

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

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

**** - ***5092**

Net Asset / Fund Balance at Beginning of Year		<u>119,324</u>
Revenue		
Contributions	<u>95,520</u>	
Program service revenue	<u>499,263</u>	
Investment income	<u>106</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>594,889</u>
Expenses		
Program services	<u>407,344</u>	
Management and general	<u>113,072</u>	
Fundraising	<u> </u>	
Total expenses		<u>520,416</u>
Excess / (deficit)		<u>74,473</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>193,797</u></u>

COPY

Reconciliation of Revenue	
Total revenue per financial statements	<u>594,889</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>594,889</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>520,416</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>520,416</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>302,599</u>	<u>424,372</u>	
Liabilities	<u>183,275</u>	<u>230,575</u>	
Net assets	<u><u>119,324</u></u>	<u><u>193,797</u></u>	<u><u>74,473</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date **11/15/21**

Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

Department of the Treasury
Internal Revenue Service

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

2020

Name of exempt organization or person subject to tax

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Taxpayer identification number

**** - ***5092**

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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>594,889</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 10/18/21

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 10/18/21

**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 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OCEAN BEACH MERCHANT'S ASSOCIATION, INC		D Employer identification number ** - *** 5092
	Doing business as OCEAN BEACH MAINSTREET ASSOCIATION		E Telephone number 619-224-4906
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 7990	Room/suite	G Gross receipts \$ 594,889
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92167		
F Name and address of principal officer: BARBARA IACOMETTI 4993 NIAGARA AVE #205 SAN DIEGO CA 92107			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) t (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"/> u 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 2020 (Part V, line 2a)	5	4
	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, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	144,521	95,520
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	424,201	499,263
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19	106
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,741	594,889
	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)		207,398	188,198
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		444,617	332,218
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	652,015	520,416	
19 Revenue less expenses. Subtract line 18 from line 12	-83,274	74,473	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	302,599	424,372
	22 Net assets or fund balances. Subtract line 21 from line 20	183,275	230,575

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	Date			
	BARBARA IACOMETTI Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JERE R. BATTEN, CPA		10/18/21	<input checked="" type="checkbox"/>	*****
	Firm's name } BATTEN ACCOUNTANCY INC	Firm's EIN } ** - *** 2845		Phone no. 619-501-6359	
Firm's address } 4696 GREENE ST		Firm's EIN } ** - *** 2845		Phone no. 619-501-6359	
Firm's address } SAN DIEGO, CA 92107-1420		Firm's EIN } ** - *** 2845		Phone no. 619-501-6359	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ **113,676** including grants of \$) (Revenue \$ **56,140**)

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

4b (Code:) (Expenses \$ **135,876** including grants of \$) (Revenue \$ **109,368**)

TO ENHANCE PUBLIC IMPROVEMENTS AND BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

4c (Code:) (Expenses \$ **157,792** including grants of \$) (Revenue \$ **333,755**)

TO PROMOTE LOCAL BUSINESS BY HOSTING SPECIAL EVENTS AND PROVIDING PROGRAMS

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

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

4e Total program service expenses **u 407,344**

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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**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.

