

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

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

33-0185092

Net Asset / Fund Balance at Beginning of Year		<u>194,591</u>
Revenue		
Contributions	<u>180,592</u>	
Program service revenue	<u>700,428</u>	
Investment income	<u>19</u>	
Capital gain / loss	<u>-518</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>0</u>	
Total revenue		<u>880,521</u>
Expenses		
Program services	<u>752,910</u>	
Management and general	<u>119,604</u>	
Fundraising		
Total expenses		<u>872,514</u>
Excess / (deficit)		<u>8,007</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>202,598</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>880,521</u>
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	<u><u>880,521</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>872,514</u>
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	<u><u>872,514</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>226,699</u>	<u>276,407</u>	
Liabilities	<u>32,108</u>	<u>73,809</u>	
Net assets	<u><u>194,591</u></u>	<u><u>202,598</u></u>	<u>8,007</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/19
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

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

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

33-0185092

Name and title of officer

**BARBARA IACOMETTI
PRESIDENT**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>880,521</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 11/11/19

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.

30208233981

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } 11/11/19

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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 Doing business as OCEAN BEACH MAINSTREET ASSOCIATION Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 7990 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92167	D Employer identification number 33-0185092 E Telephone number 619-224-4906 G Gross receipts \$ 881,039
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)
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		H(c) Group exemption number u
J Website: u WWW.OCEANBEACHSANDIEGO.COM		L Year of formation: 1985 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

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 2018 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	135,884	180,592
	9 Program service revenue (Part VIII, line 2g)	733,218	700,428
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20	-499
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	869,122	880,521
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	246,126	233,758
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	617,637	638,756
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	863,763	872,514
	19 Revenue less expenses. Subtract line 18 from line 12	5,359	8,007
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	226,699	276,407
	21 Total liabilities (Part X, line 26)	32,108	73,809
	22 Net assets or fund balances. Subtract line 21 from line 20	194,591	202,598

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 Type or print name and title	Date PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name JERE R. BATTEN, CPA	Preparer's signature Date 11/11/19
	Firm's name } BATTEN ACCOUNTANCY INC 4696 GREENE ST Firm's address } SAN DIEGO, CA 92107-1420	Check <input type="checkbox"/> if self-employed PTIN P00605586 Firm's EIN } 20-3662845 Phone no. 619-501-6359

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ **197,868** including grants of \$) (Revenue \$ **66,104**)

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

4b (Code:) (Expenses \$ **201,172** including grants of \$) (Revenue \$ **79,583**)

TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

4c (Code:) (Expenses \$ **353,870** including grants of \$) (Revenue \$ **554,741**)

TO PROMOTE LOCAL BUSINESS BY HOSTING SPECIAL EVENTS AND PROVIDING PROGRAMS

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

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

4e Total program service expenses **u 752,910**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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 in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	21
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: u 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 in 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

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 in 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 in Schedule O.		
1b	Enter the number of voting members included in 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, or 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 in 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 in 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?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
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 in 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 **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BARBARA IACOMETTI	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) MICHAEL AKEY	1.00									
1ST VP	0.00	X		X			0	0	0	
(3) CC SUMMERFIELD	1.00									
2ND VP	0.00	X		X			0	0	0	
(4) MIKE STIFANO	1.00									
TREASURER	0.00	X		X			0	0	0	
(5) KYLE JAWORSKI	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) GARY GILMORE	1.00									
ER CHAIR	0.00	X					0	0	0	
(7) DAVE MARTIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) CRAIG GERWIG	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MATT KALLA	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) TEVIA OSKIN	1.00									
PROMOTION CHAIR	0.00	X					0	0	0	
(11) RON MARCOTTE	1.00									
DIRECTOR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BETH WRIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KEN MOSS	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) CAROL LADIGES	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, or 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 **u 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	13,395				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	134,498				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,699				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	180,592				
	Program Service Revenue	2a FARMER'S MARKET	Busn. Code	327,757	327,757		
b STREET FAIR			171,707	171,707			
c MAINTENANCE ASSESSMENT			60,129	60,129			
d PROMOTION			51,671	51,671			
e OTHER EVENTS			42,164	42,164			
f All other program service revenue			47,000	47,000			
g Total. Add lines 2a-2f		u	700,428				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	19			19
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.		518			
	c Gain or (loss)		-518				
	d Net gain or (loss)	u	-518	-518			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	880,521	699,910	0	19		

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	216,944	174,180	42,764	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,814	13,574	3,240	
11 Fees for services (non-employees):				
a Management	61,144	61,144		
b Legal				
c Accounting	15,911		15,911	
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.)	24,532	21,106	3,426	
12 Advertising and promotion	37,004	37,004		
13 Office expenses	39,705	30,275	9,430	
14 Information technology	26,518	25,370	1,148	
15 Royalties				
16 Occupancy	20,187	9,137	11,050	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,984	1,383	601	
20 Interest	239		239	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,621		4,621	
23 Insurance	31,105	17,946	13,159	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	55,932	55,932		
b REPAIRS AND MAINTENANCE	54,896	52,544	2,352	
c EQUIPMENT RENTAL	42,469	42,469		
d TRASH REMOVAL	26,562	25,540	1,022	
e All other expenses	195,947	185,306	10,641	
25 Total functional expenses. Add lines 1 through 24e	872,514	752,910	119,604	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	68,223	1	96,232
	2 Savings and temporary cash investments	46,759	2	46,773
	3 Pledges and grants receivable, net	56,175	3	72,949
	4 Accounts receivable, net	8,563	4	15,739
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,884	8	10,694
	9 Prepaid expenses and deferred charges	12,573	9	17,637
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	48,293		
	b Less: accumulated depreciation	32,710	20,722	10c
	11 Investments—publicly traded securities			11
	12 Investments—other securities. See Part IV, line 11			12
	13 Investments—program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11	800	15	800
16 Total assets. Add lines 1 through 15 (must equal line 34)	226,699	16	276,407	
Liabilities	17 Accounts payable and accrued expenses	21,923	17	48,280
	18 Grants payable		18	
	19 Deferred revenue		19	15,680
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,185	25	9,849
	26 Total liabilities. Add lines 17 through 25	32,108	26	73,809
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	194,591	27	202,598
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	194,591	33	202,598	
34 Total liabilities and net assets/fund balances	226,699	34	276,407	

