	Description	Date In Service	Cost	CA		
Prior MAC	RS:					
1 Fu	mishings and Equipment	6/30/06	10,228 10,228	0		
	Grand Totals		10,228	0		

*·* 

FYE: 6/30/2016		5		
Form 990, Par	t IX. Line 11g - Other	Fees for Service (Non-	employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
MARKETING TOTAL	\$ <u>20,948</u> \$ <u>20,948</u>	\$0	\$ <u>20,948</u> \$ <u>20,948</u>	\$0
Forr	n 990. Part IX. Line 24	e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
CABLE ADS MEMBERSHIP POWER BOX ART CCD BANNER PLATES MISC. MUSIC LUMPERS POSTAGE TOILET RENTAL MUSIC BIKE PARKING PRINTING BALLOONS BANNER POSTER	\$ 3,971 3,668 2,500 1,158 991 871 800 500 387 307 300 240 176 162 93 49	\$ 3,971 2,500 1,158 991 871 800 500 387 307 300 240 176 162 93 49	\$ 3,668	Ş
TOTAL	\$ <u>16,173</u>	\$12,505	\$3,668	\$ <u>0</u>

For	n 199 Return Sum	mary		
For calendar year 2015, or tax ye	ear beginning 07/01/20	15 , and ending 06,	/30/2016	
PARK STREET BU	JSINESS ASSOCIA	TION, IN	and the state	
Gross sales / receipts	244,669			
Dues from members Contributions / grants Total costs	121,387			
Expenses Excess / (deficit)	359,832	6,224		
Filing fee Total payments	10			
Penalties and interest Use tax				
Balance due Refund				10

	Ba	lance Sheet	
	Beginning	Differences	
Assets	15,550	30,998	
Liabilities	8,104	17,328	
Net assets	7,446	13,670	6,224

Miscellaneous Information

Amended return Return / extended due date  $06/15/1\overline{7}$ 

034

#### MAIL TO:

**Registry of Charitable Trusts** P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Designation Number	Check if: Change of address								
State Charity Registration Number PARK STREET BUSINESS ASS	COCTATION IN		nge or address						
Name of Organization	SOCIATION, IN	Ame	ended report						
	SUITE 302								
Address (Number and Street)	Corporate or Organization No.								
City or Town, State and ZIP Code	A 94501	Federal En	nployer I.D. No.						
ANNUAL REGISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Co	de Reas	sections 301-307 311 and 31	2)					
Make Check	- <b>/</b>								
Gross Annual Revenue Fee Gro	oss Annual Revenue	Fee	Gross Annual Revenue		Fee				
	tween \$100,001 and \$250,000 tween \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$1 Between \$10,000,001 and \$5 Greater than \$50 million		\$150 \$225 \$300				
PART A - ACTIVITIES									
For your most recent full accounting period	d (beginning 07/01/15 ending	g_06/3	30/16 ) list:						
Gross annual revenue \$ 258,	443 Total assets \$	30,998	3						
PART B - STATEMENTS REGARDING C	DRGANIZATION DURING THE	PERIOD	OF THIS REPORT						
Note: If you answer "yes" to any of the questio response. Please review RRF-1 instruction		e sheet pr	oviding an explanation and de	etails for ea	ach "yes"				
				Yes	No				
<ol> <li>During this reporting period, were there any contracts, loans, director or trustee thereof either directly or with an entity in w</li> </ol>		-		-	x				
2. During this reporting period, was there any theft, embezzleme	ent, diversion or misuse of the organization's charitat	le prop. or fu	nds?		x				
3. During this reporting period, did non-program expenditures ex	xceed 50% of gross revenues?				х				
<ol> <li>During this reporting period, were any organization funds used Internal Revenue Service, attach a copy.</li> </ol>	d to pay any penalty, fine or judgment? If you filed a	Form 4720 w	ith the		x				
<ol> <li>During this reporting period, were the services of a commerci provide an attachment listing the name, address, and telepho</li> </ol>		rposes used?	lf "yes,"		х				
<ol> <li>During this reporting period, did the organization receive any the agency, mailing address, contact person, and telephone in</li> </ol>	• • •	listing the nan	ne of		X				
<ol> <li>During this reporting period, did the organization hold a raffle number of raffles and the date(s) they occurred.</li> </ol>	for charitable purposes? If "yes," provide an attachn	nent indicating	l the		x				
<ol> <li>Does the organization conduct a vehicle donation program? If by the charity or whether the organization contracts with a co</li> </ol>		program is o	perated		х				
<ol> <li>Did your organization have prepared an audited financial stat reporting period?</li> </ol>		nting principle	s for this		х				
Organization's area code and telephone number				<u> </u>					
Organization's e-mail address RON@RONMOC	DNEY.NET			I					
I declare under penalty of perjury that I have exa	mined this report, including accompa	nying do	cuments, and to the best of m	y knowled	ge and				
belief, it is true, correct and complete.									
DONN	IA LAYBURN	PI	RESIDENT						
Signature of authorized officer	Printed Name		Title	Date	9				
				DDI	E_1 (3_05)				

PSBA (	)1/20/2	017	3:31	PM
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Department of the Treasury

Form

990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

	lai revenue		A /4 C										
A	For the 2	015 calendar year, or tax year beginning $07/01/15$ , and ending $06/30$	0/16	D. C	Identification provides								
B	Check if applic			D Employer	identification number								
	Address chang	PARK STREET BUSINESS ASSOCIATION,	IN	-									
	Name change	Doing business as	Room/suite	E Telephone	number								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 2447 SANTA CLARA AVENUE SUITE 302	Room/suite	- relephone									
	Final return	City or town, state or province, country, and ZIP or foreign postal code											
	terminated	ALAMEDA CA 94501		G Gross rece	ipts \$ 366,056								
	Amended retu			0.000 1000									
	Application pe		H(a) is this a grou	up return for su	ibordinates? Yes X No								
ت	· • • •		H(b) Are all subo	ordinates inclu	ded? Yes No								
			lf "No,"	attach a list.	see instructions)								
-	Ten everent	status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527											
+	Tax-exempt		H(c) Group exem	nation number									
<u>у</u>	Form of orga		L Year of formation: 19		M State of legal domicile: CZ								
	Part I	Summary		-									
_	1	fly describe the organization's mission or most significant activities:											
nce													
Ta	·												
Governance	2 Ch	eck this box I if the organization discontinued its operations or disposed of more that	n 25% of its net ass	ets	••••••••••••••••••••••••••••••••••••••								
		nber of voting members of the governing body (Part VI, line 1a)			12								
න්		nber of independent voting members of the governing body (Part VI, line Ia)			12								
itie	1	al number of individuals employed in calendar year 2015 (Part V, line 2a)			2								
Activities				·	60								
Ă		al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12			· C								
	1	unrelated business taxable income from Form 990-T, line 34			C								
	DINEL		Prior Yea		Current Year								
	8 Cor	ntributions and grants (Part VIII, line 1h)			121,387								
enu		gram service revenue (Part VIII, line 2g)			30,337								
Revenue	1	estment income (Part VIII, column (A), lines 3, 4, and 7d)			C								
Ř	1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3120		106,719								
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			258,443								
		ints and similar amounts paid (Part IX, column (A), lines 1–3)											
		nefits paid to or for members (Part IX, column (A), line 4)											
40	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			138,732								
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)											
led	b Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 0											
ŵ	17 Oth	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			113,487								
	18 Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			252,219								
		venue less expenses. Subtract line 18 from line 12			6,224								
Not Assets or			Beginning of Cun		End of Year 30,998								
륑	<b>20</b> Tot	al assets (Part X, line 16)		5,550	17,328								
$\leq$	21 Tot	al liabilities (Part X, line 26)		3,104									
		assets or fund balances. Subtract line 21 from line 20		7,446	13,670								
	Part II	Signature Block											
U	Inder penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the be	st of my kn	owledge and belief, it is								
tr	ue, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arei nas any knowledgi										
_				Date									
Si	- 1	Signature of officer	C TD DIM	Date									
He	ere 🛛		SIDENT										
		Type or print name and title	Date Check X if PTIN										
		rint/Type preparer's name Preparer's signature	Date	Check									
Pai	<u>~</u>	YAN VAN VALER		17 self-em									
Pre	eparer   <sub>F</sub>	im's name RYAN VAN VALER, E.A.	Fi	irm's EIN 🕨									

Use Only		24	447	SAN	TA	CLARA	AVENUE	SUITE	300				
	Firm's address			DA,						Phone no.	510-	-521-	-0252
May the IR	S discuss this	return with	the p	reparer	showr	above? (	see instructions	;)		 		Yes	
For Paperw DAA	ork Reduction	Act Notice,	see th	e separ	ate ins	tructions.						Form	<b>990</b> (2015

Firm's name

Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN 94-3127526	Page 2
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III     Briefly describe the organization's mission:	A
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? If "Yes," describe these changes on Schedule O.	Yes 🗶 No
<ul> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measure</li> </ul>	ad by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	there
the total expenses, and revenue, if any, for each program service reported.	
4a (Code: ) (Expenses \$ including grants of \$ ) (Revenu	e \$
PROMOTE HISTORICAL BUSINESS AREA TO THE GENERAL PUBLIC AND	BUSINESS
INTEREST OF MEMBERS BY NEWSLETTERS AND OTHER EVENTS.	
· · · · · · · · · · · · · · · · · · ·	
<sup>9</sup> million and an anna an ann an ann an ann an ann an	·····
	***************************************
4b (Code:       ) (Expenses \$ including grants of \$ ) (Revenue	e \$
N/A	
* *************************************	
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue	e \$
4c (Code:         ) (Expenses \$ including grants of \$ ) (Revenue N/A	e \$
4c (Code:         ) (Expenses \$         including grants of \$         ) (Revenue N/A	÷ \$
4c (Code:         ) (Expenses \$ including grants of \$ ) (Revenue N/A	ə \$
4c (Code:         ) (Expenses \$	ə \$
4c (Code:       ) (Expenses \$ including grants of \$ ) (Revenue         N/A	ə \$
4c (Code:) (Expenses \$including grants of \$) (Revenue N/A)	• \$
4c (Code:) (Expenses \$) (Revenue N/A	€ \$
4c (Code:         ) (Expenses \$         including grants of \$         ) (Revenue N/A	€ \$
4c (Code:) (Expenses \$) (Revenue N/A	€ \$
4c (Code:) (Expenses \$) (Revenue         N/A	€ \$
4c (Code:) (Expenses \$) (Revenue N/A	<b>9 \$</b>
N/A	€ \$
4c (Code:) (Expenses \$including grants of \$) (Revenue         N/A	€ \$

