

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

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

**** - ***5092**

Net Asset / Fund Balance at Beginning of Year		<u>329,306</u>
Revenue		
Contributions	<u>162,286</u>	
Program service revenue	<u>967,298</u>	
Investment income	<u>13,968</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>1,143,552</u>
Expenses		
Program services	<u>870,430</u>	
Management and general	<u>170,055</u>	
Fundraising	<u> </u>	
Total expenses		<u>1,040,485</u>
Excess / (deficit)		<u>103,067</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>432,373</u>

COPY

Reconciliation of Revenue

Total revenue per financial statements	<u>1,143,552</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>1,143,552</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,040,485</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,040,485</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>552,625</u>	<u>651,755</u>	
Liabilities	<u>223,319</u>	<u>219,382</u>	
Net assets	<u>329,306</u>	<u>432,373</u>	<u>103,067</u>

Miscellaneous Information

Amended return _____

Return / extended due date **11/15/24**

Failure to file penalty _____

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

2023

Department of the Treasury Internal Revenue Service

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

Name of filer

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.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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) ... and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize BATTEN ACCOUNTANCY INC to enter my PIN 50921 as my signature

on the tax year 2023 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 2023 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

09/20/24

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 2023 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

09/20/24

ERO Must Retain This Form — See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2023)

DAA

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OCEAN BEACH MERCHANT'S ASSOCIATION, INC		D Employer identification number ** - *** 5092
	Doing business as OCEAN BEACH MAINSTREET ASSOCIATION		E Telephone number 619-224-4906
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 7990	Room/suite	G Gross receipts \$ 1,143,552
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92167		

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	126,629	162,286
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	907,861	967,298
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,444	13,968
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,037,934	1,143,552
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	333,611	335,360
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	694,265	705,125
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,027,876	1,040,485	
19 Revenue less expenses. Subtract line 18 from line 12	10,058	103,067	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	552,625	651,755
	22 Net assets or fund balances. Subtract line 21 from line 20	223,319	219,382

Part II Signature Block

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

Sign Here	Signature of officer	BARBARA IACOMETTI		Date	
	Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JERE R. BATTEN, CPA		09/20/24	<input checked="" type="checkbox"/>	*****
	Firm's name	BATTEN ACCOUNTANCY INC		Firm's EIN	
	Firm's address		Phone no.		
	4696 GREENE ST SAN DIEGO, CA 92107-1420		619-501-6359		

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 \$ **149,745** including grants of \$) (Revenue \$ **59,078**)

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

4b (Code:) (Expenses \$ **261,055** including grants of \$) (Revenue \$ **119,003**)

TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

4c (Code:) (Expenses \$ **459,630** including grants of \$) (Revenue \$ **789,217**)

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 **870,430**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	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	16
1b	0

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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, box 6 of 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) MICHAEL AKEY	1.00									
..... 1ST VP	0.00	X		X			0	0	0	
(2) CRAIG GERWIG	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(3) BARBARA IACOMETTI	1.00									
..... PRESIDENT	0.00	X		X			0	0	0	
(4) KYLE JAWORSKI	1.00									
..... SECRETARY	0.00	X		X			0	0	0	
(5) MATT KALLA	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(6) RON MARCOTTE	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(7) CARTER MOSS	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(8) KEN MOSS	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(9) JOELLA PEREGOY	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(10) DAISY SANTANA	1.00									
..... BOARD MEMBER	0.00	X					0	0	0	
(11) SHAWN SILVERMAN	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) MIKE STIFANO	1.00									
(12) TREASURER	0.00	X		X			0	0	0	
(13) CC SUMMERFIELD	1.00									
(13) 2ND VP	0.00	X		X			0	0	0	
(14) BETH WRIGHT	1.00									
(14) BOARD MEMBER	0.00	X					0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

