

## Forms 990 / 990-EZ Return Summary

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

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

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

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>193,797</u>
<b>Revenue</b>		
Contributions	<u>133,106</u>	
Program service revenue	<u>858,369</u>	
Investment income	<u>554</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
<b>Total revenue</b>		<u>992,029</u>
<b>Expenses</b>		
Program services	<u>720,839</u>	
Management and general	<u>132,624</u>	
Fundraising		
<b>Total expenses</b>		<u>853,463</u>
<b>Excess / (deficit)</b>		<u>138,566</u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u>332,363</u>

COPY

**Reconciliation of Revenue**

Total revenue per financial statements	<u>992,029</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>992,029</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>853,463</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>853,463</u>

<b>Balance Sheet</b>		
Beginning	Ending	Differences
Assets <u>424,372</u>	<u>548,568</u>	
Liabilities <u>230,575</u>	<u>216,205</u>	
Net assets <u>193,797</u>	<u>332,363</u>	<u>138,566</u>

**Miscellaneous Information**

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

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

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

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2021**

Name of filer **OCEAN BEACH MERCHANT'S ASSOCIATION, INC** EIN or SSN **\*\*-\*\*\*5092**

Name and title of officer or person subject to tax **BARBARA IACOMETTI  
PRESIDENT**

**Part I Type of Return and Return Information**

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>992,029</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

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

**PIN: check one box only**

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

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

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

Signature of officer or person subject to tax \_\_\_\_\_ Date 11/04/22

**Part III Certification and Authentication**

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

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

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

ERO's signature \_\_\_\_\_ Date 11/04/22

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

Form **990**

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b> Doing business as <b>OCEAN BEACH MAINSTREET ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 7990</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO CA 92167</b>	<b>D</b> Employer identification number <b>** - *** 5092</b> <b>E</b> Telephone number <b>619-224-4906</b> <b>G</b> Gross receipts \$ <b>992,029</b>
<b>F</b> Name and address of principal officer: <b>BARBARA IACOMETTI</b> <b>4993 NIAGARA AVE #205</b> <b>SAN DIEGO CA 92107</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.OCEANBEACHSANDIEGO.COM</b>		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>14</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>14</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>9</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>175</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>																		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>																		
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>95,520</b></td> <td style="text-align: right;"><b>133,106</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>499,263</b></td> <td style="text-align: right;"><b>858,369</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>106</b></td> <td style="text-align: right;"><b>554</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>594,889</b></td> <td style="text-align: right;"><b>992,029</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>95,520</b>	<b>133,106</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>499,263</b>	<b>858,369</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>106</b>	<b>554</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>594,889</b>	<b>992,029</b>
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<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;"><b>188,198</b></td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;"><b>332,218</b></td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;"><b>520,416</b></td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;"><b>74,473</b></td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>188,198</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>	<b>0</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>332,218</b>	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>520,416</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>74,473</b>		
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<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;"><b>424,372</b></td> <td style="text-align: right;"><b>548,568</b></td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;"><b>230,575</b></td> <td style="text-align: right;"><b>216,205</b></td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;"><b>193,797</b></td> <td style="text-align: right;"><b>332,363</b></td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	<b>424,372</b>	<b>548,568</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>230,575</b>	<b>216,205</b>	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>193,797</b>	<b>332,363</b>						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BARBARA IACOMETTI</b> Type or print name and title	Date <b>PRESIDENT</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JERE R. BATTEN, CPA</b>	Preparer's signature Date <b>11/04/22</b>
	Firm's name ▶ <b>BATTEN ACCOUNTANCY INC</b> <b>4696 GREENE ST</b> Firm's address ▶ <b>SAN DIEGO, CA 92107-1420</b>	Check <input type="checkbox"/> if self-employed PTIN ***** Firm's EIN ▶ <b>** - *** 2845</b> Phone no. <b>619-501-6359</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

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

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

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

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

4a (Code: ) (Expenses \$ **149,975** including grants of \$ ) (Revenue \$ **50,627** )

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

4b (Code: ) (Expenses \$ **166,510** including grants of \$ ) (Revenue \$ **90,698** )

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

4c (Code: ) (Expenses \$ **404,354** including grants of \$ ) (Revenue \$ **717,044** )

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

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

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

4e Total program service expenses **720,839**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

1a	13
1b	0

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

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

**DENISE KNOX  
SAN DIEGO**

**1868 BACON ST**

**CA 92107**

**619-224-4906**



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

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

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

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

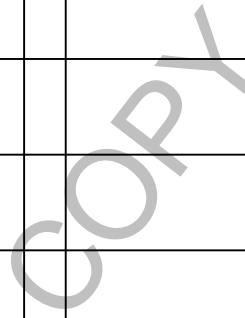
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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

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

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



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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	10,665				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	94,040				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	28,401				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			133,106			
	<b>Program Service Revenue</b>	<b>2a</b> FARMER'S MARKET	Business Code	455,176	455,176		
<b>b</b> STREET FAIR			138,157	138,157			
<b>c</b> OKTOBERFEST			123,711	123,711			
<b>d</b> MAINTENANCE ASSESSMENT			68,175	68,175			
<b>e</b> PROMOTION			50,627	50,627			
<b>f</b> All other program service revenue			22,523	22,523			
<b>g Total.</b> Add lines 2a-2f				858,369			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			554		554
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			992,029	858,369	0	554	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>262,349</b>	<b>207,494</b>	<b>54,855</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>20,772</b>	<b>16,376</b>	<b>4,396</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	<b>85,877</b>	<b>85,877</b>		
<b>b</b> Legal				
<b>c</b> Accounting	<b>12,409</b>	<b>42</b>	<b>12,367</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>13,771</b>	<b>13,171</b>	<b>600</b>	
<b>12</b> Advertising and promotion	<b>35,675</b>	<b>35,675</b>		
<b>13</b> Office expenses	<b>15,816</b>	<b>10,874</b>	<b>4,942</b>	
<b>14</b> Information technology	<b>25,998</b>	<b>23,336</b>	<b>2,662</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>14,014</b>	<b>2,494</b>	<b>11,520</b>	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>1,073</b>	<b>956</b>	<b>117</b>	
<b>20</b> Interest	<b>4,166</b>		<b>4,166</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>2,492</b>		<b>2,492</b>	
<b>23</b> Insurance	<b>26,458</b>	<b>12,799</b>	<b>13,659</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	<b>79,136</b>	<b>77,122</b>	<b>2,014</b>	
<b>b</b> <b>EQUIPMENT RENTAL</b>	<b>54,248</b>	<b>54,248</b>		
<b>c</b> <b>EVENT SERVICES</b>	<b>28,587</b>	<b>28,587</b>		
<b>d</b> <b>SECURITY</b>	<b>19,969</b>	<b>19,969</b>		
<b>e</b> All other expenses	<b>150,653</b>	<b>131,819</b>	<b>18,834</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>853,463</b>	<b>720,839</b>	<b>132,624</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>148,769</b>	<b>1</b>	<b>186,406</b>
	<b>2</b> Savings and temporary cash investments	<b>186,835</b>	<b>2</b>	<b>267,435</b>
	<b>3</b> Pledges and grants receivable, net	<b>18,109</b>	<b>3</b>	<b>41,057</b>
	<b>4</b> Accounts receivable, net	<b>40,390</b>	<b>4</b>	<b>21,425</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>15,712</b>	<b>8</b>	<b>17,420</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>3,702</b>	<b>9</b>	<b>4,268</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>52,437</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>42,680</b>	<b>10c</b>	<b>9,757</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>800</b>	<b>15</b>	<b>800</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>424,372</b>	<b>16</b>	<b>548,568</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>4,712</b>	<b>17</b>	<b>41,059</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>12,398</b>	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>195,530</b>	<b>23</b>	<b>150,143</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>17,935</b>	<b>25</b>	<b>25,003</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>230,575</b>	<b>26</b>	<b>216,205</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>191,022</b>	<b>27</b>	<b>332,363</b>
	<b>28</b> Net assets with donor restrictions	<b>2,775</b>	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	<b>193,797</b>	<b>32</b>	<b>332,363</b>	
<b>33</b> Total liabilities and net assets/fund balances	<b>424,372</b>	<b>33</b>	<b>548,568</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>992,029</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>853,463</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>138,566</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>193,797</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>332,363</b>