Form **990** (2015)

DAA

Form	n 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		Ē	Page 3
Pa	art 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	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		──
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			x
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<b>_</b>
7		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	10000		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
0	complete Schedule D, Part III	8	-	
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	9		x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V		1	
••	VII, VIII, IX, or X as applicable.		1	3.5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		11.0000000	
a	complete Schedule D. Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	· • • • • •		<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		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	11d	÷	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	44-	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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
1 <b>4</b> a	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	14b		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	15		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	16		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)	17	<u> </u>	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	<b> </b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Ves." complete Schedule C. Part III	i 10		I X

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Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X
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	22		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	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	2.04		
	Schodula L. Dart IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
51		31		x
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 51		
		32		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	- 55		
54		34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u>35a</u>		<u>A</u>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		300	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	Ļ

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Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN				P	age <b>5</b>						
	rt 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			<u></u>								
				_	Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a_	8	1.00		191						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			211.7	1.22	Alfred.						
	reportable gaming (gambling) winnings to prize winners?			1c		X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•		22	1.2.1						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	2b	1966	x						
b												
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a												
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty									
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					~						
	account)?		••••••	<u>4a</u>		X						
b	If "Yes," enter the name of the foreign country:					2.0						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	IS									
-	(FBAR).			50	015.10	x						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			50 5c								
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		******************	50								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x						
	organization solicit any contributions that were not tax deductible as charitable contributions?			Ua								
b				6b								
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••		0.0		-15-5						
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				1						
a				7a								
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••	**********************	7b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		*****************									
•	required to file Form 8282?			7c								
d		7d		5.145								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e	0.2.1								
	sponsoring organization have excess business holdings at any time during the year?			8		· ·						
9	Sponsoring organizations maintaining donor advised funds.				31	200						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:					1.5						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1997		323						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				3818						
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a			1	5 mil						
b	Gross income from other sources (Do not net amounts due or paid to other sources			23								
	against amounts due or received from them.)	11b		-								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				140						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			42-		1						
а		• • • • • • • •		13a								
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b				35.0						
~	the organization is licensed to issue qualified health plans	13D				1						
C	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	_		14a	-	x						
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b								
D	in res, has it ned a rollin rzo to report these payments? If No, provide an explanation in Schedule	· · · ·			1	<u> </u>						

Form	990 (2015) PARK STREET BUSINESS ASSOCIATION, IN			_ P	age <b>6</b>
Pa					
				uctior	
		<u></u>			X
Sec	tion A. Governing Body and Management		_		
		•	-	Yes	No
1a		.2			
	If there are material differences in voting rights among members of the governing body, or		-	46.5	
	if the governing body delegated broad authority to an executive committee or similar			ACC:	
	committee, explain in Schedule O.		abiei	NY N	
b		.2		241	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		52%	133	
	any other officer, director, trustee, or key employee?	cen researe	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	STDOE ATKOUGAGESOTS			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
		nce, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for io line 8a, 8b, or 10b below, describe the circumstances, processes, or charges in Schedule O. See in checkle O contains a response or note to any line in this Part VI.      Body and Management      oting members of the governing body at the end of the tax year.         Ia 12         Ib 12         I			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the for	ollowing:	1.2.3	512	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Cod	le.)		
		_		Yes	No
10a			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			×	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		198	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	ts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	L	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by		1212		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		2013		
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		an ty		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			s 341	
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1000 · 1000		ANT -	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		S. is		
	organization's exempt status with respect to such arrangements?	<u></u>	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or				
	available for public inspection. Indicate how you made these available. Check all that apply.				
19	Describe in 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	s the o	orgar	nization's	books	and	records	: 🕨
DO	NNA	LAYBUR	RN					24	47	SANTA	CLA	RA	AVE .				

•				
	2447	SANTA	CLARA	AVE.

Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN PROVIDENCE Page Page	je <b>7</b>
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.	
<ul> <li>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.</li> </ul>	
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> </ul>	
<ul> <li>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.</li> </ul>	
<ul> <li>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.</li> </ul>	

\$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.
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box offi	k, unle cer ar	ss per nd a c	tion more rson i lirecto	than on s both a pr/trustee	an Ə)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) DONNA LAYBURN										
PRESIDENT	10.00	x		x				0	0	0
(2) STEVE BUSSE	0.00						_			
	10.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) DEB KNOWLES	10.00									
OF OPENA DV	10.00	x		x				• • • • <b>0</b>	0	· · · 0
SECRETARY (4) DUANE WATSON	0.00	<b>A</b>		<b>A</b>	-		_			
	10.00									
TREASURER	0.00	X		X				0	0	0
(5) JULIE BARON										
	2.00							0	0	0
DIRECTOR (6) RICH KRINKS	0.00	X				$\left  \right $		0		
(0) 1(1) (1) (1) (1)	2.00									Ŭ.
DIRECTOR	0.00	X						0	0	0
(7) KYLE CONNER								-		
	2.00							0	o	0
DIRECTOR (8) KATE PRYOR	0.00	X	-	-	$\vdash$	+	_	0		<b>v</b>
(8) RALE PRIOR	2.00									
DIRECTOR	0.00	x						0	0	0
(9) CINDY KAHL										
	2.00									0
DIRECTOR	0.00	X	-		-		_	0	0	0
(10) TERRI MITCHELL	2.00									
DIRECTOR	0.00	' x						0	0	0
(11) RON MOONEY										
	2.00									
DIRECTOR	0.00	X						0	0	Form <b>990</b> (2015)

Part VII	15) PARK STRE Section A. Officers								ION, IN nd Highest Compensated	Employees (continued)	Page 8
	(A) Name and title	(B) Average hours per week (list any	(d bo	o not x, unle	(C Posi check ess pe	<b>c)</b> ition more rson i	than o is both or/trust	one	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) <b>A</b>	RTHUR MERCAL					-					
DIRECTOR		2.00	x						0	0	0
	DBB RATTO	<b>40.00</b> 0.00						x	87,282	0	0
										3	
		· · · · · · · · · · · · · · · · · · ·									.1
1b Sub-tot	al		L						87,282		
c Total fr	om continuation shee	ets to Part VII, S	iecti	on A	<b>.</b>						
2 Total n	umber of individuals (ind	cluding but not li	mite	d to	those	e list	ted a	bove	9 who received more than	\$100,000 of	
	ble compensation from									· · · · · · · · · · · · · · · · · · ·	Yes No
3 Did the employ	organization list any fo e on line 1a? If "Yes."	rmer officer, dire complete Scheo	ector	, or i J for	truste such	e, k n ind	key e tividu	mplo al	oyee, or highest compensa	ited	3 X
4 For any organization	individual listed on line ation and related organ	e 1a, is the sum izations greater	of re than	port \$15	able 0,000	com )? If	ipens f "Yes	satio s," co	n and other compensation complete Schedule J for suc	from the ch	
individu 5 Did any	al person listed on line 1	a receive or acc	rue	com	bensa	ation	n from	n an	v unrelated organization or	individual	
	ices rendered to the on dependent Contracto		es,"	com	plete	Sch	nedul	<u>e J f</u>	or such person	<u></u>	5 X
1 Comple	te this table for your fiv	e highest comp	ensa	ted i	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of	
comper	Name and	(A) business address	mpe	nsau	onto	<u>pr tn</u>	e ca	ena		(B) in free organization's tax yea (B) ion of services	ar. (C) Compensation
				_					Descripti	UT UT Services	Compensation
					.'		_				
				2							
	mber of independent c more than \$100,000 (								e listed above) who		

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## Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN

Part VIII

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

		Check if Schedule			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
str	1a	Federated campaigns	1a			() 计行为计可定于当时	di seste di secti	
Srai	b	Membership dues	1b	120,458				
A A A	с	Fundraising events	1c					Carlos and Marine
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					and the second second
s, Imi	е	Government grants (contributions)	1e					
in single	f	All other contributions, gifts, grants,						
but		and similar amounts not included above	1f	929				and address of the
dtri	g	Noncash contributions included in lines 1a	-1f: \$					A Contraction of the
ang	h	Total. Add lines 1a-1f			121,387	Care and the second	a chudhairea	
auc				Busn. Code				The Let Mar 1995
evei	2a	CAR SHOW			18,272	18,272		
a R	b				3,600	3,600		
NC	C	3. A MARANA A A A A A A A A A A A A A A A A A			3,000	3,000		
S	d				2,500	2,500		
ram	е	CUSTOMER APPRECIATIO			1,665	1,665		
Program Service Revenue		All other program service reve			1,300	1,300		
4		Total. Add lines 2a-2f		I.	30,337			
	3	Investment income (including						
		and other similar amounts)				· · · · · · · · · · · · · · · · · · ·		
	4	Income from investment of tax		· –		· · · · · · · · · · · · · · · · · · ·		
	5	(i) Real		i) Personal		A Contraction of the second		
	60	Gross rents		i) Personal				
		Less: rental exps.						
		Rental inc. or (loss)						A Contraction of the second
1		Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other			Salar Hundred	
		sales of assets other than inventory						C ALCONTRACTOR
	b	Less: cost or other		1	S. C. Starting	흔성 이 영습이 않		
		basis & sales exps.						Contraction and
	с	Gain or (loss)						VEL BERGER
	d	Net gain or (loss)						
	8a	Gross income from fundraising eve	nts					191000
Revenue		(not including \$				Service Providence		19月1日前12月1日
Seve		of contributions reported on line 1c	).					
1		See Part IV, line 18	. a	214,332				
-tj		Less: direct expenses		107,613				The Print Build of the State
Ŭ		Net income or (loss) from func		🕨	106,719			
	9a	Gross income from gaming activitie			La Contraction of the	1		
		See Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam	ing activities .	······ •				
	10a	Gross sales of inventory, less		1				
		returns and allowances						
		Less: cost of goods sold						a sense a server
	C	Net income or (loss) from sale Miscellaneous Revenue	s or inventory	Busn. Code				
	11a							
	b							
	6	•						
	d	All other revenue						
		Total. Add lines 11a–11d					0345.433.1	
		Total revenue. See instruction			258,443	30,337	(	0
_					-,			- 000