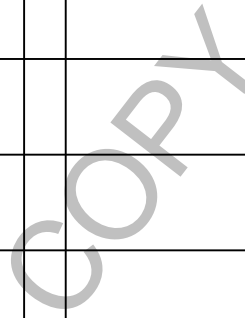
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) MICHAEL AKEY	1.00									
1ST VP	0.00	X		X			0	0	0	
(2) CRAIG GERWIG	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) GARY GILMORE	1.00									
ER CHAIR	0.00	X					0	0	0	
(4) BARBARA IACOMETTI	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(5) KYLE JAWORSKI	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) MATT KALLA	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) CAROL LADIGES	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) RON MARCOTTE	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) DAVE MARTIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) KEN MOSS	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JOELLA PEREGOY	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 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) MIKE STIFANO	1.00									
TREASURER	0.00	X		X			0	0	0	
(13) CC SUMMERFIELD	1.00									
2ND VP	0.00	X		X			0	0	0	
(14) BETH WRIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal		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, 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	8,135				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	71,538				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,847				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	95,520				
	Program Service Revenue	2a FARMER'S MARKET	Business Code	310,546	310,546		
b MAINTENANCE ASSESSMENT			70,663	70,663			
c PROMOTION			49,089	49,089			
d OTHER PROJECT INCOME			30,010	30,010			
e ASSESSMENT - BIDC			26,253	26,253			
f All other program service revenue			12,702	12,702			
g Total. Add lines 2a-2f		u	499,263				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	106			106
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	594,889	499,263	0	106		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	174,780	133,788	40,992	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,418	10,682	2,736	
11 Fees for services (nonemployees):				
a Management	51,530	51,530		
b Legal				
c Accounting	10,998	367	10,631	
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.)	17,941	17,941		
12 Advertising and promotion	20,443	20,443		
13 Office expenses	9,692	6,995	2,697	
14 Information technology	30,213	28,083	2,130	
15 Royalties				
16 Occupancy	13,440	2,160	11,280	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16		16	
20 Interest	4,311		4,311	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,837		3,837	
23 Insurance	18,954	4,486	14,468	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	36,281	35,661	620	
b TRASH REMOVAL	23,641	22,526	1,115	
c LANDSCAPING	9,900	9,900		
d EVENT SERVICES	9,896	9,896		
e All other expenses	71,125	52,886	18,239	
25 Total functional expenses. Add lines 1 through 24e	520,416	407,344	113,072	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	79,751	1	148,769
	2 Savings and temporary cash investments	167,688	2	186,835
	3 Pledges and grants receivable, net	22,550	3	18,109
	4 Accounts receivable, net	903	4	40,390
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,790	8	15,712
	9 Prepaid expenses and deferred charges	7,175	9	3,702
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,243		
	b Less: accumulated depreciation	10b 40,188	11,942	10c 10,055
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	800	15	800
16 Total assets. Add lines 1 through 15 (must equal line 33)	302,599	16	424,372	
Liabilities	17 Accounts payable and accrued expenses	3,811	17	4,712
	18 Grants payable		18	
	19 Deferred revenue	17,889	19	12,398
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000	23	195,530
	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	11,575	25	17,935
	26 Total liabilities. Add lines 17 through 25	183,275	26	230,575
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	119,324	27	191,022
	28 Net assets with donor restrictions		28	2,775
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	119,324	32	193,797	
33 Total liabilities and net assets/fund balances	302,599	33	424,372	

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	594,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,416
3	Revenue less expenses. Subtract line 2 from line 1	3	74,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,324
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	193,797

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 on 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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2020

Open to Public Inspection

Name of the organization

OCEAN BEACH MERCHANT'S ASSOCIATION, INC

Employer identification number

** - ***5092

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

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

Table with 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, aggregate value at end of year, and two 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(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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 art and historical treasures and amounts required to be reported.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Term 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	2,670	4,839
d Equipment		2,285	1,904	381
e Other		40,449	35,614	4,835
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	10,055

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	14,852
(3) CREDIT CARD PAYABLE	2,400
(4) SALES TAX PAYABLE	683
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 17,935

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

Part XIII Supplemental Information *(continued)*

COPY

SCHEDULE O
(Form 990 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

2020

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

**** - ***5092**

FORM 990 - ORGANIZATION'S MISSION

TO PROMOTE ECONOMIC DEVELOPMENT IN THE COMMUNITY BY

PROVIDING A PLATFORM FOR AREA BUSINESSES TO DEVELOP

MARKETING CAMPAIGNS, ENHANCE PUBLIC IMPROVEMENTS, AND

BEAUTIFICATION PROJECTS AND AREA MAINTENANCE.

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

ORGANIZATION HAS MEMBERS THAT PAY AN ANNUAL FEE.

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

BOARD MEMBERS ELECTED BY MEMBERS.

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

BOARD OF DIRECTORS APPROVES SIGNIFICANT ACTIONS OF THE ORGANIZATION

INCLUDING EMPLOYMENT COMPENSATION AGREEMENTS, BUDGET APPROVAL, FINANCIAL

OVERSIGHT, AND MAJOR PURCHASES.

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

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

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

BOARD MEMBER ANNUAL DISCLOSURE

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

APPROVED BY BOARD OF DIRECTORS.

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

-*5092

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

APPROVED BY BOARD OF DIRECTORS.