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....		7,509	3,171	4,338
d Equipment .....		2,285	2,231	54
e Other .....		42,643	37,278	5,365
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>9,757</b>



**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED SALARIES AND RELATED EXPENSE</b>	<b>14,337</b>
(3) <b>CREDIT CARD PAYABLE</b>	<b>9,599</b>
(4) <b>SALES TAX PAYABLE</b>	<b>1,067</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>25,003</b>

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



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

COPY

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

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

Employer identification number

**\*\* - \*\*\*5092****FORM 990 - ORGANIZATION'S MISSION**

TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY

PROVIDING A PLATFORM FOR AREA BUSINESSES TO DEVELOP

MARKETING CAMPAIGNS, ENHANCE PUBLIC IMPROVEMENTS, AND

BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

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

ORGANIZATION HAS MEMBERS THAT PAY AN ANNUAL FEE.

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

BOARD MEMBERS ELECTED BY MEMBERS.

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

BOARD OF DIRECTORS APPROVES SIGNIFICANT ACTIONS OF THE ORGANIZATION

INCLUDING EMPLOYMENT COMPENSATION AGREEMENTS, BUDGET APPROVAL, FINANCIAL

OVERSIGHT, AND MAJOR PURCHASES.

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

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

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

BOARD MEMBER ANNUAL DISCLOSURE

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

APPROVED BY BOARD OF DIRECTORS.

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

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

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

APPROVED BY BOARD OF DIRECTORS.

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

DOCUMENTS AVAILABLE UPON REQUEST

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

DESCRIPTION

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

SECURITY

\$	15,453	\$	0	\$	0
----	--------	----	---	----	---

EVENT ENTERTAINMENT

\$	14,075	\$	0	\$	0
----	--------	----	---	----	---

EVENT SERVICES

\$	10,911	\$	0	\$	0
----	--------	----	---	----	---

EVENT SERVICES

\$	9,753	\$	336	\$	0
----	-------	----	-----	----	---

EVENT SUPPLIES

\$	9,566	\$	0	\$	0
----	-------	----	---	----	---

SECURITY

\$	8,846	\$	0	\$	0
----	-------	----	---	----	---

TRASH REMOVAL

\$	8,448	\$	0	\$	0
----	-------	----	---	----	---

EQUIPMENT RENTAL

\$	7,226	\$	0	\$	0
----	-------	----	---	----	---

TELEPHONE

Name of the organization <b>OCEAN BEACH MERCHANT'S</b>	Employer identification number <b>**_***5092</b>
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\$ 926	\$ 5,869	\$ 0
<b>LICENSES AND FEES</b>		
\$ 6,438	\$ 0	\$ 0
<b>HOLIDAY DECORATIONS</b>		
\$ 5,595	\$ 0	\$ 0
<b>BANNER PROGRAM</b>		
\$ 5,409	\$ 0	\$ 0
<b>PROMOTION SUPPLIES</b>		
\$ 5,198	\$ 0	\$ 0
<b>DUES AND SUBSCRIPTIONS</b>		
\$ 709	\$ 4,044	\$ 0
<b>LANDSCAPING</b>		
\$ 3,600	\$ 0	\$ 0
<b>EQUIPMENT RENTAL</b>		
\$ 314	\$ 2,917	\$ 0
<b>REPAIR AND MAINTENANCE</b>		
\$ 3,129	\$ 0	\$ 0
<b>EVENT SUPPLIES</b>		
\$ 2,222	\$ 634	\$ 0
<b>UTILITIES</b>		
\$ 795	\$ 1,746	\$ 0
<b>LICENSES AND FEES</b>		
\$ 2,394	\$ 0	\$ 0
<b>TRASH REMOVAL</b>		
\$ 2,007	\$ 0	\$ 0
<b>EVENT SERVICES</b>		
\$ 1,791	\$ 0	\$ 0

COPY

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

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

EVENT SUPPLIES

\$ 1,623 \$ 0 \$ 0

EVENT ENTERTAINMENT

\$ 1,450 \$ 0 \$ 0

LICENSES AND FEES

\$ 1,421 \$ 0 \$ 0

TRASH REMOVAL

\$ 0 \$ 1,089 \$ 0

AWARDS AND PLAQUES

\$ 1,000 \$ 0 \$ 0

LICENSE AND PERMITS

\$ 0 \$ 826 \$ 0

EVENT SUPPLIES

\$ 685 \$ 0 \$ 0

EVENT ENTERTAINMENT

\$ 0 \$ 538 \$ 0

DONATIONS

\$ 0 \$ 500 \$ 0

PROMOTION SUPPLIES

\$ 462 \$ 0 \$ 0

BAD DEBT

\$ 0 \$ 285 \$ 0

DUES AND SUBSCRIPTIONS

\$ 121 \$ 0 \$ 0

MISCELLANEOUS

\$ 69 \$ 50 \$ 0

DUES AND SUBSCRIPTIONS

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\*\_\*\*\*5092

\$ 108 \$ 0 \$ 0

REPAIR AND MAINTENANCE

\$ 75 \$ 0 \$ 0

TOTAL

\$ 131,819 \$ 18,834 \$ 0

COPY



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to your tax return.