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	880,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	872,514
3	Revenue less expenses. Subtract line 2 from line 1	3	8,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194,591
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	202,598

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 in 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 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 checked="" 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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in 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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

33-0185092

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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 are a 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 programs
 - 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 **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,509	1,669	5,840
d Equipment		2,285	1,251	1,034
e Other		38,499	29,790	8,709
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	15,583

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, col. (B) line 12.) u		

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, col. (B) line 13.) u		

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, col. (B) line 15.) u	

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	6,579
(3) CREDIT CARD PAYABLE	1,943
(4) SALES TAX PAYABLE	1,327
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	9,849

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 FIN 48 (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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	OCEAN BEACH MERCHANT'S ASSOCIATION, INC	Employer identification number 33-0185092
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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 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
APPROVED BY BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
APPROVED BY BOARD OF DIRECTORS.**

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

33-0185092

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

FIREWORKS

\$ 26,023

\$ 0

\$ 0

SECURITY

\$ 20,987

\$ 0

\$ 0

EVENT SERVICES

\$ 20,789

\$ 0

\$ 0

EVENT SERVICES

\$ 20,120

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 14,300

\$ 0

\$ 0

LANDSCAPING

\$ 10,200

\$ 0

\$ 0

REPAIR AND MAINTENANCE

\$ 8,918

\$ 0

\$ 0

LICENSES AND FEES

\$ 7,761

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 6,560

\$ 0

\$ 0

EVENT SUPPLIES

\$ 6,392

\$ 0

\$ 0

Name of the organization OCEAN BEACH MERCHANT'S	Employer identification number 33-0185092
---	---

	\$ 1,900	\$ 0	\$ 0
EVENT SUPPLIES			
	\$ 1,392	\$ 0	\$ 0
AWARDS AND PLAQUES			
	\$ 1,274	\$ 0	\$ 0
LICENSE AND PERMITS			
	\$ 20	\$ 1,174	\$ 0
EQUIPMENT RENTAL			
	\$ 518	\$ 257	\$ 0
DONATIONS			
	\$ 0	\$ 500	\$ 0
EVENT ENTERTAINMENT			
	\$ 400	\$ 0	\$ 0
MISCELLANEOUS			
	\$ 316	\$ -55	\$ 0
EVENT SUPPLIES			
	\$ 120	\$ 0	\$ 0
EVENT SERVICES			
	\$ 96	\$ 0	\$ 0
REPAIR AND MAINTENANCE			
	\$ 54	\$ 0	\$ 0
MISCELLANEOUS			
	\$ 3	\$ 0	\$ 0
TOTAL			
	\$ 185,306	\$ 10,641	\$ 0

COPY

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

33-0185092

ACCOUNTING POLICY CHANGE - DIRECTORY

\$

0

UNRECORDED PY LIABILITY - STREET FAIR

\$

0

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return **OCEAN BEACH MERCHANT'S ASSOCIATION, INC** Identifying number **33-0185092**

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	1,000,000
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	2,500,000
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 2017 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 2019. 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	4,621

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 2018	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 <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2018 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	

Section C—Assets Placed in Service During 2018 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	4,621
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

33-0185092

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
2	Cart	1/03/03	1,053			1,053	5 MO S/L	1,053	0
	Sold/Scrapped: 6/30/19								
5	Digital Camera	5/25/04	380			380	5 MO S/L	380	0
	Sold/Scrapped: 6/30/19								
6	Air Purifier	6/21/05	376			376	5 MO S/L	376	0
	Sold/Scrapped: 6/30/19								
7	Tent	6/27/05	1,137			1,137	5 MO S/L	1,137	0
	Sold/Scrapped: 6/30/19								
8	Tents	8/01/05	540			540	5 MO S/L	540	0
	Sold/Scrapped: 6/30/19								
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
12	Interior Blinds & Installation	10/01/06	1,107			1,107	7 MO S/L	1,107	0
	Sold/Scrapped: 6/30/19								
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
15	Mike Young-Materials/Labor	12/21/06	1,200			1,200	7 MO S/L	1,200	0
	Sold/Scrapped: 6/30/19								
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
20	ECOLAD Cigarette Disposal Cans (10)	7/17/07	1,800			1,800	7 MO S/L	1,800	0
	Sold/Scrapped: 6/30/19								
22	Leasehold Improvement - Carpet	3/17/09	1,635			1,635	15 MO S/L	1,008	109
	Sold/Scrapped: 6/30/19								
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
30	7 FM Banners	6/01/11	1,300			1,300	7 MO S/L	1,300	0
	Sold/Scrapped: 6/30/19								
31	7 Banners for Summer	6/01/11	1,288			1,288	7 MO S/L	1,288	0
	Sold/Scrapped: 6/30/19								
32	2 Electrical Wire Cover Ramps	10/01/11	184			184	7 MO S/L	177	7
33	LAPTOP	12/21/12	739			739	5 MO S/L	739	0
34	AWNING	6/26/13	2,063			2,063	5 MO S/L	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970			970	7 MO S/L	612	138
36	Computer	3/14/14	978			978	5 MO S/L	848	130
37	Website - directory	6/06/14	4,000			4,000	5 MO S/L	3,267	733
38	Printer	2/19/14	826			826	7 MO S/L	511	118
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440			3,440	15 MO S/L	898	230
40	GENERATOR EZGF-1620854	9/09/15	2,285			2,285	7 MO S/L	925	326
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509			7,509	15 MO S/L	1,168	501
42	Trashcan	11/01/16	1,050			1,050	7 MO S/L	250	150
43	3 Cross Street Holiday Swags	9/12/16	8,273			8,273	5 MO S/L	3,033	1,655
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309			1,309	5 MO S/L	196	262
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309			1,309	5 MO S/L	153	262
	Total Other Depreciation		<u>60,109</u>			<u>60,109</u>		<u>39,387</u>	<u>4,621</u>
	Total ACRS and Other Depreciation		<u>60,109</u>			<u>60,109</u>		<u>39,387</u>	<u>4,621</u>
	Grand Totals		60,109			60,109		39,387	4,621
	Less: Dispositions and Transfers		11,816			11,816		11,189	109
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>48,293</u>			<u>48,293</u>		<u>28,198</u>	<u>4,512</u>