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

DOCUMENTS AVAILABLE UPON REQUEST

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

DESCRIPTION

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

SECURITY

\$	8,923	\$	0	\$	0
----	-------	----	---	----	---

TELEPHONE

\$	720	\$	5,638	\$	0
----	-----	----	-------	----	---

SECURITY

\$	5,545	\$	0	\$	0
----	-------	----	---	----	---

DUES AND SUBSCRIPTIONS

\$	777	\$	4,465	\$	0
----	-----	----	-------	----	---

SECURITY

\$	4,860	\$	0	\$	0
----	-------	----	---	----	---

BANNER PROGRAM

\$	4,784	\$	0	\$	0
----	-------	----	---	----	---

EVENT SERVICES

\$	4,180	\$	0	\$	0
----	-------	----	---	----	---

EVENT SERVICES

\$	3,544	\$	11	\$	0
----	-------	----	----	----	---

EQUIPMENT RENTAL

Name of the organization OCEAN BEACH MERCHANT'S	Employer identification number **_***5092
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	\$ 0	\$ 3,092	\$ 0
EQUIPMENT RENTAL			
	\$ 2,880	\$ 0	\$ 0
UTILITIES			
	\$ 664	\$ 1,471	\$ 0
LICENSES AND FEES			
	\$ 2,035	\$ 0	\$ 0
TRASH REMOVAL			
	\$ 1,913	\$ 0	\$ 0
AWARDS AND PLAQUES			
	\$ 0	\$ 1,841	\$ 0
EVENT ENTERTAINMENT			
	\$ 1,745	\$ 0	\$ 0
LICENSES AND FEES			
	\$ 1,696	\$ 0	\$ 0
EVENT SUPPLIES			
	\$ 1,677	\$ 0	\$ 0
HOLIDAY DECORATIONS			
	\$ 1,543	\$ 0	\$ 0
EVENT SUPPLIES			
	\$ 1,372	\$ 0	\$ 0
PROMOTION SUPPLIES			
	\$ 1,272	\$ 0	\$ 0
EVENT SUPPLIES			
	\$ 1,112	\$ 12	\$ 0
LICENSE AND PERMITS			
	\$ 0	\$ 762	\$ 0

Name of the organization

Employer identification number

OCEAN BEACH MERCHANT'S

**** - ***5092**

BAD DEBT

\$ 536 \$ 135 \$ 0

DONATIONS

\$ 0 \$ 500 \$ 0

EQUIPMENT RENTAL

\$ 459 \$ 0 \$ 0

MISCELLANEOUS

\$ -48 \$ 312 \$ 0

AWARDS AND PLAQUES

\$ 223 \$ 0 \$ 0

DUES AND SUBSCRIPTIONS

\$ 127 \$ 0 \$ 0

ANNUAL AWARDS CELEBRATION

\$ 96 \$ 0 \$ 0

REPAIR AND MAINTENANCE

\$ 80 \$ 0 \$ 0

TRASH REMOVAL

\$ 69 \$ 0 \$ 0

UTILITIES

\$ 62 \$ 0 \$ 0

BANK AND MERCHANT FEES

\$ 40 \$ 0 \$ 0

TOTAL

\$ 52,886 \$ 18,239 \$ 0



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

2020

Attachment Sequence No. **179**

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

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

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
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	2,590,000
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 2019 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 2021. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,837

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 2020	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"/>		

Section B—Assets Placed in Service During 2020 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 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,837
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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Federal Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
10	Tents	6/30/06	740			740	5 MO S/L	740	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709			2,709	7 MO S/L	2,709	0
13	Shore Office Furniture	11/02/06	528			528	7 MO S/L	528	0
14	Farkas Store Fixtures	11/27/06	403			403	7 MO S/L	403	0
16	Home Depot	1/03/07	477			477	7 MO S/L	477	0
17	Ikea Cabinet for Copy Machine	3/30/07	189			189	7 MO S/L	189	0
18	Racks & Wheels	4/25/07	401			401	7 MO S/L	401	0
19	3 Tarps for Street Fair	6/15/07	747			747	7 MO S/L	747	0
23	Website	10/13/09	1,300			1,300	3 MO S/L	1,300	0
24	50 Trash Cans	2/08/11	3,045			3,045	5 MO S/L	3,045	0
25	Office Buildout	2/14/11	695			695	7 MO S/L	695	0
28	Adobe Software-Liz & Denny	3/18/11	898			898	3 MO S/L	898	0
29	Computer & printer-Denny	3/29/11	1,226			1,226	5 MO S/L	1,226	0
32	2 Electrical Wire Cover Ramps	10/01/11	184			184	7 MO S/L	184	0
33	LAPTOP	12/21/12	739			739	5 MO S/L	739	0
34	AWNING	6/26/13	2,063			2,063	5 MO S/L	2,063	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970			970	7 MO S/L	889	81
36	Computer	3/14/14	978			978	5 MO S/L	978	0
37	Website - directory	6/06/14	4,000			4,000	5 MO S/L	4,000	0
38	Printer	2/19/14	826			826	7 MO S/L	748	78
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440			3,440	15 MO S/L	1,357	229
40	GENERATOR EZGF-1620854	9/09/15	2,285			2,285	7 MO S/L	1,578	326
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509			7,509	15 MO S/L	2,169	501
42	Trashcan	11/01/16	1,050			1,050	7 MO S/L	550	150
43	3 Cross Street Holiday Swags	9/12/16	8,273			8,273	5 MO S/L	6,342	1,655
44	HP OMen 870-247c Desktop computer	10/11/17	1,309			1,309	5 MO S/L	720	262
45	HP Omen 870-247c Desktop computer	11/16/17	1,309			1,309	5 MO S/L	676	262
46	Website	9/25/20	1,950			1,950	5 MO S/L	0	293
Total Other Depreciation			<u>50,243</u>			<u>50,243</u>		<u>36,351</u>	<u>3,837</u>
Total ACRS and Other Depreciation			<u>50,243</u>			<u>50,243</u>		<u>36,351</u>	<u>3,837</u>
Grand Totals			50,243			50,243		36,351	3,837
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>50,243</u>			<u>50,243</u>		<u>36,351</u>	<u>3,837</u>