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

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

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

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

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

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

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

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>2,492</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>2,492</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

**For Paperwork Reduction Act Notice, see separate instructions.**

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## Federal Asset Report

FYE: 6/30/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
10	Tents	6/30/06	740			740	5 MO S/L	740	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709			2,709	7 MO S/L	2,709	0
13	Shore Office Furniture	11/02/06	528			528	7 MO S/L	528	0
14	Farkas Store Fixtures	11/27/06	403			403	7 MO S/L	403	0
16	Home Depot	1/03/07	477			477	7 MO S/L	477	0
17	Ikea Cabinet for Copy Machine	3/30/07	189			189	7 MO S/L	189	0
18	Racks & Wheels	4/25/07	401			401	7 MO S/L	401	0
19	3 Tarps for Street Fair	6/15/07	747			747	7 MO S/L	747	0
23	Website	10/13/09	1,300			1,300	3 MO S/L	1,300	0
24	50 Trash Cans	2/08/11	3,045			3,045	5 MO S/L	3,045	0
25	Office Buildout	2/14/11	695			695	7 MO S/L	695	0
28	Adobe Software-Liz & Denny	3/18/11	898			898	3 MO S/L	898	0
29	Computer & printer-Denny	3/29/11	1,226			1,226	5 MO S/L	1,226	0
32	2 Electrical Wire Cover Ramps	10/01/11	184			184	7 MO S/L	184	0
33	LAPTOP	12/21/12	739			739	5 MO S/L	739	0
34	AWNING	6/26/13	2,063			2,063	5 MO S/L	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970			970	7 MO S/L	970	0
36	Computer	3/14/14	978			978	5 MO S/L	978	0
37	Website - directory	6/06/14	4,000			4,000	5 MO S/L	4,000	0
38	Printer	2/19/14	826			826	7 MO S/L	826	0
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440			3,440	15 MO S/L	1,586	230
40	GENERATOR EZGF-1620854	9/09/15	2,285			2,285	7 MO S/L	1,904	327
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509			7,509	15 MO S/L	2,670	501
42	Trashcan	11/01/16	1,050			1,050	7 MO S/L	700	150
43	3 Cross Street Holiday Swags	9/12/16	8,273			8,273	5 MO S/L	7,997	276
44	HP OMen 870-247c Desktop computer	10/11/17	1,309			1,309	5 MO S/L	982	262
45	HP Omen 870-247c Desktop computer	11/16/17	1,309			1,309	5 MO S/L	938	262
46	Website	9/25/20	1,950			1,950	5 MO S/L	293	390
47	AED Unit	3/07/22	1,492			1,492	7 MO S/L	0	71
48	Apple Ipod Mini	5/10/22	702			702	5 MO S/L	0	23
	<b>Total Other Depreciation</b>		<u>52,437</u>			<u>52,437</u>		<u>40,188</u>	<u>2,492</u>
	<b>Total ACRS and Other Depreciation</b>		<u>52,437</u>			<u>52,437</u>		<u>40,188</u>	<u>2,492</u>
	<b>Grand Totals</b>		52,437			52,437		40,188	2,492
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>52,437</u>			<u>52,437</u>		<u>40,188</u>	<u>2,492</u>

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## CA Asset Report

FYE: 6/30/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Other Depreciation:</b>								
10	Tents	6/30/06	740	740	740	0	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	2,709	2,709	0	0	0
13	Shore Office Furniture	11/02/06	528	528	528	0	0	0
14	Farkas Store Fixtures	11/27/06	403	403	403	0	0	0
16	Home Depot	1/03/07	477	477	477	0	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	189	189	0	0	0
18	Racks & Wheels	4/25/07	401	401	401	0	0	0
19	3 Tarps for Street Fair	6/15/07	747	747	747	0	0	0
23	Website	10/13/09	1,300	1,300	1,300	0	0	0
24	50 Trash Cans	2/08/11	3,045	3,045	3,045	0	0	0
25	Office Buildout	2/14/11	695	695	695	0	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	898	898	0	0	0
29	Computer & printer-Denny	3/29/11	1,226	1,226	1,226	0	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	184	184	0	0	0
33	LAPTOP	12/21/12	739	739	739	0	0	0
34	AWNING	6/26/13	2,063	2,063	2,063	0	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	970	970	0	0	0
36	Computer	3/14/14	978	978	978	0	0	0
37	Website - directory	6/06/14	4,000	4,000	4,000	0	0	0
38	Printer	2/19/14	826	826	826	0	0	0
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440	3,440	1,586	230	230	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	2,285	1,904	327	327	0
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509	7,509	2,670	501	501	0
42	Trashcan	11/01/16	1,050	1,050	700	150	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	8,273	7,997	276	276	0
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	1,309	982	262	262	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	1,309	938	262	262	0
46	Website	9/25/20	1,950	1,950	293	390	390	0
47	AED Unit	3/07/22	1,492	1,492	0	71	71	0
48	Apple Ipod Mini	5/10/22	702	702	0	23	23	0
<b>Total Other Depreciation</b>			<b>52,437</b>	<b>52,437</b>	<b>40,188</b>	<b>2,492</b>	<b>2,492</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>52,437</b>	<b>52,437</b>	<b>40,188</b>	<b>2,492</b>	<b>2,492</b>	<b>0</b>
<b>Grand Totals</b>			<b>52,437</b>	<b>52,437</b>	<b>40,188</b>	<b>2,492</b>	<b>2,492</b>	<b>0</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>52,437</b>	<b>52,437</b>	<b>40,188</b>	<b>2,492</b>	<b>2,492</b>	<b>0</b>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

COPY

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

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
10	Tents	6/30/06	740	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	0	0
13	Shore Office Furniture	11/02/06	528	0	0
14	Farkas Store Fixtures	11/27/06	403	0	0
16	Home Depot	1/03/07	477	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	0	0
18	Racks & Wheels	4/25/07	401	0	0
19	3 Tarps for Street Fair	6/15/07	747	0	0
23	Website	10/13/09	1,300	0	0
24	50 Trash Cans	2/08/11	3,045	0	0
25	Office Buildout	2/14/11	695	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	0	0
29	Computer & printer-Denny	3/29/11	1,226	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	0	0
33	LAPTOP	12/21/12	739	0	0
34	AWNING	6/26/13	2,063	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	0	0
36	Computer	3/14/14	978	0	0
37	Website - directory	6/06/14	4,000	0	0
38	Printer	2/19/14	826	0	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	54	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500	0
42	Trashcan	11/01/16	1,050	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	0	0
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309	65	0
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309	109	0
46	Website	9/25/20	1,950	390	0
47	AED Unit	3/07/22	1,492	213	0
48	Apple Ipad Mini	5/10/22	702	141	0
	<b>Total Other Depreciation</b>		<u>52,437</u>	<u>1,851</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>52,437</u>	<u>1,851</u>	<u>0</u>
	<b>Grand Totals</b>		<u>52,437</u>	<u>1,851</u>	<u>0</u>