33-0185092

CA Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
2	Cart	1/03/03	1,053	1,053	1,053	0	0	0
	Sold/Scrapped: 6/30/19							
5	Digital Camera	5/25/04	380	380	380	0	0	0
	Sold/Scrapped: 6/30/19							
6	Air Purifier	6/21/05	376	376	376	0	0	0
	Sold/Scrapped: 6/30/19							
7	Tent	6/27/05	1,137	1,137	1,137	0	0	0
	Sold/Scrapped: 6/30/19							
8	Tents	8/01/05	540	540	540	0	0	0
	Sold/Scrapped: 6/30/19							
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
12	Interior Blinds & Installation	10/01/06	1,107	1,107	1,107	0	0	0
	Sold/Scrapped: 6/30/19							
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
15	Mike Young-Materials/Labor	12/21/06	1,200	1,200	1,200	0	0	0
	Sold/Scrapped: 6/30/19							
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
20	ECOLAD Cigarette Disposal Cans (10)	7/17/07	1,800	1,800	1,800	0	0	0
	Sold/Scrapped: 6/30/19							
22	Leasehold Improvement - Carpet	3/17/09	1,635	1,635	1,008	109	109	0
	Sold/Scrapped: 6/30/19							
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
30	7 FM Banners	6/01/11	1,300	1,300	1,300	0	0	0
	Sold/Scrapped: 6/30/19							
31	7 Banners for Summer	6/01/11	1,288	1,288	1,288	0	0	0
	Sold/Scrapped: 6/30/19							
32	2 Electrical Wire Cover Ramps	10/01/11	184	184	177	7	7	0
33	LAPTOP	12/21/12	739	739	739	0	0	0
34	AWNING	6/26/13	2,063	2,063	2,063	0	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	970	612	138	138	0
36	Computer	3/14/14	978	978	848	130	130	0
37	Website - directory	6/06/14	4,000	4,000	3,267	733	733	0
38	Printer	2/19/14	826	826	511	118	118	0
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440	3,440	898	230	230	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	2,285	925	326	326	0
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509	7,509	1,168	501	501	0
42	Trashcan	11/01/16	1,050	1,050	250	150	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	8,273	3,033	1,655	1,655	0
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309	1,309	196	262	262	0
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309	1,309	153	262	262	0
Total Other Depreciation			60,109	60,109	39,387	4,621	4,621	0
Total ACRS and Other Depreciation			60,109	60,109	39,387	4,621	4,621	0
Grand Totals			60,109	60,109	39,387	4,621	4,621	0
Less: Dispositions			11,816	11,816	11,189	109	109	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			48,293	48,293	28,198	4,512	4,512	0

Depreciation Adjustment Report

All Business Activities

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

COPY

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
34	AWNING	6/26/13	2,063	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	139	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	119	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	327	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500	0
42	Trashcan	11/01/16	1,050	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	1,654	0
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	262	0
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	261	0
Total Other Depreciation			<u>48,293</u>	<u>3,641</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>48,293</u>	<u>3,641</u>	<u>0</u>
Grand Totals			<u>48,293</u>	<u>3,641</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
34	AWNING	6/26/13	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	139
36	Computer	3/14/14	978	0
37	Website - directory	6/06/14	4,000	0
38	Printer	2/19/14	826	119
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	229
40	GENERATOR EZGF-1620854	9/09/15	2,285	327
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	500
42	Trashcan	11/01/16	1,050	150
43	3 Cross Street Holiday Swags	9/12/16	8,273	1,654
44	HP OMen 870-247c Desktop computer	10/11/17	1,309	262
45	HP Omen 870-247c Desktop computer	11/16/17	1,309	261
Total Other Depreciation			<u>48,293</u>	<u>3,641</u>
Total ACRS and Other Depreciation			<u>48,293</u>	<u>3,641</u>
Grand Totals			<u>48,293</u>	<u>3,641</u>