COPY

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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
5 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	5,700				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	87,859				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	68,727				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		162,286				
	Program Service Revenue	2a FARMER'S MARKET	Business Code	572,519	572,519		
b STREET FAIR			146,155	146,155			
c MAINTENANCE ASSESSMENT			101,382	101,382			
d OKTOBERFEST			58,290	58,290			
e PROMOTION			46,523	46,523			
f All other program service revenue			42,429	42,429			
g Total. Add lines 2a-2f			967,298				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		13,968			13,968
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,143,552	967,298	0	13,968	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	300,000	229,120	70,880	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,857	6,596	4,261	
10 Payroll taxes	24,503	18,330	6,173	
11 Fees for services (nonemployees):				
a Management	119,971	119,971		
b Legal				
c Accounting	14,567		14,567	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,269	11,000	269	
12 Advertising and promotion	39,559	39,559		
13 Office expenses	18,631	10,966	7,665	
14 Information technology	37,736	37,736		
15 Royalties				
16 Occupancy	19,366	6,816	12,550	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,171	840	1,331	
20 Interest	3,752		3,752	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,920		3,920	
23 Insurance	26,993	11,823	15,170	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	113,989	107,780	6,209	
b EQUIPMENT RENTAL	50,157	50,157		
c EVENT SERVICES	28,958	28,933	25	
d EVENT SERVICES	28,463	28,463		
e All other expenses	185,623	162,340	23,283	
25 Total functional expenses. Add lines 1 through 24e	1,040,485	870,430	170,055	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	154,548	1	121,368
	2 Savings and temporary cash investments	284,201	2	425,883
	3 Pledges and grants receivable, net	55,083	3	36,209
	4 Accounts receivable, net	18,300	4	28,482
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	16,349	8	13,765
	9 Prepaid expenses and deferred charges	4,355	9	4,391
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,143		
	b Less: accumulated depreciation	10b 47,286	10c	20,857
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	800	15	800
16 Total assets. Add lines 1 through 15 (must equal line 33)	552,625	16	651,755	
Liabilities	17 Accounts payable and accrued expenses	48,198	17	40,419
	18 Grants payable		18	
	19 Deferred revenue		19	8,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	146,519	23	142,578
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	28,602	25	28,385
	26 Total liabilities. Add lines 17 through 25	223,319	26	219,382
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	329,306	27	432,373
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	329,306	32	432,373	
33 Total liabilities and net assets/fund balances	552,625	33	651,755	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,143,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,040,485
3	Revenue less expenses. Subtract line 2 from line 1	3	103,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	329,306
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	432,373

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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

2023

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: Description, 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, 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 2d 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: Description, Amount. 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	4,172	3,337
d Equipment		2,285	2,285	
e Other		58,349	40,829	17,520
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,857

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES AND RELATED EXPENSE	22,321
(3) CREDIT CARD PAYABLE	4,626
(4) SALES TAX PAYABLE	1,438
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	28,385

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 for the latest information.