Asset	Description	Date In Service	Cost	CA
<b>Other Depreciation:</b>				
10	Tents	6/30/06	740	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	0
13	Shore Office Furniture	11/02/06	528	0
14	Farkas Store Fixtures	11/27/06	403	0
16	Home Depot	1/03/07	477	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	0
18	Racks & Wheels	4/25/07	401	0
19	3 Tarps for Street Fair	6/15/07	747	0
23	Website	10/13/09	1,300	0
24	50 Trash Cans	2/08/11	3,045	0
25	Office Buildout	2/14/11	695	0
28	Adobe Software-Liz & Denny	3/18/11	898	0
29	Computer & printer-Denny	3/29/11	1,226	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	0
33	LAPTOP	12/21/12	739	0
34	AWNING	6/26/13	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	0
36	Computer	3/14/14	978	0
37	Website - directory	6/06/14	4,000	0
38	Printer	2/19/14	826	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229
40	GENERATOR EZGF-1620854	9/09/15	2,285	54
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500
42	Trashcan	11/01/16	1,050	150
43	3 Cross Street Holiday Swags	9/12/16	8,273	0
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309	65
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309	109
46	Website	9/25/20	1,950	390
47	AED Unit	3/07/22	1,492	213
48	Apple Ipad Mini	5/10/22	702	141
	<b>Total Other Depreciation</b>		<u>52,437</u>	<u>1,851</u>
	<b>Total ACRS and Other Depreciation</b>		<u>52,437</u>	<u>1,851</u>
	<b>Grand Totals</b>		<u>52,437</u>	<u>1,851</u>

Form <b>990</b>		<b>Two Year Comparison Report</b>			<b>2020 &amp; 2021</b>
Name		For calendar year 2021, or tax year beginning <b>07/01/21</b> , ending <b>06/30/22</b>			Taxpayer Identification Number
<b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>					<b>** - *** 5092</b>
			<b>2020</b>	<b>2021</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>15,847</b>	<b>28,401</b>	<b>12,554</b>
	2. Membership dues and assessments	2.	<b>8,135</b>	<b>10,665</b>	<b>2,530</b>
	3. Government contributions and grants	3.	<b>71,538</b>	<b>94,040</b>	<b>22,502</b>
	4. Program service revenue	4.	<b>499,263</b>	<b>858,369</b>	<b>359,106</b>
	5. Investment income	5.	<b>106</b>	<b>554</b>	<b>448</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>594,889</b>	<b>992,029</b>	<b>397,140</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	<b>188,198</b>	<b>283,121</b>	<b>94,923</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>80,469</b>	<b>112,057</b>	<b>31,588</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>13,440</b>	<b>14,014</b>	<b>574</b>
	20. Depreciation and Depletion	20.	<b>3,837</b>	<b>2,492</b>	<b>-1,345</b>
	21. Other expenses	21.	<b>234,472</b>	<b>441,779</b>	<b>207,307</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>520,416</b>	<b>853,463</b>	<b>333,047</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>74,473</b>	<b>138,566</b>	<b>64,093</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>594,889</b>	<b>992,029</b>	<b>397,140</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>499,369</b>	<b>858,923</b>	<b>359,554</b>
	27. Total assets	27.	<b>424,372</b>	<b>548,568</b>	<b>124,196</b>
	28. Total liabilities	28.	<b>230,575</b>	<b>216,205</b>	<b>-14,370</b>
	29. Retained earnings	29.	<b>193,797</b>	<b>332,363</b>	<b>138,566</b>
	30. Number of voting members of governing body	30.	<b>14</b>	<b>14</b>	
	31. Number of independent voting members of governing body	31.	<b>14</b>	<b>14</b>	
	32. Number of employees	32.	<b>4</b>	<b>9</b>	
	33. Number of volunteers	33.	<b>250</b>	<b>175</b>	

Form <b>990</b>	<b>Tax Projection Worksheet</b>	<b>2021 &amp; 2022</b>
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Name

Taxpayer Identification Number

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

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

		2021	2022	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	28,401	28,401	
	2. Membership dues and assessments .....	10,665	10,665	
	3. Government contributions and grants .....	94,040	94,040	
	4. Program service revenue .....	858,369	858,369	
	5. Investment income .....	554	554	
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>992,029</b>	<b>992,029</b>	
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....	283,121	283,121	
	17. Professional fundraising fees .....			
	18. Other professional fees .....	112,057	112,057	
	19. Occupancy, rent, utilities, and maintenance .....	14,014	14,014	
	20. Depreciation and Depletion .....	2,492	2,492	
	21. Other expenses .....	441,779	441,779	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>853,463</b>	<b>853,463</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>138,566</b>	<b>138,566</b>	
<b>O t h e r</b>	24. Total exempt revenue .....	992,029	992,029	
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	858,923	858,923	
	27. Total assets .....	548,568	548,568	
	28. Total liabilities .....	216,205	216,205	
	29. Retained earnings .....	332,363	332,363	
	30. Number of voting members of governing body .....	14	14	
	31. Number of independent voting members of governing body .....	14	14	
	32. Number of employees .....	9	9	
	33. Number of volunteers .....	175	175	



Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>		Employer Identification Number <b>** - ***5092</b>

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	120,294	167,197	132,111	87,385	122,441	122,441
Membership dues .....	15,590	13,395	12,410	8,135	10,665	10,665
Program service revenue .....	733,218	700,428	424,201	499,263	858,369	858,369
Capital gain or loss .....		-518				
Investment income .....	20	19	19	106	554	554
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>869,122</b>	<b>880,521</b>	<b>568,741</b>	<b>594,889</b>	<b>992,029</b>	<b>992,029</b>
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	246,126	233,758	207,398	188,198	283,121	283,121
Professional fees .....	98,132	101,587	88,462	80,469	112,057	112,057
Occupancy costs .....	20,216	20,187	16,900	13,440	14,014	14,014
Depreciation and depletion .....	5,481	4,621	3,641	3,837	2,492	2,492
Other expenses .....	493,808	512,361	335,614	234,472	441,779	441,779
<b>Total expenses</b> .....	<b>863,763</b>	<b>872,514</b>	<b>652,015</b>	<b>520,416</b>	<b>853,463</b>	<b>853,463</b>
<b>Excess or (Deficit)</b> .....	<b>5,359</b>	<b>8,007</b>	<b>-83,274</b>	<b>74,473</b>	<b>138,566</b>	<b>138,566</b>
<b>Total exempt revenue</b> .....	<b>869,122</b>	<b>880,521</b>	<b>568,741</b>	<b>594,889</b>	<b>992,029</b>	<b>992,029</b>
Total unrelated revenue .....						
Total excludable revenue .....	733,238	699,929	424,220	499,369	858,923	858,923
Total Assets .....	226,699	276,407	302,599	424,372	548,568	548,568
Total Liabilities .....	32,108	73,809	183,275	230,575	216,205	216,205
Net Fund Balances .....	194,591	202,598	119,324	193,797	332,363	332,363