Form 990 (2015)

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## Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN

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). D 71

	Check if Schedule O contains a respo	onse or note to any line in t	his Part IX		<u></u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				a she and the set
- -	individuals. See Part IV, line 22			The second	
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			the President	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	,			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · ·			
7	Other salaries and wages	114,642	57,321	57,321	
8	Pension plan accruals and contributions (include		01,322	01,022	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,000		12,000	
10		12,090		12,090	
11	Payroll taxes Fees for services (non-employees):	22/000			
b	Management			8	
	Legal Accounting	7,584		7,584	
ď	Accounting	.,		.,	
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				· · · ·
	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	20,948		20,948	
12	Advertising and promotion	3,437	3,437		
13	Office expenses	4,690	2,373	2,317	
14	Information technology	497		497	
15	Royalties		S		1. D
16	Occupancy	18,190		18,190	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,232		2,232	
	Interest				14
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86	86		
23	Insurance	5,764		5,764	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			Succession and the second	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MAINT. & IMPROVEMENT COMM	13,085	13,085		
b	PROMOTION COMMITTEE	10,140	10,140		
С	T-SHIRTS	5,808	5,808		
d	OTHER- REST	4,853	40 505	4,853	
	All other expenses	16,173	12,505	3,668	~
25	Total functional expenses. Add lines 1 through 24e	252,219	104,755	147,464	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

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# Form 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN Part X Balance Sheet

Page 11

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	10,414	1	17,191
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	2,550	3	
4		1,375	4	6,800
5	Accounts receivable, net Loans and other receivables from current and former officers, directors,		243	
	trustees, key employees, and highest compensated employees.		Sec. 1	
			5	
	Loans and other receivables from other disqualified persons (as defined under section			
6				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	Sector Description of the books	6	
3	organizations (see instructions). Complete Part II of Schedule L		7	
300 7				
8	Inventories for sale or use	1 105	8	7,007
9	Prepaid expenses and deferred charges	1,125	9	1,001
10	a Land, buildings, and equipment: cost or		1.1	
	other basis. Complete Part VI of Schedule D 10a 10,228	0.0		
k	b Less: accumulated depreciation     10b     10,228	86	10c	
11	Investments-publicly traded securities		11	
12			12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,550	16	
17	Accounts payable and accrued expenses		17	
18			18	
19			19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22			STOR R	
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
<u>2</u> 3 ا			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	8,104	25	17,328
26		8,104	26	17,328
	Organizations that follow SFAS 117 (ASC 958), check here ► X and	S. State States	-3846	
မ္မ	complete lines 27 through 29, and lines 33 and 34.			
		570	27	1,686
28		6,876	28	11,984
2 29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		1.50	
5	complete lines 30 through 34.			
3			30	
			31	
27 28 29 20 Lind Dalances 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		· · · · · · · · · · · · · · · · · · ·	32	
		7,446		13,670
33		15,550		30,998
34	Total liabilities and net assets/fund balances	10,000	34	

Form	1 990 (2015) PARK STREET BUSINESS ASSOCIATION, IN		Page 12
	art 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)		58,443
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,219
3	Revenue less expenses. Subtract line 2 from line 1		6,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		7,446
5	Net unrealized gains (losses) on investments 5		
6	Donated services and use of facilities		
7	Investment expenses 7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B)) 10		13,670
Pa	Int XII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	
			Yes No
1	Accounting method used to prepare the Form 990: 📋 Cash 🕱 Accrual 🗌 Other	1994	T.S. 187
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O.		1.000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	184	
	reviewed on a separate basis, consolidated basis, or both:		570150
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	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:		102
	Separate basis Consolidated basis Both consolidated and separate basis	. Asso (	Sector Sec
С	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?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1.941	1.14
	Schedule O.	30.78	1
- 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?	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

#### Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, OMB No. 1545-0047 SCHEDULE D (Form 990) 20 5 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number PARK STREET BUSINESS ASSOCIATION, IN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 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 Number of conservation easements included in (c) acquired after 8/17/06, and not on a d historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 | 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2

а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	ę
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following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule	D	(Form	990)	2015

Schedule D (Form 990) 2015 PARK S. Part III Organizations Maintain			the second se	ər Simi	lar Assets	(continue	Page <b>2</b> ed)
3 Using the organization's acquisition, according collection items (check all that apply):							
a Public exhibition	чП	Loan or exchange pr	ograms			л. ж.	
b Scholarly research							
c Preservation for future generations							
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 sol	cit or receive donations	of art, historical treas	ures, or other similar			_	_
assets to be sold to raise funds rather the	an to be maintained as	part of the organization	n's collection?			Yes	No
Part IV Escrow and Custodial	-						
Complete if the organiza	tion answered "Yes'	' on Form 990, P	art IV, line 9, or re	ported a	an amount o	on Form	
990, Part X, line 21		•••					
1a Is the organization an agent, trustee, cu	stodian or other intermed	liary for contributions	or other assets not			<b>—</b>	
				s. s. sas a		Yes	No No
<b>b</b> If "Yes," explain the arrangement in Part	XIII and complete the fo	blowing table:				Amount	
e Posinning helenee					4.	Amount	
c Beginning balance							·
d Additions during the year				• • • • • • • •	1d		
e Distributions during the year					1e 1f		
<ul><li>f Ending balance</li><li>2a Did the organization include an amount of</li></ul>	n Form 000 Dert V lin					Yes	
<ul> <li>b If "Yes," explain the arrangement in Part</li> </ul>						_	- No
Part V Endowment Funds.	All. Check here if the e	Apianation has been				<u></u>	
Complete if the organiza	tion answered "Yes'	' on Form 990. P	art IV. line 10.				
	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	nree years back	(e) Four ye	ears back
1a Beginning of year balance				10			
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs		1					
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the	current year end balanc	e (line 1g, column (a)	) held as:				
a Board designated or quasi-endowment	▶ %						
<b>b</b> Permanent endowment	%						
c Temporarily restricted endowment ►	%						
The percentages on lines 2a, 2b, and 2c							
3a Are there endowment funds not in the p	ossession of the organization	ation that are held an	d administered for the			_	
organization by:							es No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If "Yes" on line 3a(ii), are the related org	anizations listed as requ	ired on Schedule R?				3b	
4 Describe in Part XIII the intended uses		owment funds.					
Part VI Land, Buildings, and E				_			
Complete if the organiza							
Description of property	(a) Cost or other			Accumulat		(d) Book va	lue
4.1	(investment)	. (0	her)	depreciation			
1a Land			La contra de la				
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment		•	10 220	10	220		
e Other		t X column (R) line	<b>10,228</b>	T0	,228		<u> </u>

Schedule D (Form 990) 2015

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	Investments-Other Securities.		
	Complete if the organization answered "Yes" on		
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
) Closelv-he	d equity interests		
515 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
(C)			
(D)		· · · · · · · · · · · · · · · · · · ·	
(E)			
(F)			
(G)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		
Fall VIII	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 Part X line 13
		(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) book value	Cost or end-of-year market value
1)			
2)			8
3)			
4)			
5)			
<u>6)</u>			
7)			
(8)			
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(9) otal. (Colum Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
2) (1) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
2) 2) 2) 4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Colum Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Colum Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Colum Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
otal. (Colum           Part IX           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	
otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	
tal. (Colum         Part IX         1)         2)         3)         4)         5)         6)         (7)         (8)         (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description		(b) Book value
otal. (Colum         Part IX         1)         2)         3)         4)         5)         6)         (7)         (8)         9)         otal. (Colum	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 0tal. (Colum Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 9) 9) 91 21. (Colum Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 5 5 6) 7) 8) 9) 5 7 8) 9) 5 7 8) 9) 5 7 8) 9) 7 7 8) 9) 7 7 8) 9) 7 7 8 8 9 9 7 7 8 8 9 9 7 7 8 7 8 7 8 7	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 51 6) 7) 8) 9) 52 6] 7) 8) 9) 53 7) 7) 8) 9) 71 7) 8) 9) 71 71 71 71 71 71 71 71 71 71 71 71 71	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 9) 9) 9) 91 21 (Colum Part X 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 9) 9) 9) 91 21 (Colum Part X 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         total. (Colum         Part X         1) Federal         2) UNEAR         3)         4)         5)         6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         total. (Colum         Part X         1) Federal         2) UNEAR         3)         4)         5)         6)         7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         otal. (Colum         Part X         (1)         Federal         (2)       UNEAR         (3)         (4)         (5)         (6)         (7)         (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
tal. (Colum Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 5) 5) 6) 7) Federal 2) UNEAR 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value

Schedule D (Form 990) 2015

Contract of the second s	dule D (Form 990) 2015 PARK STREET BUSINESS ASSOCIA			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, P	ents With Reve	nue per Retur	n
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:	******		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		1.1
c	Recoveries of prior year grants	20		
d	Other (Describe in Part XIII.)	2d	1.10	
e	Add lines 2a through 2d		26	
3	Subtract line 2e from line 1	e	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	1.0	
b	Other (Describe in Part XIII.)	4b		
			40	
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	• • • • • • • • • • • • • • • • • • • •		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" on Form 990, P	art IV line 12a	enses per iver	urn.
1		art iv, inte 12a.	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 adjustmente	2b	2	
c	Prior year adjustments	20 2c	CI-	
d	Other losses	2d		
		20		
3	Add lines 2a through 2d			
4	Subtract line 2e from line 1	*rl		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			7
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
U	Other (Describe in Part XIII.)	4b		
0	Add lines to and the			
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	
c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; P	art V, line 4; Part >	
c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	, lines 1b and 2b; P	art V, line 4; Part >	
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c 5 Pa Provi	Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         rt XIII       Supplemental Information.         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	', lines 1b and 2b; P any additional infor	art V, line 4; Part X	ς, line
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c 5 Pa Provi	Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         rt XIII       Supplemental Information.         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV         rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b and 2b; P any additional infor	art V, line 4; Part >	(, line
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c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b and 2b; P any additional infor	art V, line 4; Part >	ζ, line
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c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b and 2b; P any additional infor	art V, line 4; Part >	ζ, line

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 PARK STREET BUSINESS ASSOCIATION, IN	Page 5
Part XIII Supplemental Information (continued)	
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Schedule D (Form 990) 2015