OMB No. 1545-0047

2023

**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

\$ 18,119	\$ 0	\$ 0
-----------	------	------

SECURITY

\$ 16,726	\$ 0	\$ 0
-----------	------	------

PUBLIC IMPROVEMENTS

\$ 16,278	\$ 0	\$ 0
-----------	------	------

TRASH REMOVAL

\$ 14,831	\$ 0	\$ 0
-----------	------	------

EVENT SERVICES

\$ 12,237	\$ 0	\$ 0
-----------	------	------

BANNER PROGRAM

\$ 10,807	\$ 0	\$ 0
-----------	------	------

DUES AND SUBSCRIPTIONS

\$ 1,742	\$ 6,795	\$ 0
----------	----------	------

TRASH REMOVAL

\$ 8,056	\$ 0	\$ 0
----------	------	------

EVENT ENTERTAINMENT

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

****_***5092**

\$ 7,720 \$ 0 \$ 0

TELEPHONE

\$ 360 \$ 6,167 \$ 0

EVENT SUPPLIES

\$ 6,358 \$ 0 \$ 0

LICENSES AND FEES

\$ 6,316 \$ 0 \$ 0

SECURITY

\$ 5,755 \$ 0 \$ 0

EVENT SUPPLIES

\$ 5,415 \$ 141 \$ 0

EQUIPMENT RENTAL

\$ 1,624 \$ 3,842 \$ 0

PROMOTION SUPPLIES

\$ 5,311 \$ 0 \$ 0

AWARDS AND PLAQUES

\$ 4,600 \$ 0 \$ 0

LICENSES AND FEES

\$ 4,530 \$ 0 \$ 0

LICENSES AND FEES

\$ 4,056 \$ 0 \$ 0

UTILITIES

\$ 804 \$ 2,276 \$ 0

REPAIR AND MAINTENANCE

\$ 2,690 \$ 0 \$ 0

TRASH REMOVAL

\$ 0 \$ 2,444 \$ 0

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

** - ***5092

BANNERS-SIGNS-DISPLAYS

\$ 2,128 \$ 0 \$ 0

ANNUAL AWARDS CELEBRATION

\$ 1,561 \$ 0 \$ 0

EVENT SUPPLIES

\$ 1,257 \$ 0 \$ 0

DONATIONS

\$ 64 \$ 1,000 \$ 0

EVENT SERVICES

\$ 895 \$ 0 \$ 0

HOLIDAY DECORATIONS

\$ 736 \$ 0 \$ 0

EQUIPMENT RENTAL

\$ 650 \$ 0 \$ 0

LICENSE AND PERMITS

\$ 0 \$ 618 \$ 0

AWARDS AND PLAQUES

\$ 444 \$ 0 \$ 0

TELEPHONE/COMMUNICATIONS

\$ 270 \$ 0 \$ 0

TOTAL

\$ 162,340 \$ 23,283 \$ 0

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

**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	1,160,000
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	2,890,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. 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	3,920

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 2023	17	0
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		

Section B—Assets Placed in Service During 2023 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 2023 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	Total. 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	3,920
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.

DAA

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Federal Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
Other Depreciation:										
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	
	Sold/Scrapped: 6/05/24									
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	2,045	229	
40	GENERATOR EZGF-1620854	9/09/15	2,285			2,285	7 MO S/L	2,285	0	
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509			7,509	15 MO S/L	3,671	501	
42	Trashcan	11/01/16	1,050			1,050	7 MO S/L	1,000	50	
43	3 Cross Street Holiday Swags	9/12/16	8,273			8,273	5 MO S/L	8,273	0	
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309			1,309	5 MO S/L	1,309	0	
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309			1,309	5 MO S/L	1,309	0	
46	Website	9/25/20	1,950			1,950	5 MO S/L	1,073	390	
47	AED Unit	3/07/22	1,492			1,492	7 MO S/L	284	213	
48	Apple Ipod Mini	5/10/22	702			702	5 MO S/L	164	140	
49	4 Aluminum signs	4/04/23	7,758			7,758	10 MO S/L	194	776	
50	2 Banners 15x2	12/27/22	4,223			4,223	3 MO S/L	704	1,408	
51	HP 24" Touchscreen computer	12/05/23	1,375			1,375	5 MO S/L	0	160	
52	Awning	6/05/24	4,413			4,413	7 MO S/L	0	53	
	Total Other Depreciation		<u>70,206</u>			<u>70,206</u>		<u>45,429</u>	<u>3,920</u>	
	Total ACRS and Other Depreciation		<u>70,206</u>			<u>70,206</u>		<u>45,429</u>	<u>3,920</u>	
	Grand Totals		70,206			70,206		45,429	3,920	
	Less: Dispositions and Transfers		2,063			2,063		2,063	0	
	Less: Start-up/Org Expense		0			0		0	0	
	Net Grand Totals		<u>68,143</u>			<u>68,143</u>		<u>43,366</u>	<u>3,920</u>	

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CA Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
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
	Sold/Scrapped: 6/05/24							
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	2,045	229	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	2,285	2,285	0	0	0
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509	7,509	3,671	501	501	0
42	Trashcan	11/01/16	1,050	1,050	1,000	50	50	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	8,273	8,273	0	0	0
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309	1,309	1,309	0	0	0
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309	1,309	1,309	0	0	0
46	Website	9/25/20	1,950	1,950	1,073	390	390	0
47	AED Unit	3/07/22	1,492	1,492	284	213	213	0
48	Apple Ipod Mini	5/10/22	702	702	164	140	140	0
49	4 Aluminum signs	4/04/23	7,758	7,758	194	776	776	0
50	2 Banners 15x2	12/27/22	4,223	4,223	704	1,408	1,408	0
51	HP 24" Touchscreen computer	12/05/23	1,375	1,375	0	160	160	0
52	Awning	6/05/24	4,413	4,413	0	53	53	0
	Total Other Depreciation		<u>70,206</u>	<u>70,206</u>	<u>45,429</u>	<u>3,920</u>	<u>3,920</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>70,206</u>	<u>70,206</u>	<u>45,429</u>	<u>3,920</u>	<u>3,920</u>	<u>0</u>
	Grand Totals		70,206	70,206	45,429	3,920	3,920	0
	Less: Dispositions		2,063	2,063	2,063	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>68,143</u>	<u>68,143</u>	<u>43,366</u>	<u>3,920</u>	<u>3,920</u>	<u>0</u>