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
SAVINGS INTEREST	\$ 554			14 CA		
TOTAL	<u>\$ 554</u>					

COPY

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## Federal Statements

FYE: 6/30/2022

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 6,600	\$ 6,000	\$ 600	\$
CONTRACT LABOR	2,171	2,171		
STREET FAIR CONTRACT LABOR	4,000	4,000		
OKTOBERFEST CONTRACT LABOR	1,000	1,000		
TOTAL	\$ 13,771	\$ 13,171	\$ 600	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SECURITY	\$ 15,453	\$ 15,453	\$	\$
EVENT ENTERTAINMENT	14,075	14,075		
EVENT SERVICES	10,911	10,911		
EVENT SERVICES	10,089	9,753	336	
EVENT SUPPLIES	9,566	9,566		
SECURITY	8,846	8,846		
TRASH REMOVAL	8,448	8,448		
EQUIPMENT RENTAL	7,226	7,226		
TELEPHONE	6,795	926	5,869	
LICENSES AND FEES	6,438	6,438		
HOLIDAY DECORATIONS	5,595	5,595		
BANNER PROGRAM	5,409	5,409		
PROMOTION SUPPLIES	5,198	5,198		
DUES AND SUBSCRIPTIONS	4,753	709	4,044	
LANDSCAPING	3,600	3,600		
EQUIPMENT RENTAL	3,231	314	2,917	
REPAIR AND MAINTENANCE	3,129	3,129		
EVENT SUPPLIES	2,856	2,222	634	
UTILITIES	2,541	795	1,746	
LICENSES AND FEES	2,394	2,394		
TRASH REMOVAL	2,007	2,007		

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
EVENT SERVICES	\$ 1,791	\$ 1,791	\$	\$
EVENT SUPPLIES	1,623	1,623		
EVENT ENTERTAINMENT	1,450	1,450		
LICENSES AND FEES	1,421	1,421		
TRASH REMOVAL	1,089		1,089	
AWARDS AND PLAQUES	1,000	1,000		
LICENSE AND PERMITS	826		826	
EVENT SUPPLIES	685	685		
EVENT ENTERTAINMENT	538		538	
DONATIONS	500		500	
PROMOTION SUPPLIES	462	462		
BAD DEBT	285		285	
DUES AND SUBSCRIPTIONS	121	121		
MISCELLANEOUS	119	69	50	
DUES AND SUBSCRIPTIONS	108	108		
REPAIR AND MAINTENANCE	75	75		
TOTAL	<u>\$ 150,653</u>	<u>\$ 131,819</u>	<u>\$ 18,834</u>	<u>\$ 0</u>

## Form 199 Return Summary

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

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

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

Gross sales / receipts	<u>858,923</u>	
Dues from members		
Contributions / grants	<u>133,106</u>	
Total costs		
Expenses	<u>853,463</u>	
<b>Excess / (deficit)</b>		<u><u>138,566</u></u>
 Total payments		
Penalties and interest		
Use tax		

<b>Balance due</b>	_____
<b>Refund</b>	_____

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>424,372</u>	<u>548,568</u>	
Liabilities	<u>230,575</u>	<u>216,205</u>	
Net assets	<u><u>193,797</u></u>	<u><u>332,363</u></u>	<u><u>138,566</u></u>

### Miscellaneous Information

Amended return  
Return / extended due date 11/15/22

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

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

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

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

<p><b>OCEAN BEACH MERCHANT'S</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <b>P.O. BOX 7990</b></p> <p>Address (Number and Street) <b>SAN DIEGO CA 92167</b></p> <p>City or Town, State, and ZIP Code <b>619-224-4906</b></p> <p>Telephone Number <b>INFO@OCEANBEACHSANDIEGO.COM</b></p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT0259574</b></p> <p>Corporation or Organization No. <b>1287381</b></p> <p>Federal Employer ID No. <b>** - ***5092</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**

Make Check Payable to Department of Justice

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

**PART A - ACTIVITIES**

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

**Total Revenue \$** 992,029 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 548,568  
**Program Expenses \$** 720,839 **Total Expenses \$** 853,463

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

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

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

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

<b>BARBARA IACOMETTI</b>	<b>PRESIDENT</b>		
Signature of Authorized Agent	Printed Name	Title	Date

# California Statements

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

### Description

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

COPY

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.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>		<b>D</b> Employer identification number <b>** - *** 5092</b>
	Doing business as <b>OCEAN BEACH MAINSTREET ASSOCIATION</b>		<b>E</b> Telephone number <b>619-224-4906</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 7990</b>	Room/suite	<b>G</b> Gross receipts \$ <b>992,029</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO CA 92167</b>		

<b>F</b> Name and address of principal officer: <b>BARBARA IACOMETTI</b> <b>4993 NIAGARA AVE #205</b> <b>SAN DIEGO CA 92107</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.OCEANBEACHSANDIEGO.COM</b>	<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1985</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>9</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>175</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>		
<b>Revenue</b>			Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>95,520</b>	<b>133,106</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>499,263</b>	<b>858,369</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>106</b>	<b>554</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>594,889</b>	<b>992,029</b>
<b>Expenses</b>			Prior Year	Current Year
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	<b>188,198</b>	<b>283,121</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>	<b>16b</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>17</b>	<b>332,218</b>	<b>570,342</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>520,416</b>	<b>853,463</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>74,473</b>	<b>138,566</b>	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	<b>20</b>	<b>424,372</b>	<b>548,568</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>21</b>	<b>230,575</b>	<b>216,205</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>193,797</b>	<b>332,363</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BARBARA IACOMETTI</b>	Date _____
	Type or print name and title <b>PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JERE R. BATTEN, CPA</b>	Preparer's signature _____	Date <b>11/04/22</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN *****
	Firm's name ▶ <b>BATTEN ACCOUNTANCY INC</b>	Firm's EIN ▶ <b>** - *** 2845</b>		
	Firm's address ▶ <b>SAN DIEGO, CA 92107-1420</b>	Phone no. <b>619-501-6359</b>		

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

For Paperwork Reduction Act Notice, see the separate instructions.