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CA Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
10	Tents	6/30/06	740	740	740	0	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	2,709	2,709	0	0	0
13	Shore Office Furniture	11/02/06	528	528	528	0	0	0
14	Farkas Store Fixtures	11/27/06	403	403	403	0	0	0
16	Home Depot	1/03/07	477	477	477	0	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	189	189	0	0	0
18	Racks & Wheels	4/25/07	401	401	401	0	0	0
19	3 Tarps for Street Fair	6/15/07	747	747	747	0	0	0
23	Website	10/13/09	1,300	1,300	1,300	0	0	0
24	50 Trash Cans	2/08/11	3,045	3,045	3,045	0	0	0
25	Office Buildout	2/14/11	695	695	695	0	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	898	898	0	0	0
29	Computer & printer-Denny	3/29/11	1,226	1,226	1,226	0	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	184	184	0	0	0
33	LAPTOP	12/21/12	739	739	739	0	0	0
34	AWNING	6/26/13	2,063	2,063	2,063	0	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	970	889	81	81	0
36	Computer	3/14/14	978	978	978	0	0	0
37	Website - directory	6/06/14	4,000	4,000	4,000	0	0	0
38	Printer	2/19/14	826	826	748	78	78	0
39	AIR CONDITIONER AND INSTALLATIC	7/20/14	3,440	3,440	1,357	229	229	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	2,285	1,578	326	326	0
41	LEASEHOLD IMPROVEMENTS - FLOOI	2/24/16	7,509	7,509	2,169	501	501	0
42	Trashcan	11/01/16	1,050	1,050	550	150	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	8,273	6,342	1,655	1,655	0
44	HP OMEN 870-247c Desktop computer	10/11/17	1,309	1,309	720	262	262	0
45	HP OMEN 870-247c Desktop computer	11/16/17	1,309	1,309	676	262	262	0
46	Website	9/25/20	1,950	1,950	0	293	293	0
Total Other Depreciation			<u>50,243</u>	<u>50,243</u>	<u>36,351</u>	<u>3,837</u>	<u>3,837</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>50,243</u>	<u>50,243</u>	<u>36,351</u>	<u>3,837</u>	<u>3,837</u>	<u>0</u>
Grand Totals			50,243	50,243	36,351	3,837	3,837	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>50,243</u>	<u>50,243</u>	<u>36,351</u>	<u>3,837</u>	<u>3,837</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

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

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Future Depreciation Report**FYE: 6/30/22**