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CHEDULE G Supplemental Infor					OMB No. 1545-0047
	anization answered "Yes nization entered more th		), Part IV, lines 17, 18, or 19 Form 990-EZ, line 6a.	, or if the	2015
epartment of the Treasury temal Revenue Service	Attach to For chedule G (Form 990 or		n 990-EZ. s instructions is at www.irs	.gov/form990.	Open to Public Inspection
ame of the organization	****	การแสดง และเหตุลาย (Con		Employer identifica	
PARK STREET BUSIN		States in the second	THE REAL PROPERTY AND AND AND AND ADDRESS OF THE PARTY OF		
Part I Fundraising Activities. Complete Form 990-EZ filers are not required			red "Yes" on Form	n 990, Part IV, line	17.
1 Indicate whether the organization raised funds through			Check all that apply		
a Mail solicitations			vernment grants		
b Internet and email solicitations	<u> </u>	of governr	-		
c Phone solicitations		ndraising ev			
d In-person solicitations	g Lad opeoidi idi	indialong et			
2a Did the organization have a written or oral agreement	with any individual	(including a	officers, directors, trust	ees	
or key employees listed in Form 990, Part VII) or entil	ty in connection with	n profession	al fundraising services	s?	Yes N
b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursua	ant to agree	ements under which th	e fundraiser is to be	
		(iii) Did fund- raiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
		contributions?		col. (i)	
		Yes No			
1			· · · · · · · · · · · · · · · · · · ·		
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3 List all states in which the organization is registered or		contributions	s or has been notified	it is exempt from	<u> </u>
registration or licensing.			25		
		********		•••••	•••••••••••••••••••

#### Schedule G (Form 990 or 990-EZ) 2015 PARK STREET BUSINESS ASSOCIATION, IN

Page 2

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

Revenue	1	Gross receipts	(a) Event #1 ART & WINE FAIR (event type) 141,372	(b) Event #2 SPRING FESTIVAL (event type) 72,960	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c)) <b>214</b> , 332
		Less: Contributions Gross income (line 1 minus line 2)	141,372	72,960		214,332
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Din	8	Entertainment				
	9	Other direct expenses	68,488	39,125		107,613
	10 11	Direct expense summary. Net income summary. Sul	Add lines 4 through 9 in column ( btract line 10 from line 3, column (	d)		107,613 106,719
P	art	III Gaming. Com	plete if the organization answ n Form 990-EZ, line 6a.	wered "Yes" on Form 990, P	art IV, line 19, or repor	ted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
enses		Cash prizes				
Direct Expenses		Noncash prizes				
Dire	4	Rent/facility costs				
$\neg$	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No //	
	7	Direct expense summary.	Add lines 2 through 5 in column (	(۶	•	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, co	olumn (d)		
9 a b	ls t	er the state(s) in which the he organization licensed to No," explain:	e organization conducts gaming ac conduct gaming activities in each	tivities: of these states?		Yes No
	•••					
		re any of the organization's /es," explain:	s gaming licenses revoked, susper	nded or terminated during the tax y	ear?	Yes No
	• •					*******

Schedule G (Form 990 or 990-EZ) 2015

Sche	dule G (Form 990 or 990-EZ) 2015 PARK STREET BUSINESS ASSOCIATION, IN Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation <b>&gt;</b> \$
	Description of services provided
	Director/officer
47	New John State Production of the State Sta
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or
<u>.</u> Р	spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
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	Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE J	Compensation Information	OMB No.	1545-0	047	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	15	5	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to Public			
Department of the Treasury	Attach to Form 990.		ection		
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.					
Name of the organization	PARK STREET BUSINESS ASSOCIATION, IN	n number			
Part I Que	stions Regarding Compensation				
			Yes	No	
	opriate box(es) if the organization provided any of the following to or for a person listed on Form	115			
990, Part VII, S	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class	or charter travel Housing allowance or residence for personal use	888 B			
Travel for o					
	ification and gross-up payments Health or social club dues or initiation fees			230	
Discretional	y spending account Personal services (e.g., maid, chauffeur, chef)				
<b>b</b> If any of the bo	xes on line 1a are checked, did the organization follow a written policy regarding payment				
	nt or provision of all of the expenses described above? If "No," complete Part III to				
		1b	_		
		1020			
	ation require substantiation prior to reimbursing or allowing expenses incurred by all				
directors, truste	es, and officers, including the CEO/Executive Director, regarding the items checked in line		1		
1a?		2	5 Y	-	
3 Indicate which,	if any, of the following the filing organization used to establish the compensation of the		1.55		
	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	184			
	ation to establish compensation of the CEO/Executive Director, but explain in Part III.	5.20			
	ion committee Written employment contract				
H ·	t compensation consultant Compensation survey or study	1		1.12	
	of other organizations Approval by the board or compensation committee				
4 During the year	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
0	a related organization:	40	100	x	
	erance payment or change-of-control payment?			X	
	or receive payment from, a supplemental nonqualified retirement plan?			x	
	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40	161		
ii res to any	of mes 4a-c, list the persons and provide the applicable amounts for cach term in r archite				
Only section 5	i01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	G 35			
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1000		
compensation of	contingent on the revenues of:	1.1.8	-	1	
a The organization	n?	<u>5a</u>		<u> </u>	
b Any related org	janization?	5b		-	
If "Yes" to line	5a or 5b, describe in Part III.				
6 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
•	contingent on the net earnings of:				
	n?	6a			
	janization?				
	6a or 6b, describe in Part III.				
	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_			
	lescribed on lines 5 and 6? If "Yes," describe in Part III	7		+	
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject ntract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe				
	ntract exception described in Regulations section 53.4958-4(a)(3)? If Yes, describe	8			
9 If "Yes" to line	8, did the organization also follow the rebuttable presumption procedure described in				
Regulations se	ction 53.4958-6(c)?	9			

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

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Schedule J (Form 990) 2015

r each individual whose compensation must be reported or structions, on row (ii). Do not list any individuals that are no ste: The sum of columns (B)(i)-(iii) for each listed individual	listed on Form 990. Part	Vil.					al.
		W-2 and/or 1099-N		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
ROBB RATTO	0 87,282	0	0	0	0	87,282	
EXECUTIVE DIRECTOR	(ii)O	0	0	0	0	0	
	(0) (0)					•••••	
	0		,				
	(ii)						
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Schedule J (Form 990) 2015 PARK STREET BUSINESS ASSOCIATION, IN	Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and for any additional information.	nd 8, and for Part II. Also complete this part
	Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-E2         Complete to provide information for responses to specific questions on         Form 990 or 990-E2 or to provide any additional information.         ▶ Attach to Form 990 or 990-E2.         ▶ Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.	n 2015 Open to Public
Name of the organization	PARK STREET BUSINESS ASSOCIATION, IN	Employer identification number
	ORGANIZATION'S MISSION	
THE PARK ST		
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h. • • • • • • • • • • • • • • • • • • •	ST FORMED IN 1981. WE SERVE AS A SUPPORT NET	
BUSINESSES		
· · · · ·	N ASSOCIATION'S GOAL IS TO DEVELOP AN ECONOMI	CALLY PROSPEROUS
BUSINESS DI	STRICT THROUGH A UNITED EFFORT OF ITS MEMBERS	•
a:		
FORM 990, P.	ART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
DIRECTOR (S)	REVIEW FORM 990 PRIOR TO FILING	
n)		
FORM 990, P	ART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	URE EXPLANATION
AVAILABLE U	PON REQUEST	
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x • 00500333338• • 0054• • 6800000		
z • etc. • • • • • • • • • • • • • • • • • • •		
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Schedule O (Form 990 or 990-EZ) (2015)

034 Date Accepte	ed						DO	ΝΟΤ	MAIL T	HIS	FORM TO THE FTB
TAXABLE YEAR			e Return		orizati	on	for				<u>FORM</u> 8453-ЕО
Exempt Organiza	tion name	STREET	BUSINE	SS AS	SOCIAT	ION	, IN	Identifyin	ng number		
Part I E	lectronic Return Info	rmation (wh	ole dollars only	')							
1 Total gro	ss receipts (Form 199	, line 4)								. 1.	366,056
2 Total gro	ss income (Form 199,	line 8)								. 2	<u>366,056</u> 359,832
3 Total exp	enses and disbursem	ents (Form 1	99, Line 9)							3	559,652
Part II s	ettle Your Account E	lectronically	for Taxable Y	'ear 2015							
4 Elect	ronic funds withdrawa	l 4a/	Amount			4	b Withdrawal	date (	mm/dd/yy	/уу)	
Part III B	anking Information (	Have you ve	rified the exem	pt organiza	ation's bank	ing inf	ormation?)				
<ul><li>5 Routing</li><li>6 Account</li></ul>							<b>7</b> Type	of acc	ount: 🗌	Che	cking Savings
Part IV D	eclaration of Officer								9		
I authorize the the amount list	exempt organization's acted on line 4a.	count to be s	ettled as designa	ted in Part I	I. If I check F	Part II, E	Box 4, I authorize	e an ele	ctronic fur	nds wit	hdrawal for
the exempt organi exempt organi organization re processing o reason(s) for	2015 California electronic ganization is filing a balar zation's fee liability, the e atum and accompanying f the exempt organization the delay.	nce due return xempt organiz schedules and	<ul> <li>I understand the ation will remain</li> <li>I statements be to</li> </ul>	at if the Fran liable for th transmitted f yed, I autho	nchise Tax B e fee liability o the FTB by prize the FTE	oard (F and all / the El 3 to dis	TB) does not rea applicable intere RO, transmitter, aclose to the El	ceive ful est and or intern RO or in	II and time penalties. mediate se	ly pay I auth ervice	ment of the orize the exempt provider. <b>If the</b>
Sign Here	Signature of officer			<b>11/3</b>	0/16	Title	RESIDEN	T			
nere							<u> </u>				×
Part V D	eclaration of Electron	nic Return (	Driginator (ER	O) and Pa	id Prepare	r. See	instructions.			_	
knowledge. (If however, that transmitting th followed all otti for <b>four</b> years available to th return and acc	I have reviewed the abov I am only an intermediat form FTB 8453-EO accu is return to the FTB; I ha her requirements describe from the due date of the e FTB upon request. If I companying schedules ar hormation of which I hav	e service provi rately reflects ve provided th ed in FTB Pub return or <b>four</b> am also the p ad statements,	rider, I understan- the data on the r e organization of 0. 1345, 2015 e-fi years from the aid preparer, und	d that I am return.) I hav ficer with a ile Handboo date the exe ler penalties	not responsite ve obtained to copy of all for k for Authoriz mpt organiza of perjury, I	he for re he orga ms and ed e-file tion retr declare	eviewing the exe inization officer's d information that e Providers. I wi urn is filed, which that I have example	empt org signatu it I will fi ill keep f hever is mined th ct, and	ganization' ire on form ile with the form FTB later, and ne above	s retur n FTB FTB, 8453-I I will exemp	m. I declare, 8453-EO before and I have EO on file make a copy t organization's
ERO	ERO's- signature				Date		also paid preparer	if	self- mployed	X	
Must					1					FI	EIN
Sign	Firm's name (or yours if self-employed)	RYAN	VAN VAL		•						
-	and address	2447 ALAME		LARA	AVENUE	CA					ZIP code 94501
Under penaltie	es of perjury, I declare the	at I have exan	nined the above	organization a this declar	's return and ation based of	accom	panying schedul formation of whi	es and s ich I hav	statement: /e knowled	s, and Ige.	
	Paid						Date		heck		Paid preparer's PTIN
Paid	preparer's signature						01/20/1	.7 e	self- mployed	X	
Preparer										F	EIN
Must	Firm's name (or yours if self-employed)	RYAN	VAN VAL		. <b>A</b> .						
Sign	and address	2447		LARA	AVENUE		<b>ITE 300</b>	)			ZIP code 94501
		ALAME	DA			CA					TACE