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

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

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

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

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

4a (Code: ) (Expenses \$ **149,975** including grants of \$ ) (Revenue \$ **50,627** )

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

4b (Code: ) (Expenses \$ **166,510** including grants of \$ ) (Revenue \$ **90,698** )

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

4c (Code: ) (Expenses \$ **404,354** including grants of \$ ) (Revenue \$ **717,044** )

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

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

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

4e Total program service expenses **720,839**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

1a	13
1b	0

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**DENISE KNOX  
SAN DIEGO**

**1868 BACON ST**

**CA 92107**

**619-224-4906**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	10,665				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	94,040				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	28,401				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			133,106			
	<b>Program Service Revenue</b>	<b>2a</b> FARMER'S MARKET	Business Code	455,176	455,176		
<b>b</b> STREET FAIR			138,157	138,157			
<b>c</b> OKTOBERFEST			123,711	123,711			
<b>d</b> MAINTENANCE ASSESSMENT			68,175	68,175			
<b>e</b> PROMOTION			50,627	50,627			
<b>f</b> All other program service revenue			22,523	22,523			
<b>g Total.</b> Add lines 2a-2f				858,369			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			554		554
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			992,029	858,369	0	554	



**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>262,349</b>	<b>207,494</b>	<b>54,855</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>20,772</b>	<b>16,376</b>	<b>4,396</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	<b>85,877</b>	<b>85,877</b>		
<b>b</b> Legal				
<b>c</b> Accounting	<b>12,409</b>	<b>42</b>	<b>12,367</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>13,771</b>	<b>13,171</b>	<b>600</b>	
<b>12</b> Advertising and promotion	<b>35,675</b>	<b>35,675</b>		
<b>13</b> Office expenses	<b>15,816</b>	<b>10,874</b>	<b>4,942</b>	
<b>14</b> Information technology	<b>25,998</b>	<b>23,336</b>	<b>2,662</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>14,014</b>	<b>2,494</b>	<b>11,520</b>	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>1,073</b>	<b>956</b>	<b>117</b>	
<b>20</b> Interest	<b>4,166</b>		<b>4,166</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>2,492</b>		<b>2,492</b>	
<b>23</b> Insurance	<b>26,458</b>	<b>12,799</b>	<b>13,659</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	<b>79,136</b>	<b>77,122</b>	<b>2,014</b>	
<b>b</b> <b>EQUIPMENT RENTAL</b>	<b>54,248</b>	<b>54,248</b>		
<b>c</b> <b>EVENT SERVICES</b>	<b>28,587</b>	<b>28,587</b>		
<b>d</b> <b>SECURITY</b>	<b>19,969</b>	<b>19,969</b>		
<b>e</b> All other expenses	<b>150,653</b>	<b>131,819</b>	<b>18,834</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>853,463</b>	<b>720,839</b>	<b>132,624</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>148,769</b>	<b>1</b>	<b>186,406</b>
	<b>2</b> Savings and temporary cash investments .....	<b>186,835</b>	<b>2</b>	<b>267,435</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>18,109</b>	<b>3</b>	<b>41,057</b>
	<b>4</b> Accounts receivable, net .....	<b>40,390</b>	<b>4</b>	<b>21,425</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>15,712</b>	<b>8</b>	<b>17,420</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>3,702</b>	<b>9</b>	<b>4,268</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>52,437</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>42,680</b>	<b>10,055</b>	<b>10c</b> <b>9,757</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>800</b>	<b>15</b>	<b>800</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>424,372</b>	<b>16</b>	<b>548,568</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>4,712</b>	<b>17</b>	<b>41,059</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>12,398</b>	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>195,530</b>	<b>23</b>	<b>150,143</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	<b>17,935</b>	<b>25</b>	<b>25,003</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>230,575</b>	<b>26</b>	<b>216,205</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>191,022</b>	<b>27</b>	<b>332,363</b>
	<b>28</b> Net assets with donor restrictions .....	<b>2,775</b>	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	<b>193,797</b>	<b>32</b>	<b>332,363</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>424,372</b>	<b>33</b>	<b>548,568</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>992,029</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>853,463</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>138,566</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>193,797</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>332,363</b>

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....		7,509	3,171	4,338
d Equipment .....		2,285	2,231	54
e Other .....		42,643	37,278	5,365
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>9,757</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED SALARIES AND RELATED EXPENSE</b>	<b>14,337</b>
(3) <b>CREDIT CARD PAYABLE</b>	<b>9,599</b>
(4) <b>SALES TAX PAYABLE</b>	<b>1,067</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>25,003</b>

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



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

COPY



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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

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

Employer identification number

**\*\* - \*\*\*5092****FORM 990 - ORGANIZATION'S MISSION**

TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY

PROVIDING A PLATFORM FOR AREA BUSINESSES TO DEVELOP

MARKETING CAMPAIGNS, ENHANCE PUBLIC IMPROVEMENTS, AND

BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

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

ORGANIZATION HAS MEMBERS THAT PAY AN ANNUAL FEE.

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

BOARD MEMBERS ELECTED BY MEMBERS.

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

BOARD OF DIRECTORS APPROVES SIGNIFICANT ACTIONS OF THE ORGANIZATION

INCLUDING EMPLOYMENT COMPENSATION AGREEMENTS, BUDGET APPROVAL, FINANCIAL

OVERSIGHT, AND MAJOR PURCHASES.

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

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

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

BOARD MEMBER ANNUAL DISCLOSURE

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

APPROVED BY BOARD OF DIRECTORS.

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

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

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

APPROVED BY BOARD OF DIRECTORS.

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

DOCUMENTS AVAILABLE UPON REQUEST

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

DESCRIPTION

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

SECURITY

\$	15,453	\$	0	\$	0
----	--------	----	---	----	---

EVENT ENTERTAINMENT

\$	14,075	\$	0	\$	0
----	--------	----	---	----	---

EVENT SERVICES

\$	10,911	\$	0	\$	0
----	--------	----	---	----	---

EVENT SERVICES

\$	9,753	\$	336	\$	0
----	-------	----	-----	----	---

EVENT SUPPLIES

\$	9,566	\$	0	\$	0
----	-------	----	---	----	---

SECURITY

\$	8,846	\$	0	\$	0
----	-------	----	---	----	---

TRASH REMOVAL

\$	8,448	\$	0	\$	0
----	-------	----	---	----	---

EQUIPMENT RENTAL

\$	7,226	\$	0	\$	0
----	-------	----	---	----	---

TELEPHONE

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

\$ 926	\$ 5,869	\$ 0
<b>LICENSES AND FEES</b>		
\$ 6,438	\$ 0	\$ 0
<b>HOLIDAY DECORATIONS</b>		
\$ 5,595	\$ 0	\$ 0
<b>BANNER PROGRAM</b>		
\$ 5,409	\$ 0	\$ 0
<b>PROMOTION SUPPLIES</b>		
\$ 5,198	\$ 0	\$ 0
<b>DUES AND SUBSCRIPTIONS</b>		
\$ 709	\$ 4,044	\$ 0
<b>LANDSCAPING</b>		
\$ 3,600	\$ 0	\$ 0
<b>EQUIPMENT RENTAL</b>		
\$ 314	\$ 2,917	\$ 0
<b>REPAIR AND MAINTENANCE</b>		
\$ 3,129	\$ 0	\$ 0
<b>EVENT SUPPLIES</b>		
\$ 2,222	\$ 634	\$ 0
<b>UTILITIES</b>		
\$ 795	\$ 1,746	\$ 0
<b>LICENSES AND FEES</b>		
\$ 2,394	\$ 0	\$ 0
<b>TRASH REMOVAL</b>		
\$ 2,007	\$ 0	\$ 0
<b>EVENT SERVICES</b>		
\$ 1,791	\$ 0	\$ 0