Form 990		Two Year Comparison Report		2017 & 2018	
Name		For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		Taxpayer Identification Number	
OCEAN BEACH MERCHANT'S ASSOCIATION, INC				33-0185092	
			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	41,989	32,699	-9,290
	2. Membership dues and assessments	2.	15,590	13,395	-2,195
	3. Government contributions and grants	3.	78,305	134,498	56,193
	4. Program service revenue	4.	733,218	700,428	-32,790
	5. Investment income	5.	20	19	-1
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.		-518	-518
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	869,122	880,521	11,399
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	246,126	233,758	-12,368
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	98,132	101,587	3,455
	19. Occupancy, rent, utilities, and maintenance	19.	20,216	20,187	-29
	20. Depreciation and Depletion	20.	5,481	4,621	-860
	21. Other expenses	21.	493,808	512,361	18,553
	22. Total expenses. Add lines 13 through 21	22.	863,763	872,514	8,751
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	5,359	8,007	2,648
Other Information	24. Total exempt revenue	24.	869,122	880,521	11,399
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	733,238	699,929	-33,309
	27. Total assets	27.	226,699	276,407	49,708
	28. Total liabilities	28.	32,108	73,809	41,701
	29. Retained earnings	29.	194,591	202,598	8,007
	30. Number of voting members of governing body	30.	14	14	
31. Number of independent voting members of governing body	31.	14	14		
32. Number of employees	32.	10	7		
33. Number of volunteers	33.	250	250		

Form 990	Tax Return History	2018
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Name OCEAN BEACH MERCHANT'S ASSOCIATION, INC	Employer Identification Number 33-0185092
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	140,828	124,128	121,127	120,294	167,197	
Membership dues		16,585	16,665	15,590	13,395	
Program service revenue	635,454	673,240	729,717	733,218	700,428	
Capital gain or loss					-518	
Investment income	45	36	18	20	19	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	776,327	813,989	867,527	869,122	880,521	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	219,203	235,008	274,975	246,126	233,758	
Professional fees	68,661	77,616	88,181	98,132	101,587	
Occupancy costs	19,674	20,422	22,639	20,216	20,187	
Depreciation and depletion	3,886	3,896	4,949	5,481	4,621	
Other expenses	428,705	466,276	500,139	493,808	512,361	
Total expenses	740,129	803,218	890,883	863,763	872,514	
Excess or (Deficit)	36,198	10,771	-23,356	5,359	8,007	
Total exempt revenue	776,327	813,989	867,527	869,122	880,521	
Total unrelated revenue						
Total excludable revenue	635,499	673,276	729,735	733,238	699,929	
Total Assets	270,450	286,485	260,999	226,699	276,407	
Total Liabilities	51,534	56,798	54,668	32,108	73,809	
Net Fund Balances	218,916	229,687	206,331	194,591	202,598	

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	\$ 19			14 CA		
TOTAL	<u>\$ 19</u>					

COPY

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 14,426	\$ 11,000	\$ 3,426	\$
CONTRACT LABOR	1,118	1,118		
STREET FAIR CONTRACT LABOR	8,988	8,988		
TOTAL	\$ 24,532	\$ 21,106	\$ 3,426	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
FIREWORKS	\$ 26,023	\$ 26,023	\$	\$
SECURITY	20,987	20,987		
EVENT SERVICES	20,789	20,789		
EVENT SERVICES	20,120	20,120		
EVENT ENTERTAINMENT	14,300	14,300		
LANDSCAPING	10,200	10,200		
REPAIR AND MAINTENACE	8,918	8,918		
LICENSES AND FEES	7,761	7,761		
EVENT ENTERTAINMENT	6,560	6,560		
EVENT SUPPLIES	6,392	6,392		
LICENSES AND FEES	6,204	6,204		
BANNER PROGRAM	5,190	5,190		
TELEPHONE	5,079	778	4,301	
EVENT SERVICES	4,508	4,508		
HOLIDAY DECORATIONS	3,818	3,818		
SECURITY	3,657	3,657		
DUES AND SUBSCRIPTIONS	3,186		3,186	
LICENSES AND FEES	2,846	2,846		
AWARDS AND PLAQUES	2,380	2,380		
UTILITIES	2,364	1,162	1,202	
TRASH REMOVAL	2,325	2,325		
EVENT SUPPLIES	2,285	2,209	76	
LICENSES AND FEES	2,086	2,086		
TRASH REMOVAL	1,900	1,900		

Federal Statements

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>
EVENT SUPPLIES	\$ 1,392	\$ 1,392	\$	\$
AWARDS AND PLAQUES	1,274	1,274		
LICENSE AND PERMITS	1,194	20	1,174	
EQUIPMENT RENTAL	775	518	257	
DONATIONS	500		500	
EVENT ENTERTAINMENT	400	400		
MISCELLANEOUS	261	316	-55	
EVENT SUPPLIES	120	120		
EVENT SERVICES	96	96		
REPAIR AND MAINTENANCE	54	54		
MISCELLANEOUS	3	3		
TOTAL	\$ 195,947	\$ 185,306	\$ 10,641	\$ 0

COPY

Form 199 Return Summary

For calendar year 2018, or tax year beginning **07/01/2018** , and ending **06/30/2019**

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

33-0185092

Gross sales / receipts	700,447	
Dues from members		
Contributions / grants	180,592	
Total costs	518	
Expenses	872,514	
Excess / (deficit)		8,007

Filing fee	10
Total payments	
Penalties and interest	
Use tax	

Balance due	10
Refund	

Balance Sheet		Differences
Beginning	Ending	
Assets	226,699	276,407
Liabilities	32,108	73,809
Net assets	194,591	8,007

Miscellaneous Information

Amended return
Return / extended due date **11/15/19**

MAIL TO:

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

WEB SITE ADDRESS:

www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>CT0259574</u> OCEAN BEACH MERCHANT'S Name of Organization <u>P.O. BOX 7990</u> Address (Number and Street) <u>SAN DIEGO CA 92167</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1287381</u> Federal Employer I.D. No. <u>33-0185092</u>																														
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Less than \$25,000</td> <td>0</td> </tr> <tr> <td>Between \$25,000 and \$100,000</td> <td>\$25</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Less than \$25,000	0	Between \$25,000 and \$100,000	\$25	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$100,001 and \$250,000</td> <td>\$50</td> </tr> <tr> <td>Between \$250,001 and \$1 million</td> <td>\$75</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$100,001 and \$250,000	\$50	Between \$250,001 and \$1 million	\$75	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$1,000,001 and \$10 million</td> <td>\$150</td> </tr> <tr> <td>Between \$10,000,001 and \$50 million</td> <td>\$225</td> </tr> <tr> <td>Greater than \$50 million</td> <td>\$300</td> </tr> </tbody> </table>	Gross Annual Revenue	Fee	Between \$1,000,001 and \$10 million	\$150	Between \$10,000,001 and \$50 million	\$225	Greater than \$50 million	\$300									
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PART A - ACTIVITIES For your most recent full accounting period (beginning <u>07/01/18</u> ending <u>06/30/19</u>) list: Gross annual revenue \$ <u>880,521</u> Total assets \$ <u>276,407</u>																															
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: If you answer "yes" to any of the questions below, you must attach a separate sheet page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>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?</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. STMT 1</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?</td> <td></td> <td style="text-align: center;">X</td> </tr> </tbody> </table>		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, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X	3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X	4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X	5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X	6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. STMT 1	X		7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X	8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X	9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X
	Yes	No																													
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9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X																													
Organization's area code and telephone number <u>619-224-4906</u> Organization's e-mail address <u>INFO@OCEANBEACHSANDIEGO.COM</u>																															
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.																															
<u>BARBARA IACOMETTI</u> Signature of authorized officer	<u>PRESIDENT</u> Printed Name	 Title																													
		 Date																													

Statement 1 - Form RRF-1, Part B, Line 6 - Governmental FundingDescription

COUNTY OF SAN DIEGO
CHIEF FINANCIAL OFFICER
OFFICE OF FINANCIAL PLANNING
COUNTY OF SAN DIEGO
1600 PACIFIC HIGHWAY, ROOM 352
SAN DIEGO, CA 92101

CITY OF SAN DIEGO COMMISSION FOR ARTS & CULTURE
CONTRACT ADMINISTRATOR
1200 THIRD AVE, SUITE 924
SAN DIEGO, CA 92101-4106

CITY OF SAN DIEGO - MANAGEMENT GRANTS
MARTHA LUNA
ECONOMIC DEVELOPMENT DEPARTMENT
1200 THIRD AVE, SUITE 1400
SAN DIEGO, CA 92101-4106

COPY

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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 Doing business as OCEAN BEACH MAINSTREET ASSOCIATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 7990 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92167	D Employer identification number 33-0185092 E Telephone number 619-224-4906 G Gross receipts \$ 881,039
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)
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 u		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		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 2018 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 135,884	Current Year 180,592
	9 Program service revenue (Part VIII, line 2g)	733,218	700,428
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20	-499
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	869,122	880,521
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
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)		246,126	233,758
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u		0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		617,637	638,756
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	863,763	872,514	
19 Revenue less expenses. Subtract line 18 from line 12	5,359	8,007	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 226,699	End of Year 276,407
	21 Total liabilities (Part X, line 26)	32,108	73,809
	22 Net assets or fund balances. Subtract line 21 from line 20	194,591	202,598

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 Type or print name and title	Date PRESIDENT
	Print/Type preparer's name JERE R. BATTEN, CPA	Preparer's signature Date 11/11/19
Paid Preparer Use Only	Firm's name } BATTEN ACCOUNTANCY INC 4696 GREENE ST Firm's address } SAN DIEGO, CA 92107-1420	Firm's EIN } 20-3662845 Phone no. 619-501-6359

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ **197,868** including grants of \$) (Revenue \$ **66,104**)

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

4b (Code:) (Expenses \$ **201,172** including grants of \$) (Revenue \$ **79,583**)

TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

4c (Code:) (Expenses \$ **353,870** including grants of \$) (Revenue \$ **554,741**)

TO PROMOTE LOCAL BUSINESS BY HOSTING SPECIAL EVENTS AND PROVIDING PROGRAMS

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

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

4e Total program service expenses **u 752,910**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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 in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	21
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 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 in 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

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 in 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 in Schedule O.		
1b	Enter the number of voting members included in 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, or 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 in 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 in 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?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
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 in 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 **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

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

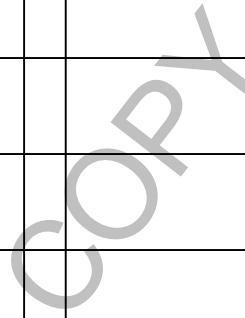
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BARBARA IACOMETTI	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) MICHAEL AKEY	1.00									
1ST VP	0.00	X		X			0	0	0	
(3) CC SUMMERFIELD	1.00									
2ND VP	0.00	X		X			0	0	0	
(4) MIKE STIFANO	1.00									
TREASURER	0.00	X		X			0	0	0	
(5) KYLE JAWORSKI	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) GARY GILMORE	1.00									
ER CHAIR	0.00	X					0	0	0	
(7) DAVE MARTIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) CRAIG GERWIG	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MATT KALLA	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) TEVIA OSKIN	1.00									
PROMOTION CHAIR	0.00	X					0	0	0	
(11) RON MARCOTTE	1.00									
DIRECTOR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BETH WRIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KEN MOSS	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) CAROL LADIGES	1.00									
DIRECTOR	0.00	X					0	0	0	



1b Sub-total	u
c Total from continuation sheets to Part VII, Section A	u
d Total (add lines 1b and 1c)	u