For Privacy Notice, get FTB 1131 ENG/SP.

# Voucher at bottom of page.

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

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

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

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

WHEN	то	FILE:	E
			-

### Fiscal year – See instructions. Calendar year corporations – File and Pay by March 15, 2016. Calendar year exempt organizations – File and Pay by May 16, 2016.

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

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

	nt Voucher for C zations e-filed R	orporations and Exe eturns	mpt	358	6 (e-file
TYB 07-01-2015	ARK TYE 06-30-20 INESS ASSOCIATI		15	FORM	3
2447 SANTA CLARA ALAMEDA	A AVENUE CA 94501	STE 302			
		Amount of	Payment		10.

TAXABLE YEA	R California Exempt Organization		FORM
2015	Annual Information Return		199
Calendar Yea	r 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015 , and ending (mm/dd/yyyy)	06/3	30/2016
Corporation/Organi		Californ	ia corporation number
	PARK STREET BUSINESS ASSOCIATION, IN		
Additional informat	ion. See instructions.	FEIN	and shares in the same of the same
Street address (su			PMB no.
City	SANTA CLARA AVENUE SUITE 302	State	Zip code
ALAMED	Δ	CA	94501
Foreign country na			Foreign postal code
A First Retu	m Yes X No J If exempt under R&TC Section 23701	d. has the	organization
	Return		
C IRC Section	on 4947(a)(1) trust Yes 🕱 No K is the organization exempt under R&TC		
D Final Inform	nation Return?		ά.
• 🚺 Di	ssolved Surrendered (Withdrawn) Merged/Reorganized sources.		\$
	(mm/dd/yyyy) ● L If organization is exempt under	R&TC Se	ection 23701d and
	ounting method: (1) Cash (2) X Accrual (3) Other meets the filing fee exception, c		
	urn filed? (1) ● 990T (2) ● 990-PF (3) ● Sch H (990) No filing fee is required		
	ther 990 series M Is the organization a Limited Liab		
G Isthisagr	oup filing? See instructions Yes X No Did the organization file Form 100 to report taxable income?		
	anization in a group exemption? Yes X No to report taxable income? O Is the organization under audit by		······ ● Yes X No
11 1CS, W	IRS audited in a prior year?		
Did the org	anization have any changes to its guidelines not reported P Is federal Form 1023/1024 pendi		
-	P See instructions. • Yes X No Date filed with IRS	······	
	complete Part I unless not required to file this form. See General Instructions B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	<b>244,669</b> 00
	2 Gross dues and assessments from members and affiliates	2	00
Dessints	3 Gross contributions, gifts, grants, and similar amounts received	3	<b>121,387</b> 00
Receipts and	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	1	
Revenues	This line must be completed. If the result is less than \$50,000, see General Instruction B	4	<b>366,056</b> 00
iterenaee	5 Cost of goods sold 00	- 775.5	
	6 Cost or other basis, and sales expenses of assets sold 6		0.0
	7 Total costs. Add line 5 and line 6	7	<b>366,056</b> 00
	8 Total gross income. Subtract line 7 from line 4	8	359,832 00
Expenses	<ul> <li>9 Total expenses and disbursements. From Side 2, Part II, line 18</li> <li>10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8</li> </ul>	9 10	<b>6,224</b> 00
	44 Title superty	11	00
	10 Use two Dee Operand Instruction I/	12	00
	12 Use tax. See General Instruction K 13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
Filing Fee	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 Instruction F	15	<b>10</b> 00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	<b>10</b> 00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any know		knowledge and belief, it is
Sign Here	Signature   Title   Date	nougo.	Telephone
nere	of officer PRESIDENT		
	Preparer's Date Check if se		PTIN
Paid	signature 01/20/2017 employed		FEIN
Preparer's	Firm's name RYAN VAN VALER, E.A.		
Use Only	(or yours, if 2447 SANTA CLARA AVENUE SUITE 300		Telephone
	and address ALAMEDA, CA 94501		510-521-0252
	May the FTB discuss this return with the preparer shown above? See instructions		Yes No

034 3651154

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### PSBA 01/20/2017 3:31 PM

PARK STREET BUSINESS ASSOCIATION, IN

Part II	C	)rgar	nizations with gross receipts of dless of amount of gross receip	more than \$50,000 and pr	ivate foundations					
·	Ť	<u>yar</u> 1	Gross sales or receipts from			•	1	3	0,337	00
		2					2		0,007	00
Receipts		3	D' ' I I		••••••••••••••••••••••••••••••••••••••		3			00
from	'	4	· · · · · · · · · · · · · · · · · · ·	The release an easy of reactions are a second se			4			00
Other		5	Gross rents Gross royalties				5			00
Sources	-	6	Gross amount received from cale	of accete (See Instructions)	******	a.c	6			00
Sources		7	Gross amount received from sale Other income. Attach schedu			1	7	21	4,332	
		6				e - 22 222	8		4,669	
			Total gross sales or receipts from othe						4,009	10.0
		9	Contributions, gifts, grants, and similar	amounts paid. Attach schedule			9	9		00
		10	Disbursements to or for mem	iders			10			00
		11	Compensation of officers, directors, an	d trustees. Attach schedule	SEE STATEMENT	• • • •	11		4 640	00
_			Other salaries and wages				12	<u> </u>	4,642	_
Expense	s	13					13			00
and		14	Taxes			•••••••	14		0 1 0 0	00
Disburse	>-	15	Rents	*******		•••••••	15	1	8,190	
ments		16	Depreciation and depletion (	See instructions)	engenerengeneren er edd	ener ender •	16			00
		17	Depreciation and depletion (\$ Other Expenses and Disbursement	nts. Attach schedule.	SEE STATEMENI	[3]●	17		6,914	_
		18	Total expenses and disbursement	ts. Add line 9 through line 17.	Enter here and on Side 1, Part I,	line 9	18		9,832	00
<u>Schedi</u>	ule	L	Balance Sheets	Beginning of	taxable year	En	d of taxat	ole year		
Assets				(a)	(b)	(c)			(d)	
1 Cash					10,414		R - T - M	•	17,1	
2 Net a	acco	unts	receivable		3,925	THE DUNC	and the second	•	6,8	00
3 Net n	notes	rece	ivable.			and the second second	an ar an a	•		
								•		
5 Federa	al and	state	e pations	Strate Arrest is the IFA			SAN HERE	•		
6 Invest	tmen	ts in	other bonds			2-7-2-28-3		•		
			in stock		· · · · · · · · · · · · · · · · · · ·			•		
8 Mortg							Sec. 1	•		
9 Other	invest	tment	S.				1000 200	· · · · · · · · · · · · · · · · · · ·		
10 a De	eprec	dule siable	e assets	26,262		1	0,228			
h le	epice	rcun	nulated depreciation	26,176	86		0,228)			
							<u>, , , , , , , , , , , , , , , , , , , </u>			
12 Other	assets	 S.	STMT 4		1,125		Contraction of the		7,0	07
Attach	sche	dule.			15,550				30,9	
Linkilitin	1 85	sets			13,330				30,9	90
			et worth							15.
14 Acco								•		
			gifts, or grants payable		1	Contraction of the local section of the local secti	1997 (1999) (1999) (1997)	•		
16 Bonds								•		
17 Mortg 18 Other	ages liabilit	pay	rable		0.104			•	4 17 0	
Attach	sche	dule	STMT 5		8,104				17,3	28
19 Capit 20 Paid-in	tal si	tock	or principal fund			A CALLER AND	- The Trans	•		
			tion	La Cast de la constante de la c				•		
21 Retair	ned e	amir	ngs or income fund		7,446			•	13,6	70
			es and net worth		15,550	Net Alexan	255 12 Mar		30,9	98
Schedu	ule	<b>M-</b> '	1 Reconciliation of income						i	
		-			edule L, line 13, column (d),					
1 Net i	incor	ne p	per books		7 Income recorded of	on books this yea	r			
2 Fede	eral i	ncor	me tax		not included in this					19-3-
3 Exces	ss of	capil	tal losses over capital gains		schedule			•		
4 Incor	me n	iot r	ecorded on books this year.		8 Deductions in this	return not charg	ed	17. A. S. A.		
Attac	ch so	ched	lule	•	against book incor	ne this year. Atta	ach			53
5 Expe	enses	s rec	corded on books this year		schedule			•		
			in this return.		9 Total. Add line 7	7 and line 8				
			lule	•	10 Net income per				日朝記論	
			ne 1 through line 5		Subtract line 9 f					_
				· · · · ·						

034 3652154

PSBA Park Street Business Association,In

# California Statements

FYE: 6/30/2016

## Statement 1 - Form 199, Part II, Line 7 - Other Income

Description	 Amount
ART & WINE FAIRE SPRING FESTIVAL	\$ 141,372 72,960
TOTAL	\$ 214,332