-*5092

Depreciation Adjustment Report

FYE: 6/30/2024

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

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Future Depreciation Report **FYE: 6/30/25**

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
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
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	230	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	0	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500	0
42	Trashcan	11/01/16	1,050	0	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	0	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	0	0
46	Website	9/25/20	1,950	390	0
47	AED Unit	3/07/22	1,492	213	0
48	Apple Ipod Mini	5/10/22	702	141	0
49	4 Aluminum signs	4/04/23	7,758	776	0
50	2 Banners 15x2	12/27/22	4,223	1,407	0
51	HP 24" Touchscreen computer	12/05/23	1,375	275	0
52	Awning	6/05/24	4,413	630	0
	Total Other Depreciation		<u>68,143</u>	<u>4,562</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>68,143</u>	<u>4,562</u>	<u>0</u>
	Grand Totals		<u>68,143</u>	<u>4,562</u>	<u>0</u>

Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
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
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	230
40	GENERATOR EZGF-1620854	9/09/15	2,285	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500
42	Trashcan	11/01/16	1,050	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	0
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	0
46	Website	9/25/20	1,950	390
47	AED Unit	3/07/22	1,492	213
48	Apple Ipod Mini	5/10/22	702	141
49	4 Aluminum signs	4/04/23	7,758	776
50	2 Banners 15x2	12/27/22	4,223	1,407
51	HP 24" Touchscreen computer	12/05/23	1,375	275
52	Awning	6/05/24	4,413	630
	Total Other Depreciation		<u>68,143</u>	<u>4,562</u>
	Total ACRS and Other Depreciation		<u>68,143</u>	<u>4,562</u>
	Grand Totals		<u>68,143</u>	<u>4,562</u>

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24		

Name **OCEAN BEACH MERCHANT'S ASSOCIATION, INC** Taxpayer Identification Number **** - *** 5092**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	44,393	68,727	24,334
	2. Membership dues and assessments	6,015	5,700	-315
	3. Government contributions and grants	76,221	87,859	11,638
	4. Program service revenue	907,861	967,298	59,437
	5. Investment income	3,444	13,968	10,524
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,037,934	1,143,552	105,618
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	333,611	335,360	1,749
	17. Professional fundraising fees			
	18. Other professional fees	129,901	145,807	15,906
	19. Occupancy, rent, utilities, and maintenance	17,181	19,366	2,185
	20. Depreciation and Depletion	2,749	3,920	1,171
	21. Other expenses	544,434	536,032	-8,402
	22. Total expenses. Add lines 13 through 21	1,027,876	1,040,485	12,609
23. Excess or (Deficit). Subtract line 22 from line 12	10,058	103,067	93,009	
Other Information	24. Total exempt revenue	1,037,934	1,143,552	105,618
	25. Total unrelated revenue			
	26. Total excludable revenue	911,305	981,266	69,961
	27. Total assets	552,625	651,755	99,130
	28. Total liabilities	223,319	219,382	-3,937
	29. Retained earnings	329,306	432,373	103,067
	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	8		
33. Number of volunteers	175	175		

Form 990	Tax Projection Worksheet	2023 & 2024
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Name OCEAN BEACH MERCHANT'S ASSOCIATION, INC	Taxpayer Identification Number ** - *** 5092
--	--

		2023	2024	Differences
R e v e n u e	1. Contributions, gifts, grants	68,727	68,727	
	2. Membership dues and assessments	5,700	5,700	
	3. Government contributions and grants	87,859	87,859	
	4. Program service revenue	967,298	967,298	
	5. Investment income	13,968	13,968	
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,143,552	1,143,552	
E x p e n s e s	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	335,360	335,360	
	17. Professional fundraising fees			
	18. Other professional fees	145,807	145,807	
	19. Occupancy, rent, utilities, and maintenance	19,366	19,366	
	20. Depreciation and Depletion	3,920	3,920	
	21. Other expenses	536,032	536,032	
	22. Total expenses. Add lines 13 through 21	1,040,485	1,040,485	
23. Excess or (Deficit). Subtract line 22 from line 12	103,067	103,067		
O t h e r	24. Total exempt revenue	1,143,552	1,143,552	
	25. Total unrelated revenue			
	26. Total excludable revenue	981,266	981,266	
	27. Total assets	651,755	651,755	
	28. Total liabilities	219,382	219,382	
	29. Retained earnings	432,373	432,373	
	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	8	8	
33. Number of volunteers	175	175		