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

	Yes	No
3 Did the organization list any former officer, director, or 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 **u 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	13,395				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	134,498				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,699				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	180,592				
	Program Service Revenue	2a FARMER'S MARKET	Busn. Code	327,757	327,757		
b STREET FAIR			171,707	171,707			
c MAINTENANCE ASSESSMENT			60,129	60,129			
d PROMOTION			51,671	51,671			
e OTHER EVENTS			42,164	42,164			
f All other program service revenue			47,000	47,000			
g Total. Add lines 2a-2f		u	700,428				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	19			19
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.		518			
	c Gain or (loss)		-518				
	d Net gain or (loss)	u	-518	-518			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events	u					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u		880,521	699,910	0	19	



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	216,944	174,180	42,764	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,814	13,574	3,240	
11 Fees for services (non-employees):				
a Management	61,144	61,144		
b Legal				
c Accounting	15,911		15,911	
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.)	24,532	21,106	3,426	
12 Advertising and promotion	37,004	37,004		
13 Office expenses	39,705	30,275	9,430	
14 Information technology	26,518	25,370	1,148	
15 Royalties				
16 Occupancy	20,187	9,137	11,050	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,984	1,383	601	
20 Interest	239		239	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,621		4,621	
23 Insurance	31,105	17,946	13,159	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	55,932	55,932		
b REPAIRS AND MAINTENANCE	54,896	52,544	2,352	
c EQUIPMENT RENTAL	42,469	42,469		
d TRASH REMOVAL	26,562	25,540	1,022	
e All other expenses	195,947	185,306	10,641	
25 Total functional expenses. Add lines 1 through 24e	872,514	752,910	119,604	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	68,223	1	96,232
	2 Savings and temporary cash investments	46,759	2	46,773
	3 Pledges and grants receivable, net	56,175	3	72,949
	4 Accounts receivable, net	8,563	4	15,739
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,884	8	10,694
	9 Prepaid expenses and deferred charges	12,573	9	17,637
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	48,293		
	b Less: accumulated depreciation	32,710	20,722	10c 15,583
	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 34)	226,699	16	276,407	
Liabilities	17 Accounts payable and accrued expenses	21,923	17	48,280
	18 Grants payable		18	
	19 Deferred revenue		19	15,680
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,185	25	9,849
	26 Total liabilities. Add lines 17 through 25	32,108	26	73,809
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	194,591	27	202,598
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	194,591	33	202,598	
34 Total liabilities and net assets/fund balances	226,699	34	276,407	

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	880,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	872,514
3	Revenue less expenses. Subtract line 2 from line 1	3	8,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194,591
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	202,598

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 in 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 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 checked="" 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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in 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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

33-0185092

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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 are a 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 programs
 - 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 **u**
 - b Permanent endowment **u**
 - c Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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	1,669	5,840
d Equipment		2,285	1,251	1,034
e Other		38,499	29,790	8,709
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	15,583

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, col. (B) line 12.) u		

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, col. (B) line 13.) u		

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, col. (B) line 15.) u	

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	6,579
(3) CREDIT CARD PAYABLE	1,943
(4) SALES TAX PAYABLE	1,327
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	9,849

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 FIN 48 (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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

33-0185092

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 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

APPROVED BY BOARD OF DIRECTORS.

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

APPROVED BY BOARD OF DIRECTORS.

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

33-0185092

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

FIREWORKS

\$ 26,023

\$ 0

\$ 0

SECURITY

\$ 20,987

\$ 0

\$ 0

EVENT SERVICES

\$ 20,789

\$ 0

\$ 0

EVENT SERVICES

\$ 20,120

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 14,300

\$ 0

\$ 0

LANDSCAPING

\$ 10,200

\$ 0

\$ 0

REPAIR AND MAINTENANCE

\$ 8,918

\$ 0

\$ 0

LICENSES AND FEES

\$ 7,761

\$ 0

\$ 0

EVENT ENTERTAINMENT

\$ 6,560

\$ 0

\$ 0

EVENT SUPPLIES

\$ 6,392

\$ 0

\$ 0

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

33-0185092

LICENSES AND FEES

\$ 6,204 \$ 0 \$ 0

BANNER PROGRAM

\$ 5,190 \$ 0 \$ 0

TELEPHONE

\$ 778 \$ 4,301 \$ 0

EVENT SERVICES

\$ 4,508 \$ 0 \$ 0

HOLIDAY DECORATIONS

\$ 3,818 \$ 0 \$ 0

SECURITY

\$ 3,657 \$ 0 \$ 0

DUES AND SUBSCRIPTIONS

\$ 0 \$ 3,186 \$ 0

LICENSES AND FEES

\$ 2,846 \$ 0 \$ 0

AWARDS AND PLAQUES

\$ 2,380 \$ 0 \$ 0

UTILITIES

\$ 1,162 \$ 1,202 \$ 0

TRASH REMOVAL

\$ 2,325 \$ 0 \$ 0

EVENT SUPPLIES

\$ 2,209 \$ 76 \$ 0

LICENSES AND FEES

\$ 2,086 \$ 0 \$ 0

TRASH REMOVAL

COPY

Name of the organization OCEAN BEACH MERCHANT'S	Employer identification number 33-0185092
---	---

	\$ 1,900	\$ 0	\$ 0
EVENT SUPPLIES			
	\$ 1,392	\$ 0	\$ 0
AWARDS AND PLAQUES			
	\$ 1,274	\$ 0	\$ 0
LICENSE AND PERMITS			
	\$ 20	\$ 1,174	\$ 0
EQUIPMENT RENTAL			
	\$ 518	\$ 257	\$ 0
DONATIONS			
	\$ 0	\$ 500	\$ 0
EVENT ENTERTAINMENT			
	\$ 400	\$ 0	\$ 0
MISCELLANEOUS			
	\$ 316	\$ -55	\$ 0
EVENT SUPPLIES			
	\$ 120	\$ 0	\$ 0
EVENT SERVICES			
	\$ 96	\$ 0	\$ 0
REPAIR AND MAINTENANCE			
	\$ 54	\$ 0	\$ 0
MISCELLANEOUS			
	\$ 3	\$ 0	\$ 0
TOTAL			
	\$ 185,306	\$ 10,641	\$ 0