Nomo	Statement	2 - Form 1		<u>, Line 11 - Officer Compensation</u>			
Name	City	State	Add Zip	Title		Avg Hrs	Compensation Amount
onna layburn Teve Busse EB Knowles Jane Watson	D.			PRESIDENT VICE PRESIDENT SECRETARY	×	10.00 10.00 10.00	
ULIE BARON ICH KRINKS YLE CONNER				TREASURER DIRECTOR DIRECTOR DIRECTOR		10.00 2.00 2.00 2.00	
ATE PRYOR INDY KAHL ERRI MITCHELL DN MOONEY				DIRECTOR DIRECTOR DIRECTOR		2.00 2.00 2.00 2.00	
RTHUR MERCADO TOTAL				DIRECTOR		2.00	

PSBA Park Street Business Association, In

# California Statements

FYE: 6/30/2016

Description	Amount
RT & WINE FAIRE	· \$
	11,103
BEER	7,052
WINE	8,519
GLASSES	6,601
SALES TAX	4,548 477
TABLES/CHAIRS RENTALS	1,250
SPONSORS BOOTHS	3,450
LUMPERS	350
BIKE MONITORS DUMPSTER	2,500
ELECTICIAN	2,000
ADVERTISING	6,918
POSTER	49
SECURITY	1,632
RENTAL TRUCKS	207
AWF ICE	1,995
AWF T-SHIRTS	2,949
MISC.	2,068
PERMITS	1,410
DRINK TICKETS	85
SUPPLIES	332
BANNERS	93
PRESSURE WASHING	2,900
RING FESTIVAL	2,290
TRASH/RECYCLE	2,500
POSTER	49
MÚSIC CLEARANCE	148
VOLUNTEER TOKENS	450
SALES TAX	2,355
GLASSES	3,825 3,150
BEER	2,788
WINE	1,100
CABLE AD PRODUCTION CABLE ADS	6,523
BANNER	89
PERMITS	972
DRINK TICKETS	55
POLICE	1,632
TABLES/CHAIRS RENTALS	388
PRINTING	.82
BIKE PARKING	550
ELECTRICAL	1,000
LUMPERS	1,900
BOOTHS	720
TRUCK RENTAL	130
ICE	1,350
SUJPPLIES	41
MISC.	893
PRESSURE WASHING	2,900
SPRING FESTIVAL - OTHER	869

FYE: 6/30/2016

Description	Amount	
CAR SHOW	\$	
SHOW	2,532	
TOILET RENTAL	307	
BIKE PARKING	240	
CABLE ADS	3,971	
MUSIC	800	
LUMPERS	500	
POSTER	49	
BANNER	93	
PLATES T-SHIRTS	991	
MISC.	5,808	
PRINTING	871	
POSTAGE	176 387	
CUSTOMER APPRECIATION DAY		
	199	
	905	
MUSIC	300	
BALLOONS	162	
CCD BANNER	1,158	
OTHER EMPLOYEE BENEFITS	12,000	
PAYROLL TAXES	12,090	
ACCOUNTING	7,584	
MARKETING SHOPPING GUIDES	20,948	
PRINTING	2,174	
POSTAGE	167	
CONFERENCES, MEETINGS	480 2,232	
POWER BOX ART	2,232	
IEMBERSHIP	3,668	
PROMOTION COMMITTEE	10,140	
IAINT. & IMPROVEMENT COMM	13,085	
THER- REST	4,853	
UPPLIES	1,605	
THER	65	
OMPUTER REPAIR	497	
ORKERS COMP	1,632	
IABILITY/ D&O	4,132	
	1/102	

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

Description	Beginning of Year	End of Year			
PREPAID EXPENSES	\$ 1,125	\$ 7,007			
TOTAL	\$ 1,125	\$ 7,007			

3-4

PSBA Park Street Business Association,In

# California Statements

FYE: 6/30/2016

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

Description	Beginning of Year	End of Year		
UNEARNED REVENUE	\$ 8,104	\$ 17,328		
TOTAL	\$ 8,104	\$ 17,328		