Form 990	Tax Return History	2023
Name OCEAN BEACH MERCHANT'S ASSOCIATION, INC		Employer Identification Number ** - ***5092

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	132,111	87,385	122,441	120,614	156,586	156,586
Membership dues	12,410	8,135	10,665	6,015	5,700	5,700
Program service revenue	424,201	499,263	858,369	907,861	967,298	967,298
Capital gain or loss						
Investment income	19	106	554	3,444	13,968	13,968
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	568,741	594,889	992,029	1,037,934	1,143,552	1,143,552
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	207,398	188,198	283,121	333,611	335,360	335,360
Professional fees	88,462	80,469	112,057	129,901	145,807	145,807
Occupancy costs	16,900	13,440	14,014	17,181	19,366	19,366
Depreciation and depletion	3,641	3,837	2,492	2,749	3,920	3,920
Other expenses	335,614	234,472	441,779	544,434	536,032	536,032
Total expenses	652,015	520,416	853,463	1,027,876	1,040,485	1,040,485
Excess or (Deficit)	-83,274	74,473	138,566	10,058	103,067	103,067
Total exempt revenue	568,741	594,889	992,029	1,037,934	1,143,552	1,143,552
Total unrelated revenue						
Total excludable revenue	424,220	499,369	858,923	911,305	981,266	981,266
Total Assets	302,599	424,372	548,568	552,625	651,755	651,755
Total Liabilities	183,275	230,575	216,205	223,319	219,382	219,382
Net Fund Balances	119,324	193,797	332,363	329,306	432,373	432,373

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	\$ 13,968			14 CA		
TOTAL	<u>\$ 13,968</u>					

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Federal Statements

FYE: 6/30/2024

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTANTS	\$ 4,769	\$ 4,500	\$ 269	\$
CONSULTANTS	500	500		
STREET FAIR CONSULTANTS	3,500	3,500		
OKTOBERFEST CONSULTANTS	2,500	2,500		
TOTAL	\$ 11,269	\$ 11,000	\$ 269	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SECURITY	\$ 18,119	\$ 18,119	\$	\$
SECURITY	16,726	16,726		
PUBLIC IMPROVEMENTS	16,278	16,278		
TRASH REMOVAL	14,831	14,831		
EVENT SERVICES	12,237	12,237		
BANNER PROGRAM	10,807	10,807		
DUES AND SUBSCRIPTIONS	8,537	1,742	6,795	
TRASH REMOVAL	8,056	8,056		
EVENT ENTERTAINMENT	7,720	7,720		
TELEPHONE	6,527	360	6,167	
EVENT SUPPLIES	6,358	6,358		
LICENSES AND FEES	6,316	6,316		
SECURITY	5,755	5,755		
EVENT SUPPLIES	5,556	5,415	141	
EQUIPMENT RENTAL	5,466	1,624	3,842	
PROMOTION SUPPLIES	5,311	5,311		
AWARDS AND PLAQUES	4,600	4,600		
LICENSES AND FEES	4,530	4,530		
LICENSES AND FEES	4,056	4,056		
UTILITIES	3,080	804	2,276	
REPAIR AND MAINTENANCE	2,690	2,690		

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Federal Statements

FYE: 6/30/2024

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TRASH REMOVAL	\$ 2,444	\$	\$ 2,444	\$
BANNERS-SIGNS-DISPLAYS	2,128	2,128		
ANNUAL AWARDS CELEBRATION	1,561	1,561		
EVENT SUPPLIES	1,257	1,257		
DONATIONS	1,064	64	1,000	
EVENT SERVICES	895	895		
HOLIDAY DECORATIONS	736	736		
EQUIPMENT RENTAL	650	650		
LICENSE AND PERMITS	618		618	
AWARDS AND PLAQUES	444	444		
TELEPHONE/COMMUNICATIONS	270	270		
TOTAL	<u>\$ 185,623</u>	<u>\$ 162,340</u>	<u>\$ 23,283</u>	<u>\$ 0</u>

Form 199 Return Summary

For calendar year 2023, or tax year beginning **07/01/2023** , and ending **06/30/2024**

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

**** - ***5092**

Gross sales / receipts	<u>981,266</u>	
Dues from members		
Contributions / grants	<u>162,286</u>	
Total costs		
Expenses	<u>1,040,485</u>	
Excess / (deficit)		<u><u>103,067</u></u>
 Total payments		
Penalties and interest		
Use tax		