COPY

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

33-0185092

ACCOUNTING POLICY CHANGE - DIRECTORY

\$ 0

UNRECORDED PY LIABILITY - STREET FAIR

\$ 0

COPY

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year. Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

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

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

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

TAXABLE YEAR

CALIFORNIA FORM

2018 Payment Voucher for Corporations and Exempt Organizations e-filed Returns 3586 (e-file)

1287381 OCEA 33-0185092 000000000000 18 FORM 3
TYB 07-01-2018 TYE 06-30-2019
OCEAN BEACH MERCHANTS ASSOCIATION, INC
P.O. BOX 7990
SAN DIEGO CA 92167

(619) 224-4906

Amount of Payment 10.

TAXABLE YEAR **2018** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name **OCEAN BEACH MERCHANT'S ASSOCIATION, INC** California corporation number **1287381**

Additional information. See instructions. **OCEAN BEACH MAINSTREET ASSOCIATION** FEIN **33-0185092**

Street address (suite or room) **P.O. BOX 7990** PMB no.

City **SAN DIEGO** State **CA** Zip code **92167**

Foreign country name Foreign province/state/county Foreign postal code

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	700,447	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	180,592	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	881,039	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	518	00
	7	Total costs. Add line 5 and line 6	7	518	00
	8	Total gross income. Subtract line 7 from line 4	8	880,521	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	872,514	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	8,007	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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

Signature of officer **u** Title **PRESIDENT** Date _____ Telephone **619-224-4906**

Paid Preparer's Use Only Preparer's signature **u** Date **11/11/2019** Check if self-employed PTIN **P00605586**

Firm's name (or yours, if self-employed) and address **u BATTEN ACCOUNTANCY INC** Firm's FEIN **20-3662845**
4696 GREENE ST Telephone **619-501-6359**
SAN DIEGO, CA 92107-1420

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

OCEAN BEACH MERCHANT'S

33-0185092

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	700,428	00
	2 Interest	•	2	19	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	700,447	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	216,944	00
	13 Interest	•	13	239	00
	14 Taxes	•	14	23,186	00
	15 Rents	•	15	12,343	00
	16 Depreciation and depletion (See instructions)	•	16	4,621	00
	17 Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	•	17	615,181	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	872,514	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		114,982		143,005
2 Net accounts receivable		64,738		88,688
3 Net notes receivable				
4 Inventories		12,884		10,694
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	60,109		48,293	
b Less accumulated depreciation	(39,387)	20,722	(32,710)	15,583
11 Land				
12 Other assets. Attach schedule. STMT 4		13,373		18,437
13 Total assets		226,699		276,407
Liabilities and net worth				
14 Accounts payable		21,923		48,280
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 5		10,185		25,529
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		194,591		202,598
22 Total liabilities and net worth		226,699		276,407

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	•	8,007	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	•	8,007
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5	•	8,007			

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	
CART								
PURCHASE		1/03/03	6/30/19	\$	\$ 1,053	\$ 1,053	\$	
DIGITAL CAMERA								
PURCHASE		5/25/04	6/30/19		380	380		
AIR PURIFIER								
PURCHASE		6/21/05	6/30/19		376	376		
TENT								
PURCHASE		6/27/05	6/30/19		1,137	1,137		
TENTS								
PURCHASE		8/01/05	6/30/19		540	540		
INTERIOR BLINDS & INSTALLATION								
PURCHASE		10/01/06	6/30/19		1,107	1,107		
MIKE YOUNG-MATERIALS/LABOR								
PURCHASE		12/21/06	6/30/19		1,200	1,200		
ECOLAD CIGARETTE DISPOSAL CANS (10)								
PURCHASE		7/17/07	6/30/19		1,800	1,800		
LEASEHOLD IMPROVEMENT - CARPET								
PURCHASE		3/17/09	6/30/19		1,635	1,117		518
7 FM BANNERS								
PURCHASE		6/01/11	6/30/19		1,300	1,300		
7 BANNERS FOR SUMMER								
PURCHASE		6/01/11	6/30/19		1,288	1,288		
TOTAL				\$	0	\$ 11,816	\$ 11,298	\$ 518

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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
BARBARA IACOMETTI	SAN DIEGO	CA	92107	PRESIDENT	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			
MICHAEL AKEY			2180 CHATSWORTH BLVD.			
	SAN DIEGO	CA	92107	1ST VP	1.00	
CC SUMMERFIELD			1851 CABLE STREET			
	SAN DIEGO	CA	92107	2ND VP	1.00	
MIKE STIFANO			1921 BACON ST			
	SAN DIEGO	CA	92107	TREASURER	1.00	
KYLE JAWORSKI			1851 BACON STREET			
	SAN DIEGO	CA	92107	SECRETARY	1.00	
GARY GILMORE			4857 NEWPORT AVE			
	SAN DIEGO	CA	92107	ER CHAIR	1.00	
DAVE MARTIN			5083 SANTA MONICA AVE STE 1F			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
CRAIG GERWIG			4864 NEWPORT AVE			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
MATT KALLA			4148 VOLTAIRE ST			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
TEVIA OSKIN						
	SAN DIEGO	CA	92107	PROMOTION CHAIR	1.00	
RON MARCOTTE			2744 MIDWAY DR.			
	SAN DIEGO	CA	92107	DIRECTOR	1.00	
BETH WRIGHT						
				DIRECTOR	1.00	
KEN MOSS						
				DIRECTOR	1.00	
CAROL LADIGES						
				DIRECTOR	1.00	
TOTAL						<u>0</u>