2015       and Amorization       3885         Attach to Form 100 or Form 100W. FORM 199       Caltornia corporation number       Caltornia corporation number         PARK STREET BUSINESS ASSOCIATION_IN       Caltornia corporation number         1       Machine IC Section 179 property laboral maxima.       1         2       Total cost of ICS Section 179 property laboral maxima.       1         3       Threshold cost of ICS Section 179 property laboral maxima.       1         4       Amoritability Section 179 property laboral maxima.       3         5       Caltornia comparison of ICS Section 179 property laboral maxima.       3         6	TAXABLE YEAR	Cor	noratio		propiotic			¥2					_CALIFORNIA FORM
Composition name         California cooperation number           Park         STREET         BUSINESS         ASSOCIATION, IN         California cooperation number           Part II         Election To Expresse Certain Property Jacob In acroscie         1         2           2         Total cost of IRC Section 179 property balcon acroscie         3         4           3         Reduction In Initiation.         3         4           4         Cost of IRC Section 179 property balcon acroscie ens. enter -0-         5         5           6         (d) Description of acroperty         (d) Cest (burnes use only)         (e) Elected cost         9           7         Listed property (elected IRC Section 179 property Add arrounds in column (c), line 6 and line 7         8         9           9         Total elected cost of IRC Section 179 property. Add arrounds in column (c), line 6 and line 7         8         9           10         Campored of classiowed decubic no prior transible years         10         11         12           11         Campored disalowed decubic not 52/16. Add sine 9 and line 10, bus to not enter more than line 11         12         12           12         RC Section 179 separety. Add arround First Yaar Depression Deductor Under RATC Section PC Add arround first Yaar Depression Deductor Under RATC Section PC Add arround first Yaar Depression Deductor Under RATC Section PC Add arround	2015	and	Amort	<u>izatio</u>	n	<u></u>							
PARK         STREET         BUSINESS         ASSOCIATION, IN           Part I         Election To Expense Cartain Property Under IKS Section 179         1		or Form	100W. <b>FO</b>	RM 199	9	2							
Part I       Election To Expanse Cartain Property Under IRC Section 179         1       Maximum detuction under IRCs Section 179 property before rotuction in limitation       1         2       Total cost of IRC Section 179 property before rotuction in limitation       3         4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.       4         5       Deliver limitation for travelable year. Subtract line 4 from line 1. If zero or less, enter -0.       5         6       (d) Description of property Add amounts in column (0), line 6 and line 7.       8         7       Listed property (elected IRC Section 179 croperty. Add amounts in column (0), line 6 and line 7.       8         9       Total elected cost of IRC Section. T92 croperty. Add amounts in column (0), line 6 and line 7.       8         9       Total elected cost of IRC Section. T92 croperty. Add amounts in column (0), line 6 and line 7.       1         10       Carroword of liasBoard distuction. Tetr the smaller of lines 5 nine 8.       10         11       Description of angle and line 10, line 10 and line 10.       12         12       IRC Section 179 expenty bead dust to 10.       10.       12         13       Description for board line 9 and line 10, line 10.       13         14       Description for adverted line 12 and line 10, obard line 10.       14         15       A		DADK	marading	DITOTN				-			Califo	omia d	corporation number
							TION, II	N					
Total costs of IRC Section 179 property benear reduction in limitation		ction und	er IRC Section	179 for C	alifornia	n 179							
	3 Threshold cost	of IRC S	Section 179 prop	perty before	e reduction in lim	itation	••••••			************			
2 Deterministic for exclusion of property     (e) Description of property     (f) Descrip	4 Reduction in lim	nitation. S	Subtract line 3 f	rom line 2.	If zero or less, e	nter -0-	••••••••••••••••••••••••••••••••••••••	• 101010101 •		a			
(a) Description of property       (b) Cost (business use only)       (c) Elected cost         6       7       Listed property (elected IRC Section 179 cost)       7       7         8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8       9         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       9       9         10       Carryover of disallowed deduction. from prior taxable years       10       11         11       Dispectation and Election of Additional First Year Depreciation Deduction Under R&IC Section 24355       11         11       Depreciation and Election of Additional First Year Depreciation Deduction Under R&IC Section 24356       11         12       Information and Election of Additional First Year Depreciation Deduction Under R&IC Section 24356       11         13       Carryover of disallowed deduction. Not in the 2 monoton of the precision allowed in ender years       11       12         14       Deprecision and Election of Additional First Year Deprecision Deduction Under R&IC Section 24356       11       12         14       Deprecision allowed deduction to 2016. Add line a column (h) may not exceed \$2,000.       15       86         15       Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       86	5 Dollar limitation	for taxat	ole year. Subtra	ct line 4 fro	om line 1. If zero	or less	. enter -0-						
6       7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         9       Totalize deciduation. Enter the smaller of line 5 or line 8       9         10       Carryover of disallowed deduction from prior taxable years       10         11       Business income limitation. Enter the smaller of line 5 or line 6       11         12       IRC Section 179 expense deduction. Add line 9 and line 10, less line 12       13         13       Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12       13         13       Carryover of disallowed deduction of 2016. Add line 9 and line 10, less line 12       13         14       Depreciation advection of Additional First Ysam Depreciation Deduction Under REC Section 24356       (f)         14       SEE       STATEMENT 1       86         15       Add fine amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       86         16       Total in 60, our effection advection in 4dd down effection advection in 4dd down effection advection in 616. Column (g) or Additional first year depreciation advection in 616. Columns (g) and (h) or Depreciation advection in 616. Columns (g) and (h) or Depreciation advection in 616. Columns (g) or Additional dingread dowection in model effection purposes from federa													
10 Carryover of disallowed deduction. Enter the smaller of inter 5 or line 5 or	_6									(-)		_	
10 Carryover of disallowed deduction. Enter the smaller of inter 5 or line 5 or													
10 Carryover of disallowed deduction. Enter the smaller of inter 5 or line 5 or	7 Listed property	(elected	IRC Section 17	9 cost)				. [7	7				
9 Tentaneve deduction. Enter the smaller of line 5 or line 6 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, besine 12 14 Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	<ul> <li>Iotal elected co</li> </ul>	ost of IRC	Section 179 p	roperty. Ad	ld amounts in col	umn (c	<ol> <li>line 6 and</li> </ol>	line 7				8	
11       Business income limitation. Add line 9 and line 10, but do not enter more than line 11.       11         12       IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carnyver of disallewed deduction to 2016. Add line 9 and line 10, but do not enter more than line 11.       13         Part II       Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24356       (h)         (a)       (b)       (c)       (c)       (c)       (c)         Description of academic of the basis       Depreciation and election of Additional first Year Depreciation Deduction Under RATC Section 24356       (h)         (a)       (b)       (c)       (c)       (c)       (c)       (c)         Depreciation and election of Additional first Year Depreciation in method       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c) <td>9 rentative deduc</td> <td>tion. Ent</td> <td>ter the smaller</td> <td>of line 5 or</td> <td>line 8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td></td>	9 rentative deduc	tion. Ent	ter the smaller	of line 5 or	line 8							9	
12 Description       11         13 ICS Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11       12         13 Carryover of disallowed deduction. Add line 9 and line 10, but do not enter more than line 11       13         14 Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24356       (h)         0 Betro-dimensional disconterional first Year Depreciation and Election of Additional first Year depreciation and the anounts in column (h). The total of column (h) may not exceed \$2,000.       15       866         15 Add the anounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       866         20 Earth II Summary       Is add the anounts in column (h). The total of column (h) may not exceed \$2,000.       15       86         20 To tait depreciation for for eaching:       If Cost or other basis       If Column (h) or Depreciation and Electing:       16       86         20 To tait depreciation solution (h or eaching:       If Cost or other basis       Column (g) or Additional First Year Depreciation (h or First Year Depreciation (h or Electing:       16       86         21 To tait depreciation solution (h)       The total of column (h) may not exceed \$2,000.       15       86       16         22 additional firs	To Carryover of ula	alloweu	deduction from	prior taxap	he vears							10	
31       Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12       13         Part II       Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356       (h)         Decorption       (h)       Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356       (h)         Decorption       (h)       Depreciation allowed or allow	TI DUSITIESS ITCOTT	emman	on. Enter the sr	naller of bu	JSINESS INCOME (r	iot less	s than zero)	or line	5			11	
Part II       Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356         (a)       (b)       Date acquired (mmiddlyyyy)       (c)       (c)       (d)       (e)       (f)       (e)       (f)	12 INC Section 1/s	expension	e deduction. Ad	d line 9 an	id line 10, but do	not en	ter more tha	n line		<u></u>	<u></u>	12	
(a)       (b)       Date acquired (mm/dd/yyyy)       (c)       <	Part II Deprecia	allowed o	deduction to 20	16. Add lin	e 9 and line 10, I	ess line	e 12	1					. 방송성 방법 역정
Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Depreciation allowed or allowable in earlier years       Ult or perceision method       Depreciation (method       Ult or rate       Depreciation (method       Ult or rate       Depreciation (method       Additional first year       Additional first year       Add		auon an		aditional		ciation			r R&1	C Section 2	24356		
tion of generity       (mm/dd/yyyy)       or allowable in earlier years       method       rate       this year       year depreciation         14       SEE:       STATEMENT       1       86       96         14       SEE:       STATEMENT       1       86       96         14       SEE:       STATEMENT       1       86       96         15       Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       86         See instructions for line 14, column (h).       The total of column (g) or Additional first year depreciation under R8TC Section 2436, add the amounts on line 15, columns (g) and (h) or Depreciation (for elections: and eleverative mount from line 15, column (g) or Additional first year depreciation under R8TC Section 2436, add the amounts on line 15, columns (g) and (h) or Depreciation (for lo elections: and eleverative difference here and on Form 1000 or Form 1000V, Side 1, line 6, If line 17 is less than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 6, If line 17 is less than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 6, If mind dyyyy)       18         20       11       Amortization       18         9       1       1       1       1         10       Total. Add the amounts in column (g)       1       20       21         11       1       1       1       1		quired		er basis		owed				,	on for		.,
14       serier years       earlier years       86         SEE       STATEMENT       1       86         1		/ууу)					1			-			
SEE       STATEMENT       1       86         See       86       86         See       86       86         See instructions for line 14, column (h)       10       10         15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15       86         Part III Summary       15       86         16 Totat: If the corporation is electing:       15       86         17 Total dependent on use Rest of the amount from line 15, column (g) or Additional first year depreciation column for foreral purposes from federal Form 4562, line 22       16       86         18 Depreciation calumed for federal purposes from federal Form 100 or Form 100W, Side 1, line 6, for the difference here and on Form 100 or Form 100W, Side 1, line 6, for the difference here state adjustment is necessary.)       18       87C Section       9         2art IV Amortization       0       Cost or other basis       Amortization allowed or allowed or allowed or allowable in earlier years       R&TC Section representation for this year       9       20       4mortization for this gear         0< Total. Add the amounts in column (g)					earlier year	s							
15       Add the amounts in column (a) and column (b). The total of column (b) may not exceed \$2,000.       15       86         2       2       15       86         Part III Summary       15       86         16       Total of the corporation is electing: IRC Section 179 express, add the amount from line 15, column (g) or Additional first year depreciation under RATC Section 24356, add the amounts on line 15, columns (g) and (h) or       16       86         17       Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Site 1, line 6. If line 17 is less than line 6, enter the difference here and on Form 100 or Form 100W, Site 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100W, no adjustment.       18         Perceitation calumed for federal purposes from federal Form 4562, line 22. If line 17 is less than line 6, enter the difference here and on Form 100W, no adjustment.       18         Perceitation adjustment. If line 17 is greater than line 10, enter the difference here and on Form 100W, no adjustment.       18         Description of property       Date exclured (mm/dd/yyyy)       Cost or other basis       Amortization for this year         9       1       1       20       20       21         1       1       20       21       21         1       1       1       1       20       21         1       1					1								
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>	SEE STATE	MILLIN T	<u> </u>									86	
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>	· · · ·												
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>													
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>													
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>									_				
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>													
See instructions for line 14, column (h)       15       86         Part III Summary       16 Total: If the corporation is electing:       IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       16       86         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, on adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)</li></ul>	15 Add the amounts in	n column (	(q) and column (h)	. The total or	f column (h) may no	t excee	d \$2,000	<u> </u>					
Part III Summary       16       Total: If the corporation is electing:       16       16       86         17       Total depreciation under R&TC Section 24356, add the amounts on line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) and (h) or Depreciation claimed for federal purposes from federal Form 4562, line 22       16       16       86         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       16       17         18       Depreciation adjustment. If line 17 is less than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment       18       17         Part IV Amortization       Cost or other basis       Amortization allowed or allowed or allowed or allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage       Amortization for this year         9       0       Total. Add the amounts in column (g)       16       20       17         10       Total amortization claimed for federal purposes from federal Form 4562, line 44       20       20         11       Total amortization claimed for federal purposes from federal Form 4562, line 44       20       21	See instructions for	r line 14, c	column (h)				α ψ2,000.		15			96	
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or       16       86         Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or       16       86         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation adjustment is necessary.)       18         Part IV       Amortization       (c)       (c)       (d)       (e)       (f)       Period or prorent greater than line 16, enter the difference bere and on Form 100 or Form 100W, no adjustment       18         Part IV       Amortization       18       (g)       Amortization allowed or allowed or allowed or allowable in earlier years       (e)       (f)       Period or precentage       Amortization for this year         9       0       Total Add the amounts in column (g)       20       20       20       20       21         1       Total amortization claimed for federal purposes from federal Form 4562, line 44       24       20       21	Part III Summary	y .				<u></u>	<u></u> <u>.</u>				_	00	
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or       16       86         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       18       17         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment       18         Part IV Amortization       (a)       (b)       (c)       (c)       (d)         (a)       (b)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       Period or property       Amortization for this year         9       0       Total. Add the amounts in column (g)       20       21         1       Total amortization claimed for federal purposes from federal Form 4562, line 44       20       21	16 Total: If the corp	poration i	s electing:								T	- T	
17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       16       86         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.       17         18       in the enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment       18         Part IV Amortization       (e)       (f)       R&TC section (see instructions)       Period or percentage         9       18       0       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage         9       10       Total. Add the amounts in column (g)       20       20       21         1       Total amortization claimed for federal purposes from federal Form 4562, line 44       20       21         2       20       21       21       21	Additional first year	xpense, ac depreciat	the amount on	line 12 and I	ine 15, column (g) o	)r on line	45. aabuuu (					1	
17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment       18         Part IV Amortization       (a)       (b)       (c)       (c)       (d)       R&TC section allowed or allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage       Amortization for this year         9       0       Total. Add the amounts in column (g)       20       20         1       Total amortization claimed for federal purposes from federal Form 4562, line 44       20	Depreciation (il no	election is	made), enter the	amount from	n line 15. column (a'	)		g) and (	n) <b>or</b>			16	86
1 line 17 is less trial line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <l< td=""><td>17 I otal depreciation</td><td>n claime</td><td>d for federal pu</td><td>rposes fror</td><td>m federal Form 4</td><td>562 lir</td><td>ne 22</td><td></td><td></td><td></td><td>Ξ Γ</td><td>17</td><td></td></l<></ul>	17 I otal depreciation	n claime	d for federal pu	rposes fror	m federal Form 4	562 lir	ne 22				Ξ Γ	17	
arriounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment       18         Part IV Amortization <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(d)</li> <li>(d)</li> <li>(e)</li> <li>(f)</li> <li>(g)</li> <li>Amortization allowed or allowable in earlier years</li> </ul> <ul> <li>(g)</li> <li>(g)</li> <li>(g)</li> <li>(h)</li> <li>(h)</li> <li>(c)</li> <li>(c)</li> <li>(d)</li> <li>(e)</li> <li>(f)</li> <li>(g)</li> <li>(h)</li> <li>(g)</li> <li>(g)</li> <li>(g)</li> <li>(h)</li> <li>(g)</li> <li>(h)</li> <li>(g)</li> <li>(h)</li> <li>(g)</li> <li>(h)</li> <li>(g)</li> <li>(h)</li> <li(h)< li=""> <li>(h)</li> <li>(h)<td>If line 17 is less that</td><td>ment. It lin an line 16</td><td>enter the difference</td><td>an line 16, ei Se bere and</td><td>nter the difference h</td><td>ere and</td><td>on Form 100</td><td>or Form</td><td>100W</td><td>, Side 1, line 6</td><td>S.  </td><td></td><td></td></li></li(h)<></ul>	If line 17 is less that	ment. It lin an line 16	enter the difference	an line 16, ei Se bere and	nter the difference h	ere and	on Form 100	or Form	100W	, Side 1, line 6	S.		
Is necessary.)       18         Part IV Amortization       (a)       (b)       (c)       (d)       (e)       (f)       Amortization for this year         Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       (f)       Amortization for this year         9       Image: Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       (f)       Amortization for this year         9       Image: Cost or other basis       Image: Cost or other basi	amounts are used t	to determi	ne net income bef	ore state adj	justments on Form 1	100 or F	orm 100W. nc	adiustr	alliomi nent	a depreciation			
(a)       (b)       (c)       (d)       (e)       (f)       (g)         Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage       Amortization for this year         9       Image: Cost or other basis       Image: Cost or other basis       Image: Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage       Amortization for this year         9       Image: Cost or other basis	Is necessary.)			<u></u>	<u></u>			<u></u>				18	
Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC section (see instructions)       Period or percentage       Amortization for this year         9			(b)	1	<u></u>								
(mm/dd/yyyy)       allowable in earlier years       (see instructions)       percentage         9       Image: Second S		y Da	ate acquired	Cost o		Amor	(d) tization allowe	d or	R&	(e) TC section	Period	lor	(g) Amortization for this year
0 Total. Add the amounts in column (g)     20       1 Total amortization claimed for federal purposes from federal Form 4562, line 44     21	10	(n	nm/dd/yyyy)			allowa	ble in earlier	years					
1 Total amortization claimed for federal purposes from federal Form 4562, line 44         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or For	15											- 1	
1 Total amortization claimed for federal purposes from federal Form 4562, line 44         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or For		+										-+	
1 Total amortization claimed for federal purposes from federal Form 4562, line 44         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or For													
1 Total amortization claimed for federal purposes from federal Form 4562, line 44       21         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100		1											
1 Total amortization claimed for federal purposes from federal Form 4562, line 44         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or For													
1 Total amortization claimed for federal purposes from federal Form 4562, line 44         2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or For	20 Total. Add the an	nounts ir	n column (a)								L	20	
2 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W	21 Total amortization	n claimed	d for federal pu	poses fron	n federal Form 4	562. lin	 e 44			· · · · · · · · · · · · · · · · · · ·			
Cide 4 line C If the O4 to 1 / 00 / 1 / 00	22 Amortization adjustr	nent. If line	e 21 is greater that	n line 20. er	ter the difference he	erre and	on Form 100	or Form	100W		··  -		
Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	Side 1, line 6. If line	21 is less	s than line 20, ente	er the differen	nce here and on For	<u>m 100 c</u>	or Form 100W,	Side 2	, line 1	2	.   :	22	