Balance due	_____
Refund	_____

Balance Sheet			Differences
	Beginning	Ending	
Assets	<u>552,625</u>	<u>651,755</u>	
Liabilities	<u>223,319</u>	<u>219,382</u>	
Net assets	<u><u>329,306</u></u>	<u><u>432,373</u></u>	<u><u>103,067</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/24

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

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

(For Registry Use Only)

<p>OCEAN BEACH MERCHANT'S Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used P.O. BOX 7990</p> <p>Address (Number and Street) SAN DIEGO CA 92167</p> <p>City or Town, State, and ZIP Code 619-224-4906</p> <p>Telephone Number INFO@OCEANBEACHSANDIEGO.COM</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> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number CT0259574</p> <p>Corporation or Organization No. 1287381</p> <p>Federal Employer ID No. ** - ***5092</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

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 07/01/23 ending 06/30/24) list:

Total Revenue \$ 1,143,552 Noncash Contributions \$ 0 Total Assets \$ 651,755
(including noncash contributions)

Program Expenses \$ 870,430 Total Expenses \$ 1,040,485

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

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

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

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

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

California Statements

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

Description

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

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Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	1,143,552
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,143,552
3	Total expenses and disbursements (Form 199, line 9)	3	1,040,485
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here Signature of officer **09/20/24** Date **PRESIDENT** Title

Part VI 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, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature Date Check if also paid preparer Check if self-employed ERO's PTIN **P00605586**

Firm's name (or yours if self-employed) and address Firm's FEIN

BATTEN ACCOUNTANCY INC **4696 GREENE ST** **SAN DIEGO** **CA** **92107-1420**

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

Paid Preparer Must Sign

Paid preparer's signature Date Check if self-employed Paid preparer's PTIN

Firm's name (or yours if self-employed) and address Firm's FEIN

ZIP code

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2023

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name OCEAN BEACH MERCHANT'S ASSOCIATION, INC. California corporation number 1287381. Additional information: OCEAN BEACH MAINSTREET ASSOCIATION. FEIN: ** - ***5092. Street address: P.O. BOX 7990. City: SAN DIEGO. State: CA. ZIP code: 92167.

A First return [] Yes [X] No. B Amended return [] Yes [X] No. C IRC Section 4947(a)(1) trust [] Yes [X] No. D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized. E Check accounting method: (1) [] Cash (2) [X] Accrual (3) [] Other. F Federal return filed? (1) [] 990T (2) [] 990PF (3) [] Sch H (990) (4) [] Other 990 series. G Is this a group filing? [] Yes [X] No. H Is this organization in a group exemption? [] Yes [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? N/A. K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No. L Is the organization a limited liability company? [] Yes [X] No. M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No. N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No. O Is federal Form 1023/1024 pending? [] Yes [X] No.

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

Table with 16 rows for Receipts and Revenues, Expenses, and Payments. Line 1: 981,266.00. Line 2: 00. Line 3: 162,286.00. Line 4: 1,143,552.00. Line 5: 00. Line 6: 00. Line 7: 00. Line 8: 1,143,552.00. Line 9: 1,040,485.00. Line 10: 103,067.00. Line 11: 00. Line 12: 00. Line 13: 00. Line 14: 00. Line 15: 00. Line 16: 00.

Sign Here: Signature of officer, Title: PRESIDENT, Date, Telephone: 619-224-4906. Paid Preparer's Use Only: Preparer's signature, Date: 09/20/2024, Check if self-employed, PTIN: P00605586, Firm's name: BATTEN ACCOUNTANCY INC, Address: 4696 GREENE ST, SAN DIEGO, CA 92107-1420, Telephone: 619-501-6359. May the FTB discuss this return with the preparer shown above? [X] Yes [] 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	967,298	00
	2	Interest	2	13,968	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) SEE STATEMENT 1	6		00
	7	Other income. Attach schedule	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	981,266	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 SEE STATEMENT 2	11		00
	12	Other salaries and wages	12	300,000	00
	13	Interest	13	3,752	00
	14	Taxes	14	21,713	00
	15	Rents	15	14,286	00
	16	Depreciation and depletion (See instructions)	16	3,920	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	696,814	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,040,485	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		438,749		547,251
2 Net accounts receivable		73,383		64,691
3 Net notes receivable				
4 Inventories		16,349		13,765
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	64,418		68,143	
b Less accumulated depreciation	45,429	18,989	47,286	20,857
11 Land				
12 Other assets. Attach schedule. STMT 4		5,155		5,191
13 Total assets		552,625		651,755
Liabilities and net worth				
14 Accounts payable		48,198		40,419
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable. STMT 5		146,519		142,578
18 Other liabilities. Attach schedule. STMT 6		28,602		36,385
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		329,306		432,373
22 Total liabilities and net worth		552,625		651,755