COPY

Name of the organization

Employer identification number

**OCEAN BEACH MERCHANT'S**

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

**EVENT SUPPLIES**

\$ 1,623                      \$ 0                      \$ 0

**EVENT ENTERTAINMENT**

\$ 1,450                      \$ 0                      \$ 0

**LICENSES AND FEES**

\$ 1,421                      \$ 0                      \$ 0

**TRASH REMOVAL**

\$ 0                              \$ 1,089                      \$ 0

**AWARDS AND PLAQUES**

\$ 1,000                      \$ 0                      \$ 0

**LICENSE AND PERMITS**

\$ 0                              \$ 826                      \$ 0

**EVENT SUPPLIES**

\$ 685                              \$ 0                      \$ 0

**EVENT ENTERTAINMENT**

\$ 0                              \$ 538                      \$ 0

**DONATIONS**

\$ 0                              \$ 500                      \$ 0

**PROMOTION SUPPLIES**

\$ 462                              \$ 0                      \$ 0

**BAD DEBT**

\$ 0                              \$ 285                      \$ 0

**DUES AND SUBSCRIPTIONS**

\$ 121                              \$ 0                      \$ 0

**MISCELLANEOUS**

\$ 69                              \$ 50                      \$ 0

**DUES AND SUBSCRIPTIONS**

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

\*\*\_\*\*\*5092

\$ 108 \$ 0 \$ 0

REPAIR AND MAINTENANCE

\$ 75 \$ 0 \$ 0

TOTAL

\$ 131,819 \$ 18,834 \$ 0

COPY

034

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name **OCEAN BEACH MERCHANT'S ASSOCIATION, INC**

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

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>992,029</b>
2 Total gross income (Form 199, line 8)	2	<b>992,029</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>853,463</b>

### Part II Settle Your Account Electronically for Taxable Year 2021

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

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

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

### Part IV Declaration of Officer

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

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

Sign Here

Signature of officer

11/04/22  
Date

PRESIDENT  
Title

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

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

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00605586</b>
	Firm's name (or yours if self-employed) and address	<b>BATTEN ACCOUNTANCY INC 4696 GREENE ST SAN DIEGO CA</b>			Firm's FEIN <b>** - ***2845</b>
					ZIP code <b>92107-1420</b>

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

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
				Firm's FEIN ZIP code

TAXABLE YEAR **2021** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

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

Corporation/Organization name <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>		California corporation number <b>1287381</b>
Additional information. See instructions. <b>OCEAN BEACH MAINSTREET ASSOCIATION</b>		FEIN <b>**-***5092</b>
Street address (suite or room) <b>P.O. BOX 7990</b>		PMB no.
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip code <b>92167</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) ● _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) ● <input type="checkbox"/> 990T (2) ● <input type="checkbox"/> 990PF (3) ● <input type="checkbox"/> Sch H (990)          (4) <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," what is the parent's name? _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	858,923	00
	2 Gross dues and assessments from members and affiliates	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received	● 3	133,106	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	● 4	992,029	00
	5 Cost of goods sold	● 5		00
	6 Cost or other basis, and sales expenses of assets sold	● 6		00
	7 Total costs. Add line 5 and line 6	● 7		00
	8 Total gross income. Subtract line 7 from line 4	● 8	992,029	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	853,463	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	138,566	00
<b>Filing Fee</b>	11 Total payments	● 11		00
	12 Use tax. See General Information K	● 12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	● 13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	● 14		00
	15 Penalties and interest. See General Information J	● 15		00
	<b>16 Balance due.</b> Add line 12, and line 15. Then subtract line 11 from the result	● 16		00
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title <b>PRESIDENT</b>	Date	● Telephone <b>619-224-4906</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>11/04/2022</b>	Check if self-employed <input type="checkbox"/>	● PTIN <b>P00605586</b>
	Firm's name (or yours, if self-employed) and address <b>BATTEN ACCOUNTANCY INC 4696 GREENE ST SAN DIEGO, CA 92107-1420</b>			● Firm's FEIN <b>** - ***2845</b>
				● Telephone <b>619-501-6359</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

OCEAN BEACH MERCHANT'S

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	858,369	00	
	2	Interest	•	2	554	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	858,923	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 1</b>	•	11		00	
	12	Other salaries and wages	•	12	262,349	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	4,166	00
		14	Taxes	•	14	16,326	00
		15	Rents	•	15	11,854	00
		16	Depreciation and depletion (See instructions)	•	16	2,492	00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 2</b>	•	17	556,276	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	853,463	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		335,604		453,841
2 Net accounts receivable		58,499		62,482
3 Net notes receivable				
4 Inventories		15,712		17,420
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	50,243		52,437	
b Less accumulated depreciation	40,188	10,055	42,680	9,757
11 Land				
12 Other assets. Attach schedule. <b>STMT 3</b>		4,502		5,068
13 <b>Total assets</b>		424,372		548,568
<b>Liabilities and net worth</b>				
14 Accounts payable		4,712		41,059
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable. <b>STMT 4</b>		195,530		150,143
18 Other liabilities. Attach schedule. <b>STMT 5</b>		30,333		25,003
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		193,797		332,363
22 <b>Total liabilities and net worth</b>		424,372		548,568

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	138,566
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5		138,566
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		138,566