California Statements

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

Description	Amount
	\$
FARMER'S MARKET	
REPAIR AND MAINTENANCE	8,918
PRINTING AND PUBLICATIONS	647
WEBSITE - WEB CAM	169
	48
ADVERTISING	1,000
OCCUPANCY	5,000
MANAGEMENT FEES	61,144
INSURANCE	6,629
EVENT ENTERTAINMENT	6,560
EVENT SUPPLIES	1,392
EVENT SERVICES	96
TRASH REMOVAL	1,900
STREET FAIR	
REPAIR AND MAINTENANCE	54
PRINTING AND PUBLICATIONS	1,585
WEBSITE - WEBCAM	28
BANK CHARGES	2,890
OFFICE EXPENSE	131
ADVERTISING	4,600
PROMOTIONAL SUPPLIES	7,452
OCCUPANCY	2,844
CONTRACT LABOR	8,988
INSURANCE	8,157
AWARDS AND PLAQUES	1,274
EQUIPMENT RENTAL	42,469
EVENT ENTERTAINMENT	14,300
EVENT SERVICES	20,789
EVENT SUPPLIES	6,392
SECURITY	20,987
TRASH REMOVAL	2,325
MISCELLANEOUS	3
FIREWORKS	
INSURANCE	434
FIREWORKS	26,023
OTHER EVENTS	
MEETINGS	20
OFFICE EXPESE	19
ADVERTISING	500
CONTRACT LABOR	
INSURANCE	1,674
SECURITY	3,657
EVENT SERVICES	4,508
EVENT SUPPLIES	120
PAYROLL TAXES	7,276
PAYROLL TAXES	2,009
PAYROLL TAXES	3,240
ACCOUNTING	15,911
CONTRACT LABOR	14,426
CONTRACT LABOR	1,118

COPY

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

Description	Amount
CONSULTANTS	\$
NEWSLETTER	4,931
POSTAGE AND DELIVERY	6,201
PRINTING AND REPRODUCTION	13,189
MEETING EXPENSE	1,792
MEETING EXPENSE	172
AWARDS AND PLAQUES	2,380
BANNER PROGRAM	5,190
DONATIONS	500
DUES AND SUBSCRIPTIONS	3,186
EVENT SERVICES	7,955
EVENT SERVICES	12,165
EVENT SUPPLIES	925
EVENT SUPPLIES	1,360
HOLIDAY DECORATIONS	3,818
LANDSCAPING	10,200
LICENSE AND PERMITS	1,194
MISCELLANEOUS	252
REPAIRS AND MAINTENANCE	2,352
REPAIRS AND MAINTENANCE	52,544
SECURITY	55,932
TELEPHONE	4,869
TELEPHONE	210
TRASH REMOVAL	1,022
TRASH REMOVAL	25,540
UTILITIES	2,364
ADVERTISING	15,210
PROMOTION SUPPLIES	8,096
PROMOTION SUPPLIES	146
BANK CHARGES	2,516
BANK CHARGES	663
OFFICE EXPENSE	6,236
OFFICE EXPENSE	32
WEBSITE - WEB CAM	26,321
INSURANCE	13,159
INSURANCE	1,052
PRINTING AND REPRODUCTION	617
EQUIPMENT RENTAL	775
EVENT ENTERTAINMENT	400
MISCELLANEOUS	9
TOTAL	\$ <u><u>615,181</u></u>

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

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 800	\$ 800
PREPAID EXPENSES	12,573	17,637
TOTAL	\$ <u><u>13,373</u></u>	\$ <u><u>18,437</u></u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED SALARIES AND RELATED EXPENSE	\$ 6,634	\$ 6,579
CREDIT CARD PAYABLE	2,694	1,943
SALES TAX PAYABLE	857	1,327
DEFERRED REVENUE		15,680
TOTAL	<u>\$ 10,185</u>	<u>\$ 25,529</u>

COPY

TAXABLE YEAR

CALIFORNIA FORM

2018

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

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5
6	(a) Description of property	(b) Cost (business use only)
	(c) Elected cost	
7	Listed property (elected IRC Section 179 cost)	7
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from prior taxable years	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						4,621	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	4,621

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	4,621
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

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

California Statements

Indirect Depreciation

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

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
LEASEHOLD IMPROVEMENT - CARPET	3/17/09	\$ 1,635	\$ 1,008	S/L	15.00	\$ 109	\$
2 ELECTRICAL WIRE COVER RAMPS	10/01/11	184	177	S/L	7.00	7	
DESK, 6 DRAWER CABINET, TWO WHITE CABINETS	2/03/14	970	612	S/L	7.00	138	
COMPUTER	3/14/14	978	848	S/L	5.00	130	
WEBSITE - DIRECTORY	6/06/14	4,000	3,267	S/L	5.00	733	
PRINTER	2/19/14	826	511	S/L	7.00	118	
AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	898	S/L	15.00	230	
GENERATOR EZGF-1620854	9/09/15	2,285	925	S/L	7.00	326	
LEASEHOLD IMPROVEMENTS - FLOOD REPAIR	2/24/16	7,509	1,168	S/L	15.00	501	
TRASHCAN	11/01/16	1,050	250	S/L	7.00	150	
3 CROSS STREET HOLIDAY SWAGS	9/12/16	8,273	3,033	S/L	5.00	1,655	
HP OMEN 870-247C DESKTOP COMPUTER	10/11/17	1,309	196	S/L	5.00	262	
HP OMEN 870-247C DESKTOP COMPUTER	11/16/17	1,309	153	S/L	5.00	262	
TOTAL		\$ 33,768	\$ 13,046			\$ 4,621	\$ 0