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PSBA Park Street Business Association, In FYE: 6/30/2016	California Statements			
Indirect Depreciation Statement 1 - Form 3885. Part II. Line 14 - Depreciation Detail Information				
Description				
	Date         Cost /         Accum         Life /         Current         Add'l           Acquired         Basis         Depr         Method         Rate         Depr         1st Year			
FURNISHINGS AND EQUIPMENT	6/30/06 \$ 10,228 \$ 10,142 MACRS 10 \$ 86 \$			
TOTAL	\$ 10,228 \$ 10,142 \$ 86 \$			
61				
	1			





PO Box 2039 Novato, CA 94948-2039

PARK STREET BUSINESS ASSOC 2447 SANTA CLARA AVE #302 ALAMEDA CA 94501-4579 Account Number: Statement Period: 05/31/16 - 06/30/16 Page: 1 of 4

### **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: 1416 PARK STREET ALAMEDA, CA 94501

Wisit us Online: www.bankofmarin.com

## Account Summary for CHECKING ACCOUNT

Beginning Balance as of 05/31/16	\$40,163.57
(+) Deposits and Credits (2)	25,461.00
(-) Withdrawals and Debits (27)	33,401.52
Ending Balance as of 06/30/16	\$32,223.05
Enclosures	22

### **Checks Posted**

\* Skip in check sequence

## **Debits**

Date	Description	Subtractions
06/02	Preauthorized Debit	49.99
00/02	BUSONLINE P/R PR MO FEE 160602	
06/02	Preauthorized Debit	5,883.07
	PAYROLL SERVICE 5B4S 160602	
	5B4S 5B4S	
06/10	Preauthorized Debit	159.59
	COMCAST CABLE 160610	
06/16	Preauthorized Debit	4,806.57
	PAYROLL SERVICE 5B4S 160616	
	5B4S 5B4S	
06/30	Preauthorized Debit	5,881.94
	PAYROLL SERVICE 5B4S 160630	
	5B4S 5B4S	

#### **Balance Your Account**

**Checks Outstanding** 

ks Outstanding			1 Check off (1) checks appearing o	n your statement. Thos	e checks
heck No.	Amount		not checked off (✓) should be re column	corded in the checks ou	tstanding
			2		
			Enter your checkbook balance		
			Add any credit made to your account through transfers, interest, etc. as shown on this statement. (Be sure to enter these in your checkbook.)		
			Subtract any debits made to your account through transfers, account fees, etc. as shown on this statement. (Be sure to enter these in your checkbook.)		
			Adjusted checkbook balance		
			3		
			Bank Balance shown on this statement. Add deposits shown in your checkbook, but not shown on this statement, because they were made and received after date of this statement		
			Subtotal		
DTAL		→	Subtract checks outstanding		
			Adjusted bank balance		

Date:

Your checkbook is in balance if line A agrees with line B.

### **ELECTRONIC FUND TRANSFER TRANSACTIONS (EFT)**

The following notices apply to your account if it is maintained primarily for personal, family or household purposes. Electronic Fund Transfer transactions (EFT transactions) are transactions processed electronically. ATM transactions and transactions processed through the Automated Clearing House Association, such as direct deposit of Social Security benefits are EFT transactions.

#### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS FOR CONSUMER CUSTOMERS ONLY

Telephone us at 866.626-6004 to report lost/stolen cards or to reach your branch office for all other EFT issues. Write to us at Bank of Marin. ATTN: Central Operations, PO Box 2039, Novato, CA 94948-2039, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we send you the first statement on which the problem or error appeared.

- (1) Tell us your name and account number
- (2) Describe the error or the 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.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will tell you the results of our investigation within 10 or 5 (VISA® Check Card) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (or in some cases, up to 90 days) to investigate your complaint or questions. If we decide to do this, we will credit your account within 10 or 5 (VISA® Check Card) business days for the amount you think is in error, so that you will have 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 do not receive it within 10 business days, we may not credit your account.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

#### **MEMBER FDIC**

(R 09/15)



Account Number: Statement Period: 05/31/16 - 06/30/16 Page:

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# CHECKING ACCOUNT (continued) Account

## Credits

Date	Description	Additions
06/09	Deposit	<u> </u>
06/24	Deposit	10,020.00

## **Daily Balances**

Date 05/31 06/01 06/02 06/03 06/06 06/07	<b>Amount</b> 40,163.57 40,083.57 31,250.51 30,690.51 28,337.07 28,189.07	06/08 06/09 06/10 06/13 06/16	<b>Amount</b> 25,299.70 30,452.70 30,293.11 29,079.61 24,273.04 24,165.59	06/20 06/21 06/22 06/24 06/30	<b>Amount</b> 23,985.59 21,867.70 19,879.99 38,104.99 32,223.05
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# **Overdraft/Return Item Fees**

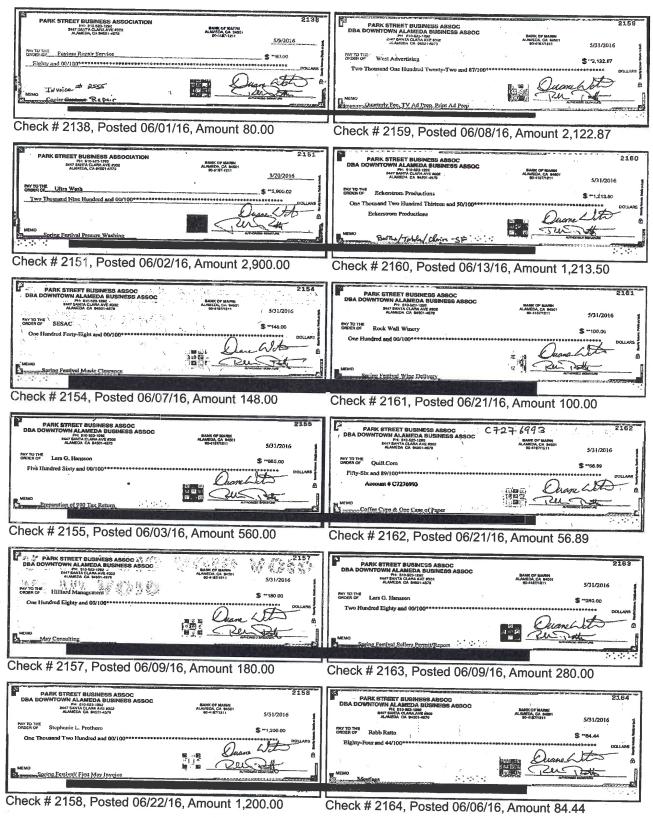
Description	Total this Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00





Account Number: Statement Period: 05/31/16 - 06/30/16 Page:

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Account Number: Statement Period: 05/31/16 - 06/30/16 Page:

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Check # 2167, Posted 06/09/16, Amount 1,323.00	Check # 2172, Posted 06/22/16, Amount 750.00
2160	PARK STREET BUSINESS ASSOC 2173
PARK STREET BUSINESS ASSOC DBA DOWNTOWN ALAMEDA BUSINESS ASSOC PR: 0425458 Berr Dwirt Cotwards and Berr Berr Berr Berr Berr Berr Berr Ber	DBA DOWNTOWN ALLANEDA BUSINESS ASSOC BUY 75 010 20 107 BUY 75 010 20 107 AMURDA CA 100 107 AMURDA CA 1
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Check # 2168, Posted 06/21/16, Amount 1,961.00	Check # 2173, Posted 06/24/16, Amount 125.00
PARK STREET BUSINESS ASSOC 2169 DBA DOWNTOWN ALARDA BUSINESS ASSOC BAK OF MARK	P // P PÁRK STREET BUSNIESS ASSOCIA
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