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
10	Tents	6/30/06	740	0	0
11	Shoe Furniture - 2 desks & cabinets	10/01/06	2,709	0	0
13	Shore Office Furniture	11/02/06	528	0	0
14	Farkas Store Fixtures	11/27/06	403	0	0
16	Home Depot	1/03/07	477	0	0
17	Ikea Cabinet for Copy Machine	3/30/07	189	0	0
18	Racks & Wheels	4/25/07	401	0	0
19	3 Tarps for Street Fair	6/15/07	747	0	0
23	Website	10/13/09	1,300	0	0
24	50 Trash Cans	2/08/11	3,045	0	0
25	Office Buildout	2/14/11	695	0	0
28	Adobe Software-Liz & Denny	3/18/11	898	0	0
29	Computer & printer-Denny	3/29/11	1,226	0	0
32	2 Electrical Wire Cover Ramps	10/01/11	184	0	0
33	LAPTOP	12/21/12	739	0	0
34	AWNING	6/26/13	2,063	0	0
35	Desk, 6 drawer cabinet, two white cabinets	2/03/14	970	0	0
36	Computer	3/14/14	978	0	0
37	Website - directory	6/06/14	4,000	0	0
38	Printer	2/19/14	826	0	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	230	0
40	GENERATOR EZGF-1620854	9/09/15	2,285	327	0
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	501	0
42	Trashcan	11/01/16	1,050	150	0
43	3 Cross Street Holiday Swags	9/12/16	8,273	276	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	262	0
46	Website	9/25/20	1,950	390	0
Total Other Depreciation			<u>50,243</u>	<u>2,398</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>50,243</u>	<u>2,398</u>	<u>0</u>
Grand Totals			<u>50,243</u>	<u>2,398</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	0
36	Computer	3/14/14	978	0
37	Website - directory	6/06/14	4,000	0
38	Printer	2/19/14	826	0
39	AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	230
40	GENERATOR EZGF-1620854	9/09/15	2,285	327
41	LEASEHOLD IMPROVEMENTS - FLOOD RE	2/24/16	7,509	501
42	Trashcan	11/01/16	1,050	150
43	3 Cross Street Holiday Swags	9/12/16	8,273	276
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	262
46	Website	9/25/20	1,950	390
Total Other Depreciation			<u>50,243</u>	<u>2,398</u>
Total ACRS and Other Depreciation			<u>50,243</u>	<u>2,398</u>
Grand Totals			<u>50,243</u>	<u>2,398</u>

Form 990		Two Year Comparison Report		2019 & 2020
Name		For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		Taxpayer Identification Number
OCEAN BEACH MERCHANT'S ASSOCIATION, INC				** - *** 5092
		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 25,551	15,847	-9,704
	2. Membership dues and assessments	2. 12,410	8,135	-4,275
	3. Government contributions and grants	3. 106,560	71,538	-35,022
	4. Program service revenue	4. 424,201	499,263	75,062
	5. Investment income	5. 19	106	87
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 568,741	594,889	26,148
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. 207,398	188,198	-19,200
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 88,462	80,469	-7,993
	19. Occupancy, rent, utilities, and maintenance	19. 16,900	13,440	-3,460
	20. Depreciation and Depletion	20. 3,641	3,837	196
	21. Other expenses	21. 335,614	234,472	-101,142
	22. Total expenses. Add lines 13 through 21	22. 652,015	520,416	-131,599
23. Excess or (Deficit). Subtract line 22 from line 12	23. -83,274	74,473	157,747	
Other Information	24. Total exempt revenue	24. 568,741	594,889	26,148
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 424,220	499,369	75,149
	27. Total assets	27. 302,599	424,372	121,773
	28. Total liabilities	28. 183,275	230,575	47,300
	29. Retained earnings	29. 119,324	193,797	74,473
	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. 9	4		
33. Number of volunteers	33. 250	250		

Form 990		Tax Projection Worksheet		2020 & 2021	
Name OCEAN BEACH MERCHANT'S ASSOCIATION, INC			Taxpayer Identification Number ** - *** 5092		
		2020	2021	Differences	
Revenue	1. Contributions, gifts, grants	1. 15,847	15,847		
	2. Membership dues and assessments	2. 8,135	8,135		
	3. Government contributions and grants	3. 71,538	71,538		
	4. Program service revenue	4. 499,263	499,263		
	5. Investment income	5. 106	106		
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12. 594,889	594,889		
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. 188,198	188,198		
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 80,469	80,469		
	19. Occupancy, rent, utilities, and maintenance	19. 13,440	13,440		
	20. Depreciation and Depletion	20. 3,837	3,837		
	21. Other expenses	21. 234,472	234,472		
	22. Total expenses. Add lines 13 through 21	22. 520,416	520,416		
23. Excess or (Deficit). Subtract line 22 from line 12	23. 74,473	74,473			
Other	24. Total exempt revenue	24. 594,889	594,889		
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 499,369	499,369		
	27. Total assets	27. 424,372	424,372		
	28. Total liabilities	28. 230,575	230,575		
	29. Retained earnings	29. 193,797	193,797		
	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. 4	4		
	33. Number of volunteers	33. 250	250		

Form 990	Tax Return History	2020
Name OCEAN BEACH MERCHANT'S ASSOCIATION, INC		Employer Identification Number ** - ***5092