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	103,067	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	103,067
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	103,067			

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description								
How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis	
AWNING	PURCHASE	6/26/13	6/05/24	\$	\$ 2,063	\$ 2,063	\$	
TOTAL				\$ 0	\$ 2,063	\$ 2,063	\$	0

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address						
City	State	Zip	Title	Avg Hrs	Compensation Amount		
BARBARA IACOMETTI	SAN DIEGO	4993 NIAGARA AVE #205 CA 92107	PRESIDENT	1.00			
MICHAEL AKEY	SAN DIEGO	2180 CHATSWORTH BLVD. CA 92107	1ST VP	1.00			
CC SUMMERFIELD	SAN DIEGO	4314 VOLTAIRE ST CA 92107	2ND VP	1.00			
KYLE JAWORSKI	SAN DIEGO	1851 BACON STREET CA 92107	SECRETARY	1.00			
MIKE STIFANO	SAN DIEGO	1921 BACON ST CA 92107	TREASURER	1.00			
CRAIG GERWIG	SAN DIEGO	4864 NEWPORT AVE CA 92107	BOARD MEMBER	1.00			
MATT KALLA	SAN DIEGO	4148 VOLTAIRE ST CA 92107	BOARD MEMBER	1.00			
RON MARCOTTE	SAN DIEGO	2744 MIDWAY DR. CA 92107	BOARD MEMBER	1.00			
KEN MOSS	SAN DIEGO	1868 BACON STREET CA 92107	BOARD MEMBER	1.00			
JOELLA PEREGOY	SAN DIEGO	4876 SANTA MONICA AVE CA 92107	BOARD MEMBER	1.00			
DAISY SANTANA	SAN DIEGO	5083 SANTA MONICA AVE., 2C CA 92107	BOARD MEMBER	1.00			

California Statements

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
SHAWN SILVERMAN		1929	CABLE STREET				
	SAN DIEGO	CA	92107	BOARD MEMBER		1.00	
BETH WRIGHT		1919	CABLE ST				
	SAN DIEGO	CA	92107	BOARD MEMBER		1.00	
CARTER MOSS				BOARD MEMBER		1.00	
TOTAL							<u>0</u>

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California Statements**Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
FARMER'S MARKET	
EMPLOYEE BENEFITS	58
WORKERS COMP INSURANCE	1,034
REPAIR AND MAINTENANCE	2,690
PRINTING AND PUBLICATIONS	1,386
OFFICE EXPENSE	241
GARAGE RENT	2,800
MANAGEMENT FEES	119,971
EVENT SERVICES	12,237
EVENT SUPPLIES	1,257
SECURITY	16,726
TRASH REMOVAL	8,056
TELEPHONE/COMMUNICATIONS	270
STREET FAIR	
EMPLOYEE BENEFITS	1,143
PRINTING AND PUBLICATIONS	954
MEETINGS	62
BANK CHARGES/MERCHANT FEE	4,534
ADVERTISING	13,163
GARAGE RENT	2,280
CONSULTANTS	3,500
INSURANCE	11,823
AWARDS AND PLAQUES	4,600
PROMOTION SUPPLIES	5,311
EVENT SUPPLIES	6,358
EVENT ENTERTAINMENT	7,720
TRASH REMOVAL	14,831
EQUIPMENT RENTAL	50,157
EVENT SERVICES	28,463
SECURITY	18,119
BANNERS-SIGNS-DISPLAYS	2,128
OKTOBERFEST	
EMPLOYEE BENEFITS	660
BANK CHARGES/MERCHANT FEE	82
OFFICE EXPENSE	
ADVERTISING	400
CONSULTANTS	2,500
SECURITY	5,755
EVENT SERVICES	895
EQUIPMENT RENTAL	650
PAYROLL TAXES	10,897
PAYROLL TAXES	6,795
ACCOUNTING	14,567
CONSULTANTS	4,769
POSTAGE AND DELIVERY	2,156
PRINTING AND REPRODUCTION	558
PRINTING AND REPRODUCTION	60
MEETING EXPENSE	1,338
ANNUAL AWARDS CELEBRATION	1,561
AWARDS AND PLAQUES	444
BANNER PROGRAM	10,807