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

## California Statements

FYE: 6/30/2022

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

Name	Address				Avg Hrs	Compensation Amount
	City	State	Zip	Title		
BARBARA IACOMETTI			4993 NIAGARA AVE #205			
	SAN DIEGO	CA	92107	PRESIDENT	1.00	
MICHAEL AKEY			2180 CHATSWORTH BLVD.			
	SAN DIEGO	CA	92107	1ST VP	1.00	
CC SUMMERFIELD			4314 VOLTAIRE ST			
	SAN DIEGO	CA	92107	2ND VP	1.00	
KYLE JAWORSKI			1851 BACON STREET			
	SAN DIEGO	CA	92107	SECRETARY	1.00	
MIKE STIFANO			1921 BACON ST			
	SAN DIEGO	CA	92107	TREASURER	1.00	
GARY GILMORE			2675 ROSECRANS			
	SAN DIEGO	CA	92106	BOARD MEMBER	1.00	
KEN MOSS			1868 BACON STREET			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
CRAIG GERWIG			4864 NEWPORT AVE			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
JOELLA PEREGOY			4876 SANTA MONICA AVE			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
MATT KALLA			4148 VOLTAIRE ST			
	SAN DIEGO	CA	92107	CLEAN AND SAFE CHAIR	1.00	
RON MARCOTTE			2744 MIDWAY DR.			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
BETH WRIGHT			1919 CABLE ST			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
SHAWN SILVERMAN			1929 CABLE STREET			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
DAISY SANTANA			5083 SANTA MONICA AVE., 2C			
	SAN DIEGO	CA	92107	BOARD MEMBER	1.00	
TOTAL						<u>0</u>

## California Statements

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

Description	Amount
	\$
FARMER'S MARKET	
REPAIR AND MAINTENANCE	3,129
PRINTING AND PUBLICATIONS	1,283
OFFICE EXPENSE	239
ADVERTISING	2,358
MANAGEMENT FEES	85,877
INSURANCE	1,612
DUES AND SUBSCRIPTIONS	121
EVENT SERVICES	10,911
EVENT SUPPLIES	1,623
SECURITY	15,453
TRASH REMOVAL	2,007
STREET FAIR	
REPAIR AND MAINTENANCE	75
PRINTING AND PUBLICATIONS	607
POSTAGE	25
BANK CHARGES	2,098
OFFICE EXPENSE	74
ADVERTISING	2,687
OCCUPANCY	2,160
CONTRACT LABOR	4,000
INSURANCE	11,187
DUES AND SUBSCRIPTIONS	108
AWARDS AND PLAQUES	1,000
PROMOTION SUPPLIES	5,198
EVENT SUPPLIES	9,566
EVENT ENTERTAINMENT	14,075
TRASH REMOVAL	8,448
EQUIPMENT RENTAL	54,248
EVENT SERVICES	28,587
SECURITY	19,969
OKTOBERFEST	
PRINTING AND REPRODUCTION	125
BANK SERVICE CHARGE	250
OFFICE EXPENSE	68
ADVERTISING	200
CONTRACT LABOR	1,000
INSURANCE	
SECURITY	8,846
EVENT SERVICES	1,791
EVENT SUPPLIES	685
EQUIPMENT RENTAL	7,226
EVENT ENTERTAINMENT	1,450
PROMOTION SUPPLIES	462
PAYROLL TAXES	10,293
PAYROLL TAXES	4,406
ACCOUNTING	12,409
CONTRACT LABOR	6,600
CONTRACT LABOR	2,171
POSTAGE AND DELIVERY	2,272
PRINTING AND REPRODUCTION	845

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

<u>Description</u>	<u>Amount</u>
PRINTING AND REPRODUCTION	\$ 49
MEETING EXPENSE	291
BAD DEBT	285
BANNER PROGRAM	5,409
DONATIONS	500
DUES AND SUBSCRIPTIONS	4,723
DUES AND SUBSCRIPTIONS	30
EQUIPMENT RENTAL	3,231
EVENT SERVICES	2,877
EVENT SERVICES	7,212
EVENT SUPPLIES	1,202
EVENT SUPPLIES	1,654
HOLIDAY DECORATIONS	5,595
LANDSCAPING	3,600
LICENSE AND PERMITS	826
MISCELLANEOUS	119
REPAIRS AND MAINTENANCE	79,136
TELEPHONE	6,465
TELEPHONE	330
TRASH REMOVAL	1,089
UTILITIES	2,541
ADVERTISING	7,692
PROMOTION SUPPLIES	22,448
ADVERTISING	290
BANK CHARGES	3,280
BANK CHARGES	1,057
OFFICE EXPENSE	3,541
OFFICE EXPENSE	3
WEBSITE - WEB CAM	25,848
WEBSITE - WEB CAM	150
INSURANCE	13,659
MEETING EXPENSE	782
EVENT ENTERTAINMENT	538
TOTAL	<u>\$ 556,276</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 800	\$ 800
PREPAID EXPENSES	3,702	4,268
TOTAL	<u>\$ 4,502</u>	<u>\$ 5,068</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SBA EIDL LOAN	\$ 153,670	\$ 150,143
SBA PPP	41,860	
TOTAL	<u>\$ 195,530</u>	<u>\$ 150,143</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED SALARIES AND RELATED EXPENSE	\$ 14,852	\$ 14,337
CREDIT CARD PAYABLE	2,400	9,599
SALES TAX PAYABLE	683	1,067
DEFERRED REVENUE	12,398	
TOTAL	<u>\$ 30,333</u>	<u>\$ 25,003</u>

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TAXABLE YEAR

CALIFORNIA FORM

**2021**

# Corporation Depreciation and Amortization

**3885**

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

Corporation name <b>OCEAN BEACH MERCHANT'S ASSOCIATION, INC</b>	California corporation number <b>1287381</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

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

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property (elected IRC Section 179 cost)	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8		9	
10 Carryover of disallowed deduction from prior taxable years		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2022. 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**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 <b>SEE STATEMENT 1</b>						<b>2,492</b>	

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	<b>2,492</b>
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**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	<b>2,492</b>
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

**Part IV Amortization**

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

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

## California Statements

## Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
AED UNIT	3/07/22	\$ 1,492	\$	S/L	7.00	\$ 71	\$
APPLE IPOD MINI	5/10/22	702		S/L	5.00	23	
AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	1,586	S/L	15.00	230	
GENERATOR EZGF-1620854	9/09/15	2,285	1,904	S/L	7.00	327	
LEASEHOLD IMPROVEMENTS - FLOOD REPAIR	2/24/16	7,509	2,670	S/L	15.00	501	
TRASHCAN	11/01/16	1,050	700	S/L	7.00	150	
3 CROSS STREET HOLIDAY SWAGS	9/12/16	8,273	7,997	S/L	5.00	276	
HP OMEN 870-247C DESKTOP COMPUTER	10/11/17	1,309	982	S/L	5.00	262	
HP OMEN 870-247C DESKTOP COMPUTER	11/16/17	1,309	938	S/L	5.00	262	
WEBSITE	9/25/20	1,950	293	S/L	5.00	390	
TOTAL		\$ 29,319	\$ 17,070			\$ 2,492	\$ 0