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	121,127	120,294	167,197	132,111	87,385	87,385
Membership dues	16,665	15,590	13,395	12,410	8,135	8,135
Program service revenue	729,717	733,218	700,428	424,201	499,263	499,263
Capital gain or loss			-518			
Investment income	18	20	19	19	106	106
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	867,527	869,122	880,521	568,741	594,889	594,889
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	274,975	246,126	233,758	207,398	188,198	188,198
Professional fees	88,181	98,132	101,587	88,462	80,469	80,469
Occupancy costs	22,639	20,216	20,187	16,900	13,440	13,440
Depreciation and depletion	4,949	5,481	4,621	3,641	3,837	3,837
Other expenses	500,139	493,808	512,361	335,614	234,472	234,472
Total expenses	890,883	863,763	872,514	652,015	520,416	520,416
Excess or (Deficit)	-23,356	5,359	8,007	-83,274	74,473	74,473
Total exempt revenue	867,527	869,122	880,521	568,741	594,889	594,889
Total unrelated revenue						
Total excludable revenue	729,735	733,238	699,929	424,220	499,369	499,369
Total Assets	260,999	226,699	276,407	302,599	424,372	424,372
Total Liabilities	54,668	32,108	73,809	183,275	230,575	230,575
Net Fund Balances	206,331	194,591	202,598	119,324	193,797	193,797

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	\$ 106			14 CA		
TOTAL	<u>\$ 106</u>					

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Federal Statements

FYE: 6/30/2021

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 8,000	\$ 8,000	\$	\$
CONTRACT LABOR	6,941	6,941		
STREET FAIR				
CONTRACT LABOR	3,000	3,000		
TOTAL	\$ 17,941	\$ 17,941	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SECURITY	\$ 8,923	\$ 8,923	\$	\$
TELEPHONE	6,358	720	5,638	
SECURITY	5,545	5,545		
DUES AND SUBSCRIPTIONS	5,242	777	4,465	
SECURITY	4,860	4,860		
BANNER PROGRAM	4,784	4,784		
EVENT SERVICES	4,180	4,180		
EVENT SERVICES	3,555	3,544	11	
EQUIPMENT RENTAL	3,092		3,092	
EQUIPMENT RENTAL	2,880	2,880		
UTILITIES	2,135	664	1,471	
LICENSES AND FEES	2,035	2,035		
TRASH REMOVAL	1,913	1,913		
AWARDS AND PLAQUES	1,841		1,841	
EVENT ENTERTAINMENT	1,745	1,745		
LICENSES AND FEES	1,696	1,696		
EVENT SUPPLIES	1,677	1,677		
HOLIDAY DECORATIONS	1,543	1,543		
EVENT SUPPLIES	1,372	1,372		
PROMOTION SUPPLIES	1,272	1,272		
EVENT SUPPLIES	1,124	1,112	12	
LICENSE AND PERMITS	762		762	
BAD DEBT	671	536	135	
DONATIONS	500		500	

-*5092

Federal Statements

FYE: 6/30/2021

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT RENTAL	\$ 459	\$ 459		
MISCELLANEOUS	264	-48	312	
AWARDS AND PLAQUES	223	223		
DUES AND SUBSCRIPTIONS	127	127		
ANNUAL AWARDS CELEBRATION	96	96		
REPAIR AND MAINTENANCE	80	80		
TRASH REMOVAL	69	69		
UTILITIES	62	62		
BANK AND MERCHANT FEES	40	40		
TOTAL	<u>\$ 71,125</u>	<u>\$ 52,886</u>	<u>\$ 18,239</u>	<u>\$ 0</u>

Form 199 Return Summary

For calendar year 2020, or tax year beginning **07/01/2020** , and ending **06/30/2021**

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

**** - ***5092**

Gross sales / receipts	<u>499,369</u>	
Dues from members		
Contributions / grants	<u>95,520</u>	
Total costs		
Expenses	<u>520,416</u>	
Excess / (deficit)		<u><u>74,473</u></u>
Total payments		
Penalties and interest		
Use tax		
Balance due		_____
Refund		_____

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>302,599</u>	<u>424,372</u>	
Liabilities	<u>183,275</u>	<u>230,575</u>	
Net assets	<u><u>119,324</u></u>	<u><u>193,797</u></u>	<u><u>74,473</u></u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/21

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

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

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

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

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/20 ending 06/30/21) list:

Gross Annual Revenue \$ 594,889 Noncash Contributions \$ 0 Total Assets \$ 424,372
 Program Expenses \$ 407,344 Total Expenses \$ 520,416