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California Statements**Statement 3 - Form 199, Part II, Line 17 - Other Expenses (continued)**

Description	Amount
DONATIONS	\$ 1,064
DUES AND SUBSCRIPTIONS	8,537
EQUIPMENT RENTAL	5,143
EQUIPMENT RENTAL	323
EVENT SERVICES	4,012
EVENT SERVICES	24,946
EVENT SUPPLIES	3,562
EVENT SUPPLIES	1,994
HOLIDAY DECORATIONS	736
LICENSE AND PERMITS	618
REPAIRS AND MAINTENANCE	113,989
TELEPHONE	6,527
TRASH REMOVAL	2,444
UTILITIES	3,080
ADVERTISING	11,435
ADVERTISING	900
PROMOTION SUPPLIES	13,631
BANK CHARGES/MERCHANT FEE	3,344
BANK CHARGES/MERCHANT FEE	984
OFFICE EXPENSE	4,332
WEBSITE - WEB CAM	37,646
INSURANCE	15,170
EMPLOYEE BENEFITS	3,440
EMPLOYEE BENEFITS	2,096
WORKERS COMP INSURANCE	2,426
CONSULTANTS	500
PROMOTION SUPPLIES	30
WEBSITE-WEB CAM	90
CONFERENCES	771
PUBLIC IMPROVEMENTS	16,278
TOTAL	<u>\$ 696,814</u>

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

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 800	\$ 800
PREPAID EXPENSES	4,355	4,391
TOTAL	<u>\$ 5,155</u>	<u>\$ 5,191</u>

Statement 5 - Form 199, Schedule L, Line 17 - Mortgages Payable

Description	Beginning of Year	End of Year
SBA EIDL LOAN	\$ 146,519	\$ 142,578
TOTAL	<u>\$ 146,519</u>	<u>\$ 142,578</u>

California Statements**Statement 6 - 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	\$ 17,377	\$ 22,321
CREDIT CARD PAYABLE	10,000	4,626
SALES TAX PAYABLE	1,225	1,438
DEFERRED REVENUE		8,000
TOTAL	<u>\$ 28,602</u>	<u>\$ 36,385</u>

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034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
3 Total expenses and disbursements (Form 199, line 9)	3
4 Tax due (Form 109, line 23)	4
5 Overpayment (Form 109, line 24)	5

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT**

Part VI 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, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P00605586**

Firm's name (or yours if self-employed) and address **BATTEN ACCOUNTANCY INC**
4696 GREENE ST
SAN DIEGO CA Firm's FEIN _____ ZIP code **92107-1420**

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

Paid Preparer Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____ ZIP code _____

TAXABLE YEAR

CALIFORNIA FORM

2023

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name OCEAN BEACH MERCHANT'S ASSOCIATION, INC

California corporation number 1287381

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property details (a-h). Includes lines 1-13.

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

Table with 8 columns (a-h) for depreciation details. Includes line 14 with 'SEE STATEMENT 1' and line 15 with total '3,920'.

Part III Summary

Summary table with 3 rows (16-18) and 2 columns for totals and adjustments.

Part IV Amortization

Table with 7 columns (a-g) for amortization details. Includes lines 19-22.

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
HP 24" TOUCHSCREEN COMPUTER	12/05/23	\$ 1,375	\$	S/L	5.00	\$ 160	\$
AWNING	6/05/24	4,413		S/L	7.00	53	
AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	2,045	S/L	15.00	229	
LEASEHOLD IMPROVEMENTS - FLOOD REPAIR	2/24/16	7,509	3,671	S/L	15.00	501	
TRASHCAN	11/01/16	1,050	1,000	S/L	7.00	50	
WEBSITE	9/25/20	1,950	1,073	S/L	5.00	390	
AED UNIT	3/07/22	1,492	284	S/L	7.00	213	
APPLE IPOD MINI	5/10/22	702	164	S/L	5.00	140	
4 ALUMINUM SIGNS	4/04/23	7,758	194	S/L	10.00	776	
2 BANNERS 15X2	12/27/22	4,223	704	S/L	3.00	1,408	
TOTAL		\$ 33,912	\$ 9,135			\$ 3,920	\$ 0