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

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

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

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

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

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

TAXABLE YEAR **2020** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name OCEAN BEACH MERCHANT'S ASSOCIATION, INC		California corporation number 1287381
Additional information. See instructions. OCEAN BEACH MAINSTREET ASSOCIATION		FEIN **-***5092
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

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

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	499,369	00
	2 Gross dues and assessments from members and affiliates	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received	● 3	95,520	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	594,889	00
	5 Cost of goods sold	● 5		00
	6 Cost or other basis, and sales expenses of assets sold	● 6		00
	7 Total costs. Add line 5 and line 6	● 7		00
	8 Total gross income. Subtract line 7 from line 4	● 8	594,889	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	520,416	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	74,473	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 Penalties and Interest. See General Information J	● 15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	● 16		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 10/18/2021	Check if self-employed <input type="checkbox"/>	● PTIN P00605586
	Firm's name (or yours, if self-employed) and address u BATTEN ACCOUNTANCY INC 4696 GREENE ST SAN DIEGO, CA 92107-1420			● Firm's FEIN ** - ***2845
				● Telephone 619-501-6359
	May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

OCEAN BEACH MERCHANT 'S

**** - ***5092**

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	499,263	00	
	2	Interest	•	2	106	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule	•	7		00	
	8	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	499,369	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 1	•	11		00	
	12	Other salaries and wages	•	12	174,780	00	
	Expenses and Disbursements	13	Interest	•	13	4,311	00
		14	Taxes	•	14	7,551	00
		15	Rents	•	15	11,280	00
		16	Depreciation and depletion (See instructions)	•	16	3,837	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 2	•	17	318,657	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	520,416	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		247,439		335,604
2 Net accounts receivable		23,453		58,499
3 Net notes receivable				
4 Inventories		11,790		15,712
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	48,293		50,243	
b Less accumulated depreciation	36,351	11,942	40,188	10,055
11 Land				
12 Other assets. Attach schedule STMT 3		7,975		4,502
13 Total assets		302,599		424,372
Liabilities and net worth				
14 Accounts payable		3,811		4,712
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable STMT 4		150,000		195,530
18 Other liabilities. Attach schedule STMT 5		29,464		30,333
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		119,324		193,797
22 Total liabilities and net worth		302,599		424,372

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	•	74,473	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		74,473
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		74,473				

-*5092

California Statements

FYE: 6/30/2021

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
BARBARA IACOMETTI			4993 NIAGARA AVE #205				
	SAN DIEGO	CA	92107	PRESIDENT		1.00	
MICHAEL AKEY			2180 CHATSWORTH BLVD.				
	SAN DIEGO	CA	92107	1ST VP		1.00	
CC SUMMERFIELD			4314 VOLTAIRE ST				
	SAN DIEGO	CA	92107	2ND VP		1.00	
KYLE JAWORSKI			1851 BACON STREET				
	SAN DIEGO	CA	92107	SECRETARY		1.00	
MIKE STIFANO			1921 BACON ST				
	SAN DIEGO	CA	92107	TREASURER		1.00	
GARY GILMORE			2675 ROSECRANS				
	SAN DIEGO	CA	92106	ER CHAIR		1.00	
DAVE MARTIN			1150 ANCHORAGE LN #100				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
KEN MOSS			1868 BACON STREET				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
CRAIG GERWIG			4864 NEWPORT AVE				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
JOELLA PEREGOY			4876 SANTA MONICA AVE				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
MATT KALLA			4148 VOLTAIRE ST				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
CAROL LADIGES			5059 NEWPORT AVE #102				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
RON MARCOTTE			2744 MIDWAY DR.				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
BETH WRIGHT			1919 CABLE ST				
	SAN DIEGO	CA	92107	DIRECTOR		1.00	
TOTAL							0

California Statements

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

Description	Amount
	\$
FARMER'S MARKET	
PRINTING AND PUBLICATIONS	425
OFFICE EXPENSE	156
MANAGEMENT FEES	51,530
INSURANCE	3,647
BANK AND MERCHANT FEES	40
EQUIPMENT RENTAL	459
EVENT SERVICES	9,896
EVENT SUPPLIES	1,677
SECURITY	8,923
TRASH REMOVAL	69
UTILITIES	62
STREET FAIR	
REPAIR AND MAINTENANCE	80
PRINTING AND PUBLICATIONS	266
BANK CHARGES	220
OFFICE EXPENSE	23
ADVERTISING	1,554
OCCUPANCY	2,160
CONTRACT LABOR	3,000
DUES AND SUBSCRIPTIONS	127
AWARDS AND PLAQUES	223
PROMOTION SUPPLIES	1,272
EVENT SUPPLIES	1,372
EVENT ENTERTAINMENT	1,745
TRASH REMOVAL	1,913
EQUIPMENT RENTAL	2,880
EVENT SERVICES	4,180
SECURITY	4,860
ADVERTISING	
CONTRACT LABOR	
INSURANCE	
SECURITY	
EVENT SERVICES	
EVENT SUPPLIES	
EQUIPMENT RENTAL	
TRASH REMOVAL	
MISCELLANEOUS	
PAYROLL TAXES	6,564
PAYROLL TAXES	3,034
ACCOUNTING	10,998
CONTRACT LABOR	8,000
POSTAGE AND DELIVERY	1,335
PRINTING AND REPRODUCTION	329
PRINTING AND REPRODUCTION	186
MEETING EXPENSE	16
AWARDS AND PLAQUES	1,841
BANNER PROGRAM	4,784
DONATIONS	500
DUES AND SUBSCRIPTIONS	5,004
EQUIPMENT RENTAL	3,092
EVENT SERVICES	2,355

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

<u>Description</u>	<u>Amount</u>
EVENT SERVICES	\$ 1,200
EVENT SUPPLIES	354
EVENT SUPPLIES	770
HOLIDAY DECORATIONS	1,543
LANDSCAPING	9,900
LICENSE AND PERMITS	762
MISCELLANEOUS	264
REPAIRS AND MAINTENANCE	36,281
SECURITY	5,545
TELEPHONE	5,998
TELEPHONE	360
TRASH REMOVAL	23,641
UTILITIES	2,135
ANNUAL AWARDS CELEBRATION	96
ADVERTISING	5,213
PROMOTION SUPPLIES	13,601
PROMOTION SUPPLIES	40
ADVERTISING	35
BANK CHARGES	2,693
BANK CHARGES	1,845
OFFICE EXPENSE	2,107
WEBSITE - WEB CAM	29,523
INSURANCE	15,307
CONTRACT LABOR	6,941
BAD DEBT	271
BAD DEBT	400
DUES AND SUBSCRIPTIONS	238
OFFICE EXPENSE	107
WEBSITE - WEB CAM	690
TOTAL	<u>\$ 318,657</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 800	\$ 800
PREPAID EXPENSES	7,175	3,702
TOTAL	<u>\$ 7,975</u>	<u>\$ 4,502</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SBA EIDL LOAN	\$ 150,000	\$ 153,670
SBA PPP		41,860
TOTAL	<u>\$ 150,000</u>	<u>\$ 195,530</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	\$ 10,294	\$ 14,852
CREDIT CARD PAYABLE	1,148	2,400
SALES TAX PAYABLE	133	683
DEFERRED REVENUE	17,889	12,398
TOTAL	<u>\$ 29,464</u>	<u>\$ 30,333</u>

COPY

TAXABLE YEAR

2020

Corporation Depreciation and Amortization

CALIFORNIA FORM

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		
9	Tentative deduction. Enter the smaller of line 5 or line 8		
10	Carryover of disallowed deduction from prior taxable years		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		
13	Carryover of disallowed deduction to 2021. 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14	SEE STATEMENT 1	1				3,837	
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	3,837

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	3,837
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)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22

California Statements

Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
WEBSITE	9/25/20	\$ 1,950	\$	S/L	5.00	\$ 293	\$
DESK, 6 DRAWER CABINET, TWO WHITE CABINETS	2/03/14	970	889	S/L	7.00	81	
PRINTER	2/19/14	826	748	S/L	7.00	78	
AIR CONDITIONER AND INSTALLATION	7/20/14	3,440	1,357	S/L	15.00	229	
GENERATOR EZGF-1620854	9/09/15	2,285	1,578	S/L	7.00	326	
LEASEHOLD IMPROVEMENTS - FLOOD REPAIR	2/24/16	7,509	2,169	S/L	15.00	501	
TRASHCAN	11/01/16	1,050	550	S/L	7.00	150	
3 CROSS STREET HOLIDAY SWAGS	9/12/16	8,273	6,342	S/L	5.00	1,655	
HP OMEN 870-247C DESKTOP COMPUTER	10/11/17	1,309	720	S/L	5.00	262	
HP OMEN 870-247C DESKTOP COMPUTER	11/16/17	1,309	676	S/L	5.00	262	
TOTAL		\$ 28,921	\$ 15,029			\$ 3,837	\